



Protecting you and your loved ones till the last mile - From Paychecks to Peace of Mind

Aditya Birla Sun Life Insurance Salaried Term Plan

A Non-Linked Non-Participating Life Individual Pure Risk Premium Plan

Distributed by



ALWAYS YOU FIRST

Product by

Aditya Birla Sun Life
Insurance Co. Ltd.



INTRODUCING ABSLI SALARIED TERM PLAN

You have consistently worked hard to provide your family with the finest life has to offer and have always ensured that their dreams are fulfilled. Your desire to secure your family's ability to maintain the lifestyle they cherish can now be achieved easily. To secure a financially stable future for your loved ones, Aditya Birla Sun Life Insurance presents the **ABSLI Salaried Term Plan** – an exclusive and comprehensive protection solution tailored for salaried individuals. With ABSLI Salaried Term Plan you enjoy the freedom to customize your plan basis your protection needs.

This plan offers the flexibility of a Lump-sum Cover & Monthly Income Cover options. Be it education, lifestyle, or day-to-day needs, this pure risk term plan is crafted to provide unwavering financial support, allowing your family to stride confidently into the future.

With ABSLI Salaried Term Plan, you can stand as a pillar of protection for your family, gearing them up to welcome life's surprises. Delve into the confidence of knowing that your family's financial security is taken care of, empowering them to thrive in every moment. Choose ABSLI Salaried Term Plan today and embrace the peace of mind that comes from securing your family's tomorrow.

KEY FEATURES OF THE PLAN

Every individual's needs are different and with the plethora of features available under ABSLI Salaried Term Plan to choose from, you can make your own term plan: -



Term Plan exclusively designed for Salaried Individuals



One time discount upto 9%



Customize protection at affordable prices by offering 4 plan options



Versatile options for Death Benefit payouts to choose for Lump-sum or Monthly Income - Fixed or Increasing



Pay your premiums as per your budget choosing from a range of premium payment terms – for a limited period or throughout the policy term. Moreover, you have the option to pay premiums in yearly, half-yearly, quarterly or monthly mode



Additional Protection with inbuilt Terminal Illnesses Benefit



Accelerated payout in case life insured is diagnosed with any of the 42 specified critical illnesses by choosing Accelerated Critical Illness Benefit



Enhance your insurance with appropriate rider options, on payment of additional premium

PRODUCT ELIGIBILITY

Type of Plan	A Non-Linked Non-Participating Life Individual Pure Risk Premium Plan				
Coverage	All Individuals (Male Female Transgender)				
Age of the Life Insured at Entry (Age as on last birthday)	Minimum	21 years			
	Maximum	55 years			
Maturity Age of the Life Insured (Age as on last birthday)	Minimum	31 years			
	Maximum	70 years			
Premium Payment Term (PPT) & Policy Term (PT)		PPT	Min PT	Max PT	
		Limited Pay 5, 7, 10, 12, 15 and 20 Years	(PPT + 5) years	49 years	
		Regular Pay	10		
Premium Payment Modes and Modal Factors	Annual Semi-Annual Quarterly Monthly				
	Mode	Annual	Semi-annual	Quarterly	Monthly
	Modal Factor	0%	4%	6%	8%
Sum Assured	Minimum		Maximum		
	₹ 25,00,000		No Limit (subject to Board Approved Underwriting Policy)		
Discount	Male/Transgender		Female		
	7%		9%		
	Annual income of Rs. 5,00,000 or above. This discount will apply to the first-year premium only				
How to choose your Plan?	<p>ABSLI Salaried Term Plan provides you the flexibility to customize Your Death Benefit basis your needs and requirements.</p> <p>Step 1: Choose Your Death Benefit Option</p> <ul style="list-style-type: none"> - Life Cover - Life Cover with ROP - Fixed Income Cover - Increasing Income Cover <p>Step 2: Choose the Income Benefit Period (For Variant 3 and 4)</p> <ul style="list-style-type: none"> - 10, 15 or 20 years of Income <p>Step 3: Choose the Income Escalation Rate (For Variant 4 only)</p> <ul style="list-style-type: none"> - 5 % or 10% (Simple Interest) <p>Benefit options, Sum Assured, Policy Term, Premium Payment Term and mode of premium payment chosen at inception cannot be changed thereafter. Premium will vary depending upon the Option chosen at inception.</p>				

YOUR PLAN OPTIONS

The following Plan Options are available under this plan to suit your needs:

Option 1: Life Cover

Option 2: Life Cover with ROP

Option 3: Fixed Income Cover

Option 4: Increasing Income Cover

You shall choose one Plan Option at the inception of the Policy. The option once selected cannot be changed at a later date. Premium payable will vary depending upon the Option chosen.

Let us look into all these Plan Options in detail:

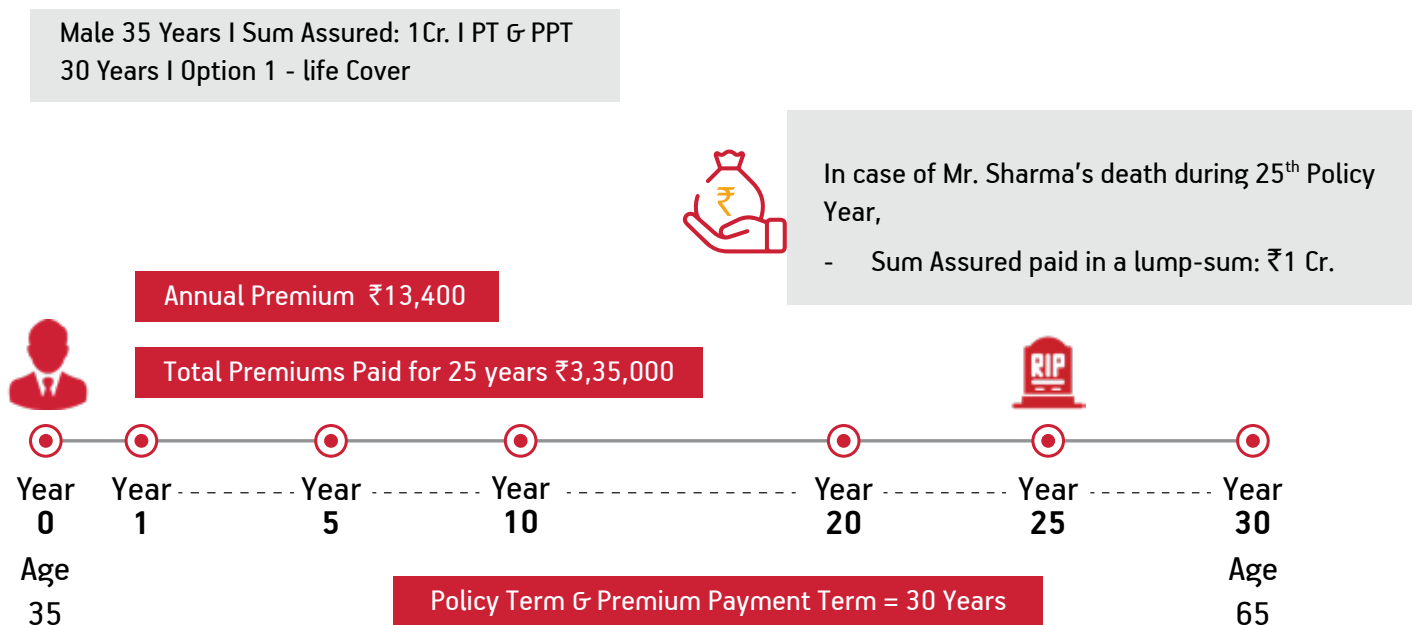
Option 1: Life Cover

Under this option, In the unfortunate event of the death of the Life Insured, anytime during the Policy Term, the Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death chosen at Inception in Lump-Sum, provided all due premiums have been paid.

- How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI Salaried Term Plan – Life Cover for a Sum Assured of Rs. 1 crore. He chooses a Policy Term of 30 years and Premium Payment Term of 30 years.

Unfortunately, he dies during the 25th Policy year. His Nominee is paid a lump-sum equal to Rs. 1 crore and the Policy terminates. The same is illustrated below:



Premiums are exclusive of taxes.

- Your choices at inception:

You will have to choose the Sum Assured, Policy Term, Premium Payment Term and mode of premium payment.

Option 2: Life Cover with ROP

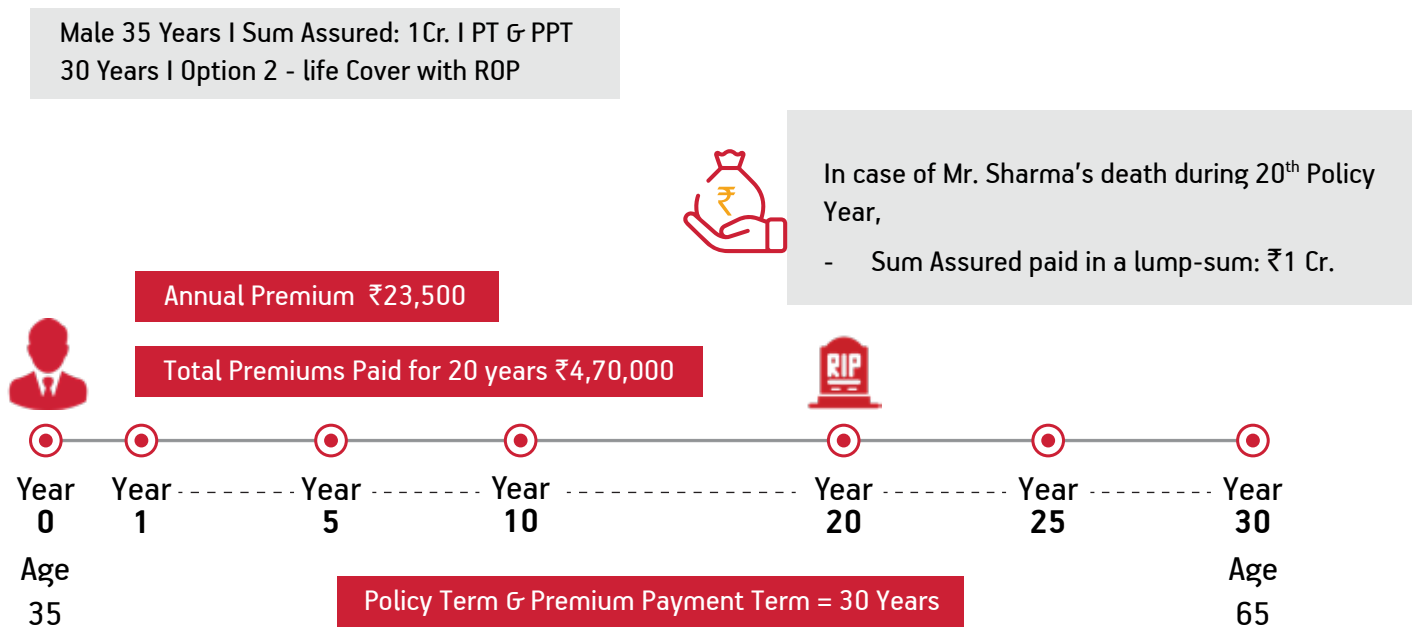
Under this option, in the unfortunate event of the death of the Life Insured, anytime during the Policy Term, the Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death chosen at inception in lump-sum, provided all due premiums have been paid.

However, on survival of Life Insured till the end of the Policy term, 100% of the total premiums paid will be payable to the policyholder

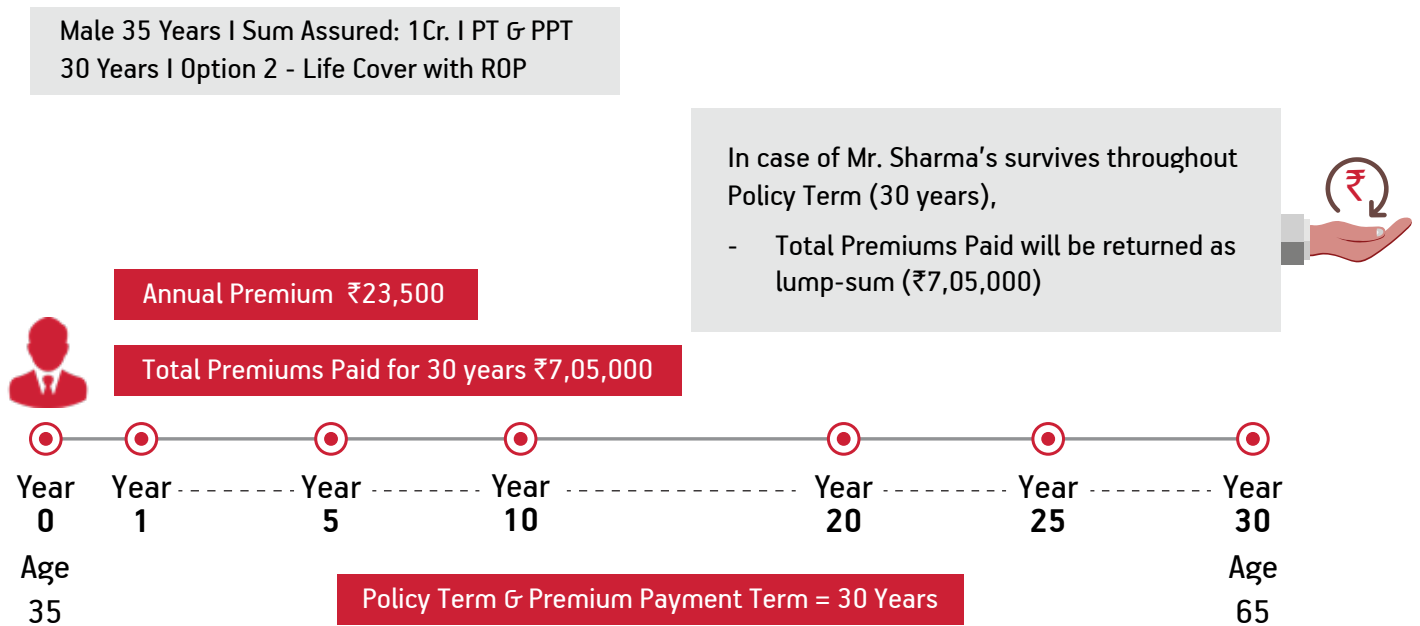
- How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI Salaried Term Plan – Life Cover with ROP for a Sum Assured of Rs. 1 crore. He chooses a Policy Term of 30 years and Premium Payment Term of 30 years.

Unfortunately, he dies during the 20th Policy year. His nominee is paid a lump-sum equal to Rs. 1 crore and the policy terminates. The same is illustrated below:



In case of his survival till the end of the Policy Term, he will be paid Maturity Benefit of Rs. 7,05,000 (Rs. 23,500 x 30 years).



Premiums are exclusive of taxes.

- Your choices at inception:

You will have to choose the Sum Assured, Policy Term, Premium Payment Term and mode of premium payment.

Option 3: Fixed Income Cover

Under this option, In the unfortunate event of the death of the Life Insured, anytime during the Policy Term, the Nominee(s)/legal heir(s)/assignee will be paid monthly income, equal to 1.25% of Sum Assured chosen at inception, commencing with the first policy monthiversary on or after the date of death and continuing for each policy monthiversary throughout the Income Benefit Period, during the chosen Income Benefit Period.

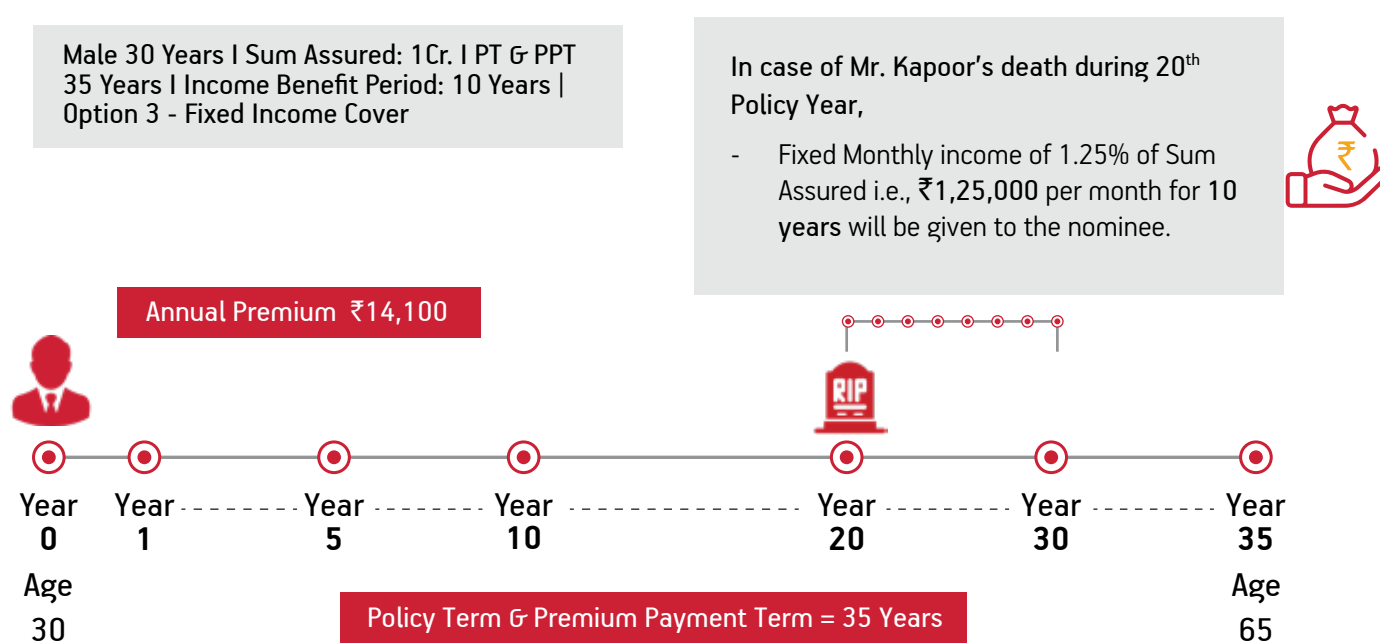
Income Benefit Period can be 10 years, 15 years or 20 years and has to be chosen at the inception of the policy by the life insured.

The Income Benefit Period cannot be changed during the term of the policy.

- How does this Plan Option work?

Let us take an example of Mr. Kapoor, 30 years old, who opts for ABSLI Salaried Term Plan – Fixed Income Cover for a Sum Assured of Rs. 1 crore. He chooses a Policy Term of 35 years, Premium Payment Term of 35 years and Income Benefit Period as 10 Years.

Unfortunately, he dies during the 20th Policy year. His Nominee is paid a monthly income for 10 years, equal to 1.25% of Rs. 1 crore and the Policy terminates. The same is illustrated below:



- Your choices at inception:

You will have to choose the Sum Assured, Policy Term, Premium Payment Term, Income Benefit Period, and mode of premium payment.

Option 4: Increasing Income Cover

Under this option, in the unfortunate event of the death of the Life Insured, anytime during the Policy Term, the Nominee(s)/legal heir(s)/assignee will be paid monthly income at the end of each month; for first year it will be equal to 1.25% of Sum Assured chosen at inception, thereafter the monthly income will grow at either 5% or 10% p.a. as per Income Escalation Rate on simple interest basis.

Income Benefit Period can be 10 years, 15 years or 20 years. Income Escalation has to be chosen at the inception of the policy by the Policyholder, and once chosen cannot be changed.

- How does this Plan Option work?

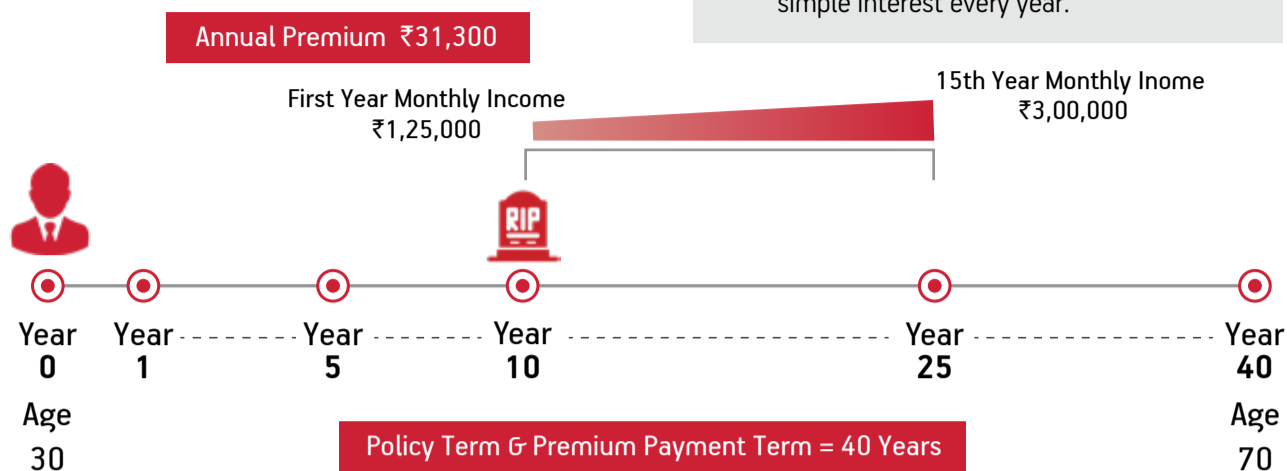
Let us take an example of Mr. Kumar, 30 years old, who opts for ABSLI Salaried Term Plan – Increasing Income Cover for a Sum Assured of Rs. 1 crore. He chooses a Policy Term of 40 years, Premium Payment Term of 40 years, Income Benefit Period as 15 Years and Income Escalation Rate at 10%.

Unfortunately, he dies during the 10th Policy year. His Nominee is paid a monthly income for 15 years, where for first year monthly Income is equal to 1.25% of Rs. 1 crore and thereafter grows annually by 10% (Simple Interest basis) and the Policy terminates. The same is illustrated below:

Male 30 Years | Sum Assured: 1Cr. | PT & PPT
40 Years | Income Benefit Period: 15 Years |
Option 4 - Increasing Income Cover | Income
Escalation Rate: 10%

In case of Mr. Kapoor's death during 10th
Policy Year,

- Increasing Monthly income will be given to nominee. First Year income will be @1.25% of Sum Assured, which will be growing @10% simple interest every year.



- Your choices at inception:

You will have to choose the Sum Assured, Policy Term, Premium Payment Term, Income Benefit Period, Income Escalation Rate and mode of premium payment.

SAMPLE PREMIUM RATE

Below are the sample premiums (excl. taxes) applicable for a non-smoker Male life, opting for 1 crore Sum Assured with coverage till age 70 years and Premium Payment Term is same as Policy Term.

Plan Options	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4
Age at Entry/ Premium Payment Term	Life Cover	Life Cover with ROP Option	Fixed Income¹	Increasing Income²
25 years	9,600	14,200	12,400	14,400
35 years	14,900	26,700	19,300	22,300
45 years	26,600	54,400	34,500	39,900
55 years	47,800	129,600	62,100	71,700

*Premium Payment Term is equal to Policy Term

¹Income Benefit Period 10 Years

²Income Benefit Period 10 Years; Income Escalation rate 5%

YOUR POLICY BENEFITS

Death Benefit

In case of unfortunate demise of the Life Insured during the Policy Term, Death Benefit will be paid to the Nominee(s)/legal heir(s)/assignee as per the Plan Option chosen (as explained in the below-mentioned section).

For Plan Option 1 & 2: Death Benefit will be the Sum Assured on Death payable in lump-sum.

Sum Assured on Death is highest of:

- 11 times the Annualized premium
- 105% of the Total Premiums Paid as on the date of death
- The absolute amount assured to be paid on death

In case Terminal Illness claim and/or Accelerated Critical Illness (ACI) Benefit claim has already been paid, the Death Benefit payable here shall be reduced to the extent of reduction in Sum Assured on account of Terminal Illness and/or Accelerated Critical Illness (ACI) Benefit already paid.

For Plan Option 3: Death benefit will be paid as Monthly Income, for chosen Income Benefit Period. Monthly Income will be 1.25% of Sum Assured during the Income Benefit Period. The first payment will become due on the first Policy monthiversary on or after the date of death. Any excess amount of Sum Assured on Death over the Effective Sum Assured to be paid on death, will be paid in lump-sum, immediately on death of Life Insured.

Sum Assured on Death is highest of:

- 11 times the Annualized premium
- 105% of the Total Premiums Paid as on the date of death
- The absolute amount assured to be paid on death

In case Terminal Illness claim and/or Accelerated Critical Illness (ACI) Benefit claim has been paid, the monthly instalments payable shall be reduced proportionately to the extent of reduction in Sum Assured on account of Terminal Illness and/or Accelerated Critical Illness (ACI) Benefit already paid.

For Plan Option 4: Death benefit will be paid as Monthly Income, for chosen Income Benefit Period. Monthly Income will be 1.25% of Sum Assured for the first year and thereafter the monthly Income will increase by Income Escalation Rate i.e. either by 5% or 10% p.a. simple, as chosen at inception, each year throughout the Income Benefit Period. The first payment will become due on the first Policy monthiversary on or after the date of death. Any excess amount of Sum Assured on Death over the Effective Sum Assured to be paid on death, will be paid in lump-sum, immediately on death of Life Insured.

Sum Assured on Death is highest of:

- 11 times the Annualized premium
- 105% of the Total Premiums Paid as on the date of death
- The absolute amount assured to be paid on death

In case Terminal Illness claim and/or Accelerated Critical Illness (ACI) Benefit claim has been paid, the Death Benefit shall be reduced proportionately to the extent of reduction in Sum Assured on account of Terminal Illness and/or Accelerated Critical Illness (ACI) Benefit already paid.

Where,

- 1) Annualized premium shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any. Any extra premium on account of ACI Benefit is also excluded. Any discount on the first year premium if any, is also excluded.
- 2) Total Premiums Paid means total of all the premiums received, excluding any underwriting extra premiums, any loadings for modal premiums, any rider premium and taxes. Any extra premium on account of ACI Benefit if any, is also excluded. Any discount on the first year premium, if any, is also excluded.
- 3) The absolute amount assured to be paid on death is the Effective Sum Assured as on the date of death.
 - For Option 1 (Life Cover), the Sum Assured chosen at inception
 - For Option 2 (Life Cover with ROP), the Sum Assured chosen at inception
 - For Option 3 (Fixed Income Cover), the Sum Assured at inception multiplied by 1.25% multiplied by the Income Benefit Period (in months)
 - For Option 4 (Increasing Income Cover), the Sum Assured at inception multiplied by 1.25% multiplied by the Income Benefit Period (in months)

Terminal Illness Benefit

In case you are diagnosed with a Terminal Illness during the Policy Term, up to an age of 70 years, provided the Policy is in-force, 50% of the applicable Sum Assured on Death, subject to a maximum of Rs. 2 crore, will be paid immediately as a lump-sum and future due premiums shall be waived off. On subsequent death of the Life Insured during the Policy Term, the Sum Assured on Death shall be reduced by the amount of Terminal Illness Benefit already paid.

Terminal Illness Benefit shall only be payable on the first diagnosis of any Terminal Illness of the Life Insured during the Policy Term.

Terminal Illness Benefit is applicable for all 4 Plan Options

Example: Ajay (aged 35) opts for ABSLI Salaried Term Plan – Life Cover Option for Sum Assured Rs. 1 crore with Policy Term of 30 years and Premium Payment Term of 30 years. He pays annual premium of Rs. 13,400 (excl. taxes) p.a. During 17th Policy Year, Ajay is diagnosed with Terminal Illness, 50% of Sum Assured i.e. 50 lakh is paid immediately as lump-sum and future due premiums are waived off. On his unfortunate demise after 2 months from the diagnosis of Terminal Illness, Death Benefit of 50 Lakh is paid in lump-sum to his Nominee.

Accelerated Critical Illness (ACI) Benefit

If you have opted for this benefit at Policy inception, Accelerated Critical Illness (ACI) Sum Assured will be payable to you on the first diagnosis of any of the specified critical illnesses, as mentioned in the table below, during the ACI Benefit Cover Period, provided the Policy is in-force and meets the required ACI terms and conditions. Once the ACI Sum Assured is paid on the first occurrence of any of the specified critical illness during the ACI Term, the ACI benefit will terminate.

You will need to choose the ACI Sum Assured in steps of Rs. 1 lacs subject to boundary conditions as mentioned below:

Minimum ACI Sum Assured	Maximum ACI Sum Assured
Rs. 5,00,000	50% of the Sum Assured at Policy inception date, subject to a maximum of Rs. 50,00,000

The ACI Sum Assured is fixed and will not change even if the Sum Assured under the base Policy changes during the Policy Term. The ACI Benefit is accelerated and not an additional benefit i.e. your Policy will continue till maturity after the ACI benefit is paid, provided the Policy is in-force and all premiums are paid in full.

Upon payment of the ACI Benefit Sum Assured, the Death Benefit will be reduced for the ACI benefit already paid, for the rest of the Policy Term and the Policy will continue provided all premiums are paid in full on due dates. Future premiums payable under the Policy for Death Benefit will also reduce proportionately.

Example: Sachin (aged 35) opts for ABSLI Salaried Term Plan – Level Cover Option for Sum Assured Rs. 1 crore and ACI Sum Assured of Rs. 25,00,000 with Policy Term of 30 years and Premium Payment Term of 30 years. He pays annual premium of Rs. 27,525 (excl. taxes) p.a., where Rs. 13,400 is for Death Cover and Rs. 14,125 for ACI cover.

During 16th Policy Year, Sachin is diagnosed with Cancer of Specified Severity, ACI Sum Assured Rs. 25,00,000 is paid in lump-sum immediately and further Policy continues with proportionately reduced Sum Assured of Rs. 75,00,000 and premium of Rs. 10,050 (excl taxes) till the end of Policy Term.

List of Critical Illness covered under ACI benefit

Sr. No	List of Critical Illnesses	Sr. No	List of Critical Illnesses
1	Cancer of Specified Severity	22	Alzheimer's Disease
2	Myocardial Infarction (First Heart Attack of Specific Severity)	23	Aplastic Anaemia
3	Open Chest CABG	24	Medullary Cystic Disease
4	Open Heart Replacement or Repair of Heart Valves	25	Parkinson's Disease
5	Coma of Specified Severity	26	Systemic Lupus Erythematosus - with Lupus Nephritis
6	Kidney Failure Requiring Regular Dialysis	27	Apallic Syndrome
7	Stroke Resulting in Permanent Symptoms	28	Major Surgery of the Aorta
8	Major Organ / Bone Marrow Transplant	29	Fulminant Viral Hepatitis - resulting in acute liver failure
9	Permanent Paralysis of Limbs	30	Primary Cardiomyopathy
10	Motor Neuron Disease with Permanent Symptoms	31	Muscular Dystrophy - resulting in permanent loss of physical abilities
11	Multiple Sclerosis with Persisting Symptoms	32	Poliomyelitis - resulting in paralysis
12	Benign Brain Tumor	33	Sporadic Creutzfeldt-Jakob Disease (sCJD)
13	Blindness	34	Chronic Recurring Pancreatitis
14	Deafness	35	Bacterial Meningitis - resulting in persistent symptoms
15	End Stage Lung Failure	36	Chronic Adrenocortical Insufficiency (Addison's Disease)
16	End Stage Liver Failure	37	Loss of Independent Existence
17	Loss of Speech	38	Encephalitis
18	Loss of Limbs	39	Progressive supranuclear palsy
19	Major Head Trauma	40	Severe Rheumatoid arthritis
20	Primary (Idiopathic) Pulmonary Hypertension	41	Scleroderma
21	Third Degree Burns	42	Systematic lupus Erythematosus with Renal Involvement

ACI terms and conditions:

- ACI benefit is an optional benefit available with all Plan Options.
- ACI Benefit is payable only once during the ACI Cover Period.
- ACI benefit will not be payable if the critical illness is diagnosed within a waiting period of 90 days from the risk commencement date or revival date of the Policy, whichever is later.
- ABSLI Critical Illness Rider cannot be opted if this option is chosen.
- The maximum maturity age for ACI Benefit is 70 years (age last birthday).
- The ACI Cover Period cannot exceed the Premium Paying Term of the Policy. Hence, the ACI Cover Period = Minimum [Premium Paying Term, 70 – Entry Age]
- The option is not available with Single Pay Premium Paying Term policies.
- The ACI Sum Assured will always be paid as a lump-sum benefit and on the payment of Accelerated Critical Illness (ACI) Sum Assured the ACI benefit cover will be terminated.
- Premium applicable for ACI Benefit is guaranteed for 5 years and may be reviewed by us thereafter, subject to prior approval from IRDAI. Once revised, the new premium rates become guaranteed for a period of next 5 years.
- The Policyholder can discontinue the ACI Benefit at any time during the Policy Term. Upon discontinuance of ACI Benefit, your base Policy will continue as per the Plan Option chosen by you and premium payable will be reduced according to the base Policy.

Termination of ACI Benefit:

The ACI Benefit will terminate immediately upon the occurrence of any of the following events, whichever is earliest

- At the end of ACI Term;
- At the end of the Premium Payment Term of the Policy;
- On attainment of age 70 years by the Life Insured;
- On payment of ACI benefit;
- On death of the Life Insured;
- If the Policy has not acquired a surrender value or unexpired risk premium value, the date on which the revival period ends;
- The date on which we receive a free look cancellation request;
- The date on which the Policyholder chooses to opt out or discontinue the ACI Benefit.

ACI Benefit – Exclusions:

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

- 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 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;

- Any sickness-related condition manifesting itself within 90 days from the Policy commencement date or its latest revival date, whichever is later;
- Any sexually transmitted diseases;
- Any congenital condition
- Suicide or attempted suicide or self-inflicted injury, irrespective of mental condition;
- Participation in a criminal, unlawful or illegal activity;
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a registered medical practitioner acceptable to us;
- 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;
- 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.
- Taking part in any naval, military or air force operation during peace time.
- 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.
- 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.

Survival Benefit

There is no Survival Benefit payable for Plan Options 1, 2, 3 & 4.

Maturity Benefit

There is no Maturity Benefit payable for Plan Options 1, 3, & 4.

If Plan Option 2 has been chosen, the Total Premiums Paid less loadings for modal premiums (if any), rider premium (if any), ACI premium (if any), discount on first year premium and applicable taxes will be payable at the end of the Policy Term.

Commutation Benefit

At any time during the Income Benefit Period, if the nominee would like to get a lump-sum instead of the Income Benefits, the commuted value of the outstanding benefits shall be paid as a lump-sum.

The lump-sum shall be calculated as:

$Lump-sum = 1.25\% \times \text{Sum Assured at Inception} \times \text{Commutation Factor}$

This lump-sum amount at the time of commutation will be at least equal to the Sum Assured at inception less Income Benefit already paid.

where,

The Commutation Factors, represent the discounted value of future benefits at the time of commutation.

Customisable Benefits

For added protection, you can enhance your insurance coverage during the Policy Term by adding following riders for a nominal extra cost.

- ABSLI Accidental Death and Disability Rider (UIN: 109B018V03)** provides 100% of Rider Sum Assured as an additional lump-sum amount in case of death due to accident of Life Insured or in the event of disability due to accident.
- ABSLI Critical Illness Rider (UIN: 109B019V03)** provides lump-sum on survival of 30 days from the date of diagnosis of any of the specified critical illnesses.
- ABSLI Surgical Care Rider (UIN: 109B015V03)** provides lump-sum benefit in case of hospitalization for a minimum period of 24 hours for undergoing medically necessary surgery in India.
- ABSLI Hospital Care Rider (UIN: 109B016V03)** provides lump-sum benefit in case of hospitalization for a minimum period of 24 hours for undergoing medically necessary surgery in India.
- ABSLI Accidental Death Benefit Rider Plus (UIN:109B023V02)** provides 100% of Rider Sum Assured as an additional lump-sum amount in case of death due to accident of Life Insured. Additionally, the rider premiums collected after the date of Accident till date of death, shall be refunded with interest, along with death benefit payable.
- ABSLI Waiver of Premium (UIN: 109B017V03)** waives off all future premiums of the base plan and the attached riders throughout the rest of the premium payment in case of diagnosis of Critical Illness or Disability.

You can only opt for either ABSLI Accidental Death and Disability Rider or ABSLI Accidental Death Benefit Rider Plus

Cover under any selected rider is limited to the outstanding term or premium payment term, as per the cover limits applicable for the rider(s). All the above riders would provide cover independent to each other (including the base product) and in case any incidence of covered event qualifies for the benefit under more than one rider (including the base product), the Policyholder will be entitled for the rider benefits under each of those riders (including the base product).

Please refer to detailed brochures on riders, consult your financial advisor or visit our website for further details.

SURRENDER / PREMIUM DISCONTINUANCE / POLICY REVIVAL TERMS

1. What happens if you surrender the Policy?

The surrender benefit available under the product varies by the Option chosen. The policy will terminate upon payment of this benefit. You can surrender the Policy any time during the Policy Term after the Policy has acquired a Surrender Value.

For Plan Options 1, 3 and 4:

For Regular Pay Policies, unexpired risk premium value will be zero.

For Limited Pay policies, an Unexpired Risk Premium Value is available upon receipt of all premiums under the policy.

Where applicable, the Unexpired Risk Premium Value is calculated as under:

Unexpired Risk Premium Value Factor \times Total Premiums Paid \times $\frac{\text{Outstanding Term (in months)}}{\text{Policy Term (in months)}}$

- The Outstanding Term (in months) is calculated as the number of whole months from the date of surrender to the end of the Policy Term.
- Unexpired Risk Premium Value Factors are given in 35%

Plan Option 2:

A Surrender Value is available upon receipt of all premiums due in the first two Policy years.

The Surrender Value payable will be higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV).

Where,

Guaranteed Surrender Value (GSV) is defined as a percentage of Total Premiums Paid less any Survival Benefit already paid.

Special Surrender Value (SSV) is determined by the company from time to time basis changing economic scenario. The Company may revise the SSV factors based on the then prevailing market conditions. Any change in the methodology/formula for calculating the SSV factors shall be subject to IRDAI approval.

2. What happens when you discontinue paying your premiums?

A) Discontinuance of Payment of Premium before the Policy has acquired surrender value

If you don't pay the due premium during the Grace Period during the Premium Payment Term, on expiry of the Grace Period, the Policy shall Lapse w.e.f. the due date of unpaid premium, and all benefits under the Policy, including the insurance cover, shall cease and no benefits shall be payable, however, you will have the option to revive the Policy within 5 years from the due date of first unpaid premium.

B) Discontinuance of Payment of Premium after the Policy has acquired surrender value

If you don't pay the due premium during the Grace Period during the Premium Payment Term, on expiry of the grace period, the Policy shall become Reduced Paid Up (RPU) Policy. The Policy will however lapse for ACI risk coverage, if any, and no ACI benefit will be payable thereafter.

After the Policy has become RPU, the benefits payable will be amended as follows:

The **RPU Terminal Illness Benefit, RPU Sum Assured, RPU Effective Sum Assured and RPU Terminal Value** shall be equal to the Terminal Illness Benefit, Sum Assured, Effective Sum Assured and Terminal Value respectively, multiplied by the RPU Factor, where the RPU Factor is the ratio of:

- The number of premium instalments paid to date; over
- The total number of premium instalments originally due for the Policy Term.

After the Policy has become RPU, the benefits payable will be amended as follows:

Death Benefit for RPU Policies:

For Plan Options 1, 3, and 4:

Not Applicable

For Plan Option 2:

If the Life Insured dies during the Policy Term, the RPU Death Benefit will be the RPU Effective Sum Assured as on the date of death less any previously paid Terminal Illness benefit and/ or ACI Benefit.

Terminal Illness Benefit for RPU Policies:

For Plan Options 1, 3, and 4:

Not Applicable

For Plan Options 2:

In the event that the Life Insured is diagnosed with a Terminal Illness during the term of the policy, provided the policy is in-force, the benefit payable shall be the RPU Terminal Illness Benefit applicable at that time.

Maturity Benefit for RPU Policies:

For Plan Options 1, 3, and 4:

The RPU Sum Assured at Maturity is zero.

For Plan Option 2:

The RPU Sum Assured at Maturity

3. What happens when you wish to revive your Policy?

You can revive your Policy within a revival period of five years from the due date of first unpaid premium, subject to following conditions:

- Paying all outstanding premiums together with interest and/or late fees as declared by us from time to time;
- Providing evidence of Life Insured's insurability satisfactory to us
- Revival of the Policy shall take effect only after revival of the Policy is approved by Us basis the Board approved underwriting Policy and communicated to you in writing.

Once the Policy has been revived, on the effective date of revival, all benefits will be restored to their full value.

The monthly interest rate charged on unpaid premiums will be declared by ABSLI on June 1st of each calendar year and is determined as $(x+1\%)/12$ rounded to the next 0.5%, where x is the base rate of the State Bank of India. The current applicable interest rate, as declared on June 1st, 2023, is 1% per month compounded annually.

Any change in basis of determination of interest rate for revival can be done only after prior approval of the Authority. If a lapsed Policy is not revived within five years, the Policy shall be terminated, and no value is payable to you.

IMPORTANT DEFINITION

Terminal Illness

Terminal Illness is an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners appointed by us, is highly likely to lead to death within 6 months. Further, the Life Insured must not be receiving any form of treatment other than palliative medication for symptomatic relief.

Medical Practitioner

Medical Practitioner is 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.

Such Medical Practitioner is not the Policyholder's spouse, father (including stepfather) or mother (including stepmother), son (including stepson), son's wife, daughter, daughter's husband, brother (including stepbrother) and sister (including stepsister) or Life Insured / Policyholder under this Policy and would be independent of the insurer.

YOUR OPTIONS

Paying Premiums

You can pay your premium annually, semi-annually, quarterly or monthly mode (automated mode of payment). Modal loadings are given below:

Mode	Annual	Semi-Annual	Quarterly	Monthly
Modal Loading	0%	4%	6%	8%

Taking a Policy Loan

There is no loan facility in this plan.

TERMINATION OF THE POLICY

The Policy will terminate on the earliest of the following events:

- the date of settlement of the Death Benefit; or
- the date of payment of the surrender Benefit, if any; or
- If the policy has not acquired a surrender value for Plan Option 2 or Unexpired Risk Premium Value for Plan Options 1, 3 & 4, the date on which the revival period ends; or
- the date of maturity of the Policy; or
- the date on which the sum assured on death has completely been paid out through ACI Benefit and/ or Terminal Illness claim.
- the date of payment of free look cancellation amount.

TERMS & CONDITIONS

Free-Look Period

You will have the right to return your Policy to us within 15 days (30 days in case of electronic Policy or the Policy issued under the provisions of IRDAI Guidelines on Distance Marketing of Insurance products) from the date of receipt of the Policy. We will refund the premium paid once we receive your written notice of cancellation (along with reasons thereof) together with the original Policy documents. We will deduct proportionate risk premium for the period of cover and expenses incurred by us on medical examination, if any and stamp duty charges while issuing your Policy in accordance to IRDAI (Protection of Policyholders Interest) Regulations, 2017.

Grace Period

Grace Period refers to the time granted by us from the due date for the payment of premium, without any penalty or late fee, during which time your Policy is considered to be in-force with the risk cover without any interruption, as per the terms and conditions of your Policy. A period of 15 (Fifteen) days from the due date of the first unpaid Premium for monthly Premium payment mode and 30 (Thirty) days from the due date of the first unpaid Premium for annually, semi-annually or quarterly premium payment modes will be allowed. The insurance coverage continues during the grace period, however, in case of occurrence of death or terminal illness or critical illness during the grace period, the Company shall be entitled to deduct the unpaid Premium from the Benefits payable under the Policy.

Goods and Services Tax (GST)

GST, as applicable, will be extra and levied as per the extant tax laws.

Tax Benefits

You may be entitled to certain applicable tax benefits on the premiums paid and benefits received under your Policy. Please note that all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. It is advisable to seek an independent tax advice.

Exclusions Suicide

In case the Life Insured, dies due to suicide within 12 months from the Risk Commencement Date or date of revival of the Policy, the Policy shall immediately terminate, and Company shall pay the following to the Nominee:

- Where the Policy has acquired the surrender value/ unexpired risk premium value, higher of Surrender value/ unexpired risk premium value or (Total Premiums Paid plus underwriting extra premiums paid plus loadings for modal premiums paid excluding applicable taxes) till date of death. (For Plan Option 2)
- Where the Policy hasn't acquired the Surrender value/ unexpired risk premium value, Total Premiums Paid plus underwriting extra premiums paid plus loadings for modal premiums paid excluding applicable taxes till date of death. (For Plan Option 3, and 4)

Terminal Illness Benefit Exclusion

The Life Insured will not be entitled to any Terminal Illness benefit if it is caused directly or indirectly due to or occasioned, accelerated, or aggravated by intentional self-inflicted injury or attempted suicide, whether medically sane or insane.

Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to our website <https://lifeinsurance.adityabirlacapital.com>.

Assignment

Allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on the assignment, Nominations as mentioned under the Base Policy Contract including any changes made, if any, shall apply to this Rider Contract please refer to our website <https://lifeinsurance.adityabirlacapital.com>.

Prohibition of Rebates – Section 41 of the Insurance Act, 1938, as amended from time to time

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 punishable with a fine which may extend to ten lakh rupees.

Fraud and Mis-statement

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 punishable with a fine which may extend to ten lakh rupees.

Fraud and Mis-statement

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 by the Insurance Laws (Amendment) Act, 2015 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 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.
2. 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 representative or Nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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 the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policyholders are advised to refer to Original Act Gazette Notification dated March 23, 2015 for complete and accurate details.]

Critical Illness Definitions

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 –

- 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 T2NOMO
- All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (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

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 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 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 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 pressure of 55mmHg or less (PaO₂ < 55mmHg); 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:

- Permanent jaundice; and
- Ascites; and
- 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.

The Activities of Daily Living are:

- 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;
- 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;
- Mobility: the ability to move indoors from room to room on level surfaces;
- 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. The following are excluded: 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:

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

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- Personality change
- Gradual onset and continuing decline of cognitive functions
- o disturbance of consciousness
- Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Other forms of dementia due to brain or systemic disorders or psychiatric conditions

23. 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:

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

24. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- 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:
 - Polycystic kidney disease
 - Multicystic renal dysplasia and medullary sponge kidney
 - Any other cystic kidney disease

25. 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:

- Muscle rigidity
- Tremor
- 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:

- 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.
- 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.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- 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.

or the above definition, the following are not covered:

- Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- Essential tremor

26. Systemic Lupus Erythematosus - with Lupus Nephritis

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants
- Additionally, one of the following organ involvements must be diagnosed:
- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.
- The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.
- or the above definition, the following are not covered:
- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

27. 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:

Complete unawareness of the self and the environment

Inability to communicate with others

No evidence of sustained or reproducible behavioural responses to external stimuli

Preserved brain stem functions

Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

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.

28. 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:

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

29. Fulminant Viral Hepatitis - resulting in acute liver failure

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

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

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)

Fulminant viral hepatitis associated with intravenous drug use

30. Primary Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- Restrictive Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy

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

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

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

31. Muscular Dystrophy - resulting in permanent loss of physical abilities

A definite diagnosis of one of the following muscular dystrophies:

- Duchenne Muscular Dystrophy (DMD)
- Becker Muscular Dystrophy (BMD)
- Emery-Dreifuss Muscular Dystrophy (EDMD)
- Limb-Girdle Muscular Dystrophy (LGMD)
- Facioscapulohumeral Muscular Dystrophy (FSHD)
- Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- 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:

- 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.
- 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.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- 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

32. 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:

- Poliovirus infections without paralysis
- Other enterovirus infections
- Guillain-Barré syndrome or transverse myelitis

33. Sporadic Creutzfeldt-Jakob Disease (sCJD)

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as “probable” by all of the following criteria:

- Progressive dementia
- At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism
- Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Iatrogenic or familial Creutzfeldt-Jakob disease
- Variant Creutzfeldt-Jakob disease (vCJD)

34. Chronic Recurring Pancreatitis

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- Exocrine pancreatic insufficiency with weight loss and steatorrhoea
- Endocrine pancreatic insufficiency with pancreatic diabetes
- 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:

- Chronic pancreatitis due to alcohol or drug use
- Acute pancreatitis

35. 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

36. Chronic Adrenocortical Insufficiency (Addison's Disease)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

- ACTH stimulation test
- ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood level

For the above definition, the following are not covered:

- Secondary, tertiary and congenital adrenal insufficiency

Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

37. 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:

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.

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.

Feeding oneself – the ability to feed oneself when food has been prepared and made available.

Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

Getting between rooms – the ability to get from room to room on a level floor.

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.

38. Encephalitis

A definite diagnosis of acute viral encephalitis 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 typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- Encephalitis in the presence of HIV
- Encephalitis caused by bacterial or protozoal infections
- Myalgic or paraneoplastic encephalomyelitis

39. Progressive supranuclear palsy

Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist

40. Severe Rheumatoid arthritis

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
- Continuous treatment with corticosteroids
- Treatment with a combination of “Disease Modifying Anti-Rheumatic Drugs” (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months

The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

Reactive arthritis, psoriatic arthritis and activated osteoarthritis

41. Scleroderma

A definite diagnosis of scleroderma evidenced by all of the following:

- Typical laboratory findings (e.g. anti-Scl-70 antibodies)
- Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
- Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
- Echocardiographic signs of significant left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Localized scleroderma without organ involvement
- Eosinophilic fasciitis

CREST-Syndrome

42. Systematic lupus Erythematosus with Renal Involvement

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

RISK FACTORS AND DISCLAIMERS

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ABOUT ADITYA BIRLA SUN LIFE INSURANCE, AN ADITYA BIRLA CAPITAL COMPANY

Aditya Birla Sun Life Insurance Company Limited (“ABSLI”) is a part of Aditya Birla Capital Ltd (“ABCL”). ABSLI was incorporated on August 4th, 2000 and commenced operations on January 17th, 2001. ABSLI is a 51:49 a joint venture between the Aditya Birla Group and Sun Life Financial Inc., an international financial services organization in Canada.

ABSLI offers a range of products across the customer’s life cycle, including children future plans, wealth protection plans, retirement and pension solutions, health plans, traditional term plans and Unit Linked Insurance Plans (“ULIPs”).

As of June 30th, 2023, total AUM of ABSLI Stood at Rs.744,998 million (23% Increase YOY). ABSLI recorded a gross premium income of Rs. 31,048 million in Q1 FY24 and registering a y-o-y growth of 19% in Gross Premium with YTD Individual Business FYP at Rs 5,425 Mn. ABSLI has a nation-wide distribution presence through 348 branches, 9 bancassurance partners, 6 distribution channels, over 52000+ direct selling agents, other Corporate Agents and Brokers and through its website. The company has over 18000 employees and 19.02 lacs active customers.

About Aditya Birla Capital Limited

Aditya Birla Capital Limited (“ABCL”) is the holding company for the financial services businesses of the Aditya Birla Group.

With subsidiaries/JVs that have a strong presence across Protecting, Investing and Financing solutions, ABCL is a financial solutions group that caters to the diverse needs of its customers across their life cycle. Powered by more than 38,000 employees, the businesses of ABCL have a nationwide reach with over 1,331 branches, more than 2,00,000 agents / channel partners and several bank partners.

As of June 30, 2023, Aditya Birla Capital Limited manages aggregate assets under management of about Rs. 3.9 lakh Crore with a consolidated lending book of over Rs. 1 lakh Crore through its subsidiaries and joint ventures.

Aditya Birla Capital Limited is a part of the global conglomerate Aditya Birla Group, which is in the league of Fortune 500. Anchored by an extraordinary force of over 185,000 employees belonging to 100 nationalities, the Group is built on a strong foundation of stakeholder value creation. With over seven decades of responsible business practices, the Group’s businesses have grown into global powerhouses in a wide range of sectors - metals, pulp and fibre, chemicals, textiles, carbon black, telecom, cement, financial services, fashion retail and renewable energy. Today, over 50% of the Group’s revenues flow from overseas operations that span 36 countries in North and South America, Africa, Asia, and Europe.

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