



# Pramerica Life Waiver of Premium Rider

A Non-Linked, Non-Participating Individual Pure Risk Health Insurance Rider

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We all work towards the wellbeing of our family to safeguard their present and ensure their future is financially secure. Be it your child's higher education, planning a family holiday or a secure retirement, we want to provide the best to our loved ones. Even in case of any eventuality, you prepare for the future to ensure your family maintains the same living standards and has a financially secure future. But what if you are unable to earn and pay your premiums because of unexpected events such as accidents or critical illness.

Presenting Pramerica Life Waiver of Premium Rider, which allows you to accrue your insurance policy benefits even if you're unable to pay your future premiums due to the occurrence of any unforeseen events such as a critical illness, Accidental Total and Permanent Disability or Death.

## Pramerica Life Waiver of Premium Rider

### Eligibility Criteria:

<b>Entry Age</b>	18 to 65 years
<b>Maturity Age</b>	23 to 70 years
<b>Rider Sum Assured</b>	The sum assured will be equal to sum of all outstanding future premiums payable inclusive of modal loadings and underwriting extra premium for base plan and riders (if any)
<b>Rider Policy Term</b>	5 to 52 years.
<b>Premium Payment Term</b>	Regular Pay: Equal to rider policy term
<b>Premium Payment Mode</b>	(Annual, Semi - Annual & Monthly) Same as base policy

All reference to age are based on age last birthday. Rider Policy Term cannot be more than the Premium Payment Term of the base policy.

### Benefits in detail

This is an optional rider that can be opted along with the non-linked base plans and protects your loved ones from the adverse effects of unforeseen events like Death, Accidental Total and Permanent Disability and Critical Illness.

**Waiver of Premium Benefit:** All future premiums of the base policy and riders premiums (if any) including modal loading and underwriting extra premium if any shall be waived off on the earlier occurrence of

1. Accidental Total and Permanent Disability or first diagnosis of any of the listed 32 Critical Illness/conditions and surgeries of the Rider Life Insured, subject to rider and base policy being in force, where Rider Life Insured is also the life insured under the base policy
2. Death or Accidental Total and Permanent Disability or first diagnosis of any of the listed 32 Critical Illness/conditions and surgeries of the Rider Life Insured, subject to rider and base policy being in force, where the Rider Life Insured is the proposer (and not the life insured) under the Base Policy Claims under Accidental Total and Permanent Disability shall be payable only if accident occurs while the cover is in force and disability must have persisted continuously for a period of at least 180 days and must, in the opinion of a suitable medical practitioner, appointed by the company, be deemed permanent. However the 180 days period will not be applicable for disabilities due to Loss by severance.

Claims under any of listed 32 Critical Illness/Conditions and Surgeries shall be payable only if the critical illnesses falls within the definition laid down for each illness. The diagnosis must be confirmed by a specialist and the date of diagnosis would be considered for processing a claim. There will be a minimum Survival Period of 30 days applicable for the claim. There may be a longer survival period for specific illnesses. Please refer to the detailed definitions of illnesses. There will be a Waiting Period of 90 days from the Rider Commencement Date or revival of the Rider during which no benefits are payable

Premium is continued to be paid till the time accidental disability is established to be permanent or completion of survival benefit period from the diagnosis of Critical Illness. Once the permanency of the disability is established or survival period of the Critical Illness is complete, the premium paid, if any from the date of accident / diagnosis of Critical Illness is refunded, along-with eligible benefit i.e. waiver of premium

For detailed definitions of Accidental Total and Permanent Disability (ATPD) and Critical Illness refer to important definitions.

**Maturity Benefit:** Maturity benefit is not applicable in this Rider.

## Other Features

### Flexible Premium Payment Modes

You have an option to pay premiums Annually, Semi-annually or Monthly. Monthly mode is allowed only if the premiums are paid electronically, such as through Credit Card, Direct Debit and ECS/NACH.

Premium Modes	Annual	Semi-annual	Monthly
Factors	1	0.51	0.086

**Grace Period:** As per Base Product.

**Premium Discontinuance:** If due premiums are not paid during the rider premium payment term, the rider cover lapses immediately on the expiry of the grace period and no rider benefit will be paid. The rider cover can be reinstated within the revival period of 5 years and the conditions as applicable to the base policy.

**Lapse:** The rider benefit shall lapse if due premiums are not received before expiry of grace period. No rider benefit shall be payable in lapse status.

**Revival:** You can revive your lapsed rider policy for its full coverage within five years from the due date of the first unpaid premium but before policy maturity, by paying all outstanding premiums together with the interest, as applicable. The interest for revival of the policy will be charged at market related rates set by the Company from time to time. The rate of interest shall be reset on an annual basis at the beginning of every financial year (April) and would be determined based on the average of 10-year G-Sec YTM plus 75 basis points rounded down to 25 basis points. The average of the benchmark would be taken from the previous financial year for the period 1st July to 31st Dec. The source of information for 10 year GSec rate would be "CCIL". The current applicable rate of interest on policy reinstatement is 8.00% p.a. compounding monthly which would be applicable for the FY 2023-24. Revival of the policy is subject to Board approved underwriting policy, the Company reserves the right to obtain additional information before reviving the Policy and also has the right to decline revival of the policy or impose extra morbidity/mortality ratings as per the Board approved underwriting policy of the Company. The medical expenses, if any, shall be borne by the policyholder. In case rider benefit is not revived within the revival period, the rider benefit shall be terminated and revival of such terminated rider will not be allowed at a later stage.

## Terms and Conditions

### Rider Conditions:

- Rider can be attached on commencement of the base plan or any subsequent policy anniversary subject to Board approved underwriting policy
- Addition of the rider will be subject to underwriting, the outstanding policy term and premium payment term of the base policy

- Rider premium is payable over and above the premium under the base policy and shall be paid along with the premium under the base policy
- Premium payment frequency of the Rider shall be same as premium payment frequency of the base policy.
- Rider policy term can be equal to or less than the premium payment term of the base policy, if chosen at inception or equal to or less than the outstanding premium payment term of the base policy, if chosen at subsequent policy anniversary, subject to maximum maturity age of 70. If the entry age plus base policy term is beyond age 70, the rider would be of term 70 less entry age. The rider shall not be offered if the outstanding premium payment term under the base policy is less than 5 years.
- Premium pertaining to health riders shall not exceed 100% of the premium under the base plan and for all life insurance riders put together shall not exceed 30% of the premium under base plan in compliance with the IRDAI (Protection of Policyholders Interest) Regulations, 2017.
- If the base policy is terminated by way of cancellation, surrender, lapse, death, maturity or if a claim under this rider is paid, the rider coverage will be terminated.

**Free look cancellation:** If the rider is chosen at commencement of cover under the base policy, the free look period will be the same as that for the base policy to which the rider is attached.

However, if the rider is taken at any of the subsequent policy anniversaries, the Policyholder shall have a period of 15 days from the receipt of this Policy Document to review the terms and conditions of this Policy and if the Policyholder disagrees with any of the terms and conditions, Policyholder has the option to return this Policy stating the reasons for the objections upon which the Company shall refund to the Policyholder the Premium paid subject to deduction of a proportionate risk Premium for the period of risk cover, any expenses incurred by the Company towards medical examination of the Life Insured and stamp duty charges. In case Policy is purchased through distance mode, the Free Look Period shall be 30 days.

**Premium Guarantee:** The Rider Premium under this Rider is guaranteed for a period of 3 years (applicable only in case of critical illness and ATPD) from Rider Commencement Date and thereafter the Rider Premium may be revised every three years with prior approval from IRDAI. The revised premium rates shall be notified to the Policyholder at least 3 months prior to the date of such revision and policy holder will be given a period of 30 days from the date of premium due (on or after the effective date of change) to renew the policy. If the Policyholder is not willing to continue the Policy with the revised Premium rates, the Policy will lapse.

**Suicide Exclusions:** In case of death due to suicide, within twelve months from date of commencement of risk or from the date of revival of the Policy, the Company's only obligations under this Policy shall be to pay an amount equal to 80% of the total Premiums paid (excluding underwriting extra premiums and taxes, if any), provided the policy is in force.

**Alterations:** Rider can be attached to the base policy at inception or at any policy anniversary of the base policy as per Board approved Underwriting Policy and the applicable Rider terms and conditions. Rider shall automatically get discontinued if the base policy is surrendered.

**General Exclusions for Accidental Total and Permanent Disability:**

No benefit will be payable in respect of any of the conditions covered under the Accidental Total and Permanent Disability (ATPD) Cover, arising directly or indirectly from, through or in consequence of the following exclusions:

1. Intentional self-inflicted injury, attempted suicide, while sane or insane;
2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Doctor;
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
4. 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;
5. Participation by the insured person in a criminal or unlawful act;
6. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts, hunting, mountaineering; parachuting; bungee jumping;
7. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature; fuel materials or accident arising from such nature;
8. Any other exclusions under the general provisions of the base policy.

In case ATPD benefit is claimed however is not admissible due to any of the exclusion clause(s) applicable for ATPD, then the ATPD benefit would not be payable. However, the benefits payable on other events covered under the base policy will continue.

**General Exclusions for Critical Illness:**

The Life Insured shall not be entitled to any Critical Illness Benefits if the covered Critical Illness results either directly or indirectly from any of the following causes:

1. Any Pre-Existing Disease. "Pre-existing Disease" means any condition, ailment, injury or disease:

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its latest revival date, whichever is later; OR
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its latest revival/reinstatement date, whichever is later.

This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception.

2. Any sickness-related condition manifesting itself within 90 days from the policy commencement date or its latest revival/reinstatement date, whichever is later.
3. If the insured dies within 30 days of the diagnosis of the covered Critical Illness.
4. Intentional self-inflicted injury, suicide or attempted suicide.
5. For any medical conditions suffered by the Life Insured or any medical procedure undergone by the Life Insured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
6. Engaging in or taking part in hazardous activities\*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee jumping; underwater activities involving the use of breathing apparatus or not;  
\*Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;
7. Participation by the insured person in a criminal or unlawful act with criminal intent;
8. For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
9. For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;
10. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.

11. Any External Congenital Anomaly which is not as a consequence of Genetic disorder
12. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event
13. Any other additional exclusions, under the Company's policy document pertaining to this benefit shall be applicable.

**Tax Benefits:** Premiums paid under this rider may be eligible for tax exemptions, subject to the applicable tax laws and conditions. Income tax benefits under this rider, if any, shall be applicable as per the prevailing Income Tax Laws and are subject to amendments from time to time. Kindly consult a tax expert.

**Goods and Services Tax (GST):** GST and other levies, as applicable, will be extra and levied as per prevailing tax laws and are subject to change from time to time.

#### **Nomination and Assignment**

Nomination in this policy is allowed as per Section 39 of Insurance Act, 1938 as amended from time to time. Assignment in this policy is allowed as per Section 38 of Insurance Act, 1938 as amended from time to time.

## **Important Definitions**

### **A. Definitions of Accidental Total and Permanent Disability**

**Accident** means an event or contiguous series of events, which are violent, unforeseen, involuntary, external and which causes Bodily Injury.

**Accidental bodily injury** means bodily injury of the insured caused solely and directly from an Accident and independently of any other intervening causes and which occurs within 180 days of the date of Accident.

**Bodily Injury** means Injury must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.

**Injury** means accidental physical bodily harm excluding any Illness, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

**Medical Practitioner** means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured.

**Accidental Total and Permanent Disability** A life shall be regarded as being totally and permanently disabled under a "Presumptive" definition of disability, only if that life, due to accident, has been subject to one (or more) of the following impairments:

- Permanent and irreversible loss of sight in both eyes as a result of Accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by a consultant ophthalmologist
- The loss by physical severance or total and permanent loss of use of two limbs at or above the wrist or ankle or the total and permanent loss of sight in one eye and the loss by physical severance (or total and permanent loss of use) of one limb at or above the wrist or ankle.

### **B. Definitions of Covered Critical Illness**

1. **Cancer of Specified Severity:** A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- i. All tumors which are histologically described as carcinoma in situ, benign, premalignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
  - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
  - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
  - v. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
  - vi. Chronic lymphocytic leukaemia less than RAI stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNMClassification) 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:

- 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 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 is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.
5. **Coma Of Specified Severity:** 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.
  - iv. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
6. **Kidney Failure Requiring Regular Dialysis:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (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 embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

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 haematopoietic stem cells. The undergoing of a transplant has to 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 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:

- 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.
- iii. 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 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 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:

- 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.

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:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg);
- iv. Dyspnea at rest.

16. **End Stage Liver Failure:** Permanent and irreversible failure of liver function that has resulted in all three of the following:

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

Liver failure secondary to drug or alcohol abuse is excluded.

17. **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.

18. **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.

The Activities of Daily Living are:

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

19. **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.

20. **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.

21. **Aplastic Anaemia:** A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- i. Bone marrow stimulating agents
- ii. Immunosuppressants
- iii. Bone marrow transplantation
- iv. The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

22. **Medullary Cystic Disease:** A definite diagnosis of medullary cystic disease evidenced by all of the following:

- i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

- i. Polycystic kidney disease
- ii. Multicystic renal dysplasia and medullary sponge kidney
- iii. Any other cystic kidney disease

23. **Parkinson's Disease:** A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- i. Muscle rigidity
- ii. Tremor
- iii. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily

Living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition.

The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

- i. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- ii. Essential tumor
- iii. Parkinsonism related to other neurodegenerative disorders

24. **Apallic Syndrome:** A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact.

The definite diagnosis must be evidenced by all of the following:

- i. Complete unawareness of the self and the environment
- ii. Inability to communicate with others
- iii. No evidence of sustained or reproducible behavioural responses to external stimuli
- iv. Preserved brain stem functions
- v. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures



- vi. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

25. **Major Surgery of the Aorta:** The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- iii. Surgery following traumatic injury to the aorta

26. **Fulminant Viral Hepatitis - resulting in acute liver failure:**

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- i. Typical serological course of acute viral hepatitis
- ii. Development of hepatic encephalopathy
- iii. Decrease in liver size
- iv. Increase in bilirubin levels
- v. Coagulopathy with an international normalized ratio (INR) greater than 1.5
- vi. Development of liver failure within 7 days of onset of symptoms
- vii. No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- i. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
- ii. Fulminant viral hepatitis associated with intravenous drug use

27. **Cardiomyopathy:** A definite diagnosis of one of the following primary cardiomyopathies:

- i. Dilated Cardiomyopathy
- ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- iii. Restrictive Cardiomyopathy
- iv. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.

- ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.

- iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- i. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- ii. Transient reduction of left ventricular function due to myocarditis
- iii. Cardiomyopathy due to systemic diseases
- iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

28. **Muscular Dystrophy:** A definite diagnosis of one of the following muscular dystrophies:

- i. Duchenne Muscular Dystrophy (DMD)
- ii. Becker Muscular Dystrophy (BMD)
- iii. Emery-Dreifuss Muscular Dystrophy (EDMD)
- iv. Limb-Girdle Muscular Dystrophy (LGMD)
- v. Facioscapulohumeral Muscular Dystrophy (FSHD)
- vi. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- vii. Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered: Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

29. **Poliomyelitis - resulting in paralysis:** A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- i. Poliovirus infections without paralysis
- ii. Other enterovirus infections
- iii. Guillain-Barré syndrome or transverse myelitis

30. **Chronic Recurring Pancreatitis:** A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- i. Exocrine pancreatic insufficiency with weight loss and steatorrhea
- ii. Endocrine pancreatic insufficiency with pancreatic diabetes
- iii. Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- i. Chronic pancreatitis due to alcohol or drug use
- ii. Acute pancreatitis

31. **Bacterial Meningitis - resulting in persistent symptoms:** A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered: Aseptic, viral, parasitic or non-infectious meningitis

32. **Loss of Independent Existence:** A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

## Section 41 of the Insurance Act 1938: Prohibition of rebate

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

## Section 45 of the Insurance Act 1938, (as amended from time to time):

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The brochure gives the salient features for the product. Please refer to policy document for further details of the terms and conditions.

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Pramerica Life Insurance Limited, started operations in India on September 01, 2008 and has a pan India presence through multiple distribution channels which have been customized to address the specific insurance needs of diverse customer segments. The Company is committed to providing protection and quality financial advice to its customers.

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