

Aapke loan ko dijiye **GUARANTEED SURAKSHA**



Introducing, **SUD Life Sampoorna Loan Suraksha Plus**, a life insurance plan which offers **complete financial security** for your loan liabilities in case of uncertainties*

4 distinct advantages:



Choose between **reducing cover** or **level cover**



Joint life discount of **5%[^]**



Single premium payment plan with **5** different benefit options



Entry age starts from **14-70 years***

**WORLD'S BEST
INSURANCE
COMPANIES**

**Forbes
2024**

POWERED BY STATISTA

*As per benefit options and coverage type chosen. Age last birthday. [^]Applicable if each borrower is covered for entire loan amount.



WHY READ THIS BROCHURE?

This brochure helps you understand if this is the right plan for you to secure your life and loan. It gives you details about how it will work throughout the term in ensuring your life insurance needs are met. We believe this is an important document to understand before you decide to buy the life insurance policy.



IDEAL STEPS TO FOLLOW

1. Read the brochure carefully
2. Understand the benefits in detail
3. Meet our representatives or call 1800 266 8833 to clarify any pending doubts



YOU WILL COME ACROSS THE FOLLOWING SECTIONS IN THE BROCHURE

1. Is this the right plan for you?
2. Know your plan better
3. Making the most of your plan
4. Things you should remember!
5. Terms & Conditions

What is SUD Life Sampoorna Loan Suraksha Plus?

SUD Life Sampoorna Loan Suraksha Plus is a Non-Linked Non-Participating Single Premium Group Credit Life Insurance Plan, which is especially designed to cater to the needs of all loan borrowers of (employer-employee group or non employer-employee group) Banks, Financial Institutions, Lenders and Non-Banking Financial Institutions such as home loan, education loan, vehicle loan, personal and other loans. It is an economical way of ensuring that loan amount is protected. This life insurance plan gives you peace of mind by paying the outstanding loan amount in case of death, disability, critical illness of insured member.

The plan is offered through a Group Insurance Policy issued to the lending institution and borrowers of the institution are enrolled under the Group Insurance Policy as Individual Insured Members.

When is this plan right for you (Insured Member)?

This plan is right for you if:

- You want to ensure financial security to your family even if you are not around
- You are looking for an economical insurance to cover all types of loans
- You want to protect your family from the burden of outstanding loan
- You want to be protected in case of any disability arising due to an accident or critical illness

Are there any age restrictions while applying for the plan?

Benefit Option	Loan Type	Minimum Entry Age*	Maximum Entry Age*	Maximum Age* at Maturity
Life Cover	Education Loan	14	70	76
	Other than Education Loan	18		
Life Cover plus Accelerated Critical Illness Benefit, Life Cover plus Accelerated Accidental Total & Permanent Disability, Life Cover plus Accidental Death Benefit, Life Cover plus Accelerated Accidental Total & Permanent Disability plus Accidental Death Benefit	All loan types	18	65	70

*Age last birthday

Please see subsequent section of this document to know more about the Benefit Options available under the product.

How long will the plan be active & for how long do I need to pay my Premiums?

This is **Single Premium** product where you need to pay premium only once at the beginning of the plan. This plan offers you the flexibility to choose from **Monthly or Yearly** Policy Term, which are as follows:

A premium can be paid to the Company through a Master Policyholder. However, in the event, a premium collected by Master Policyholder from Insured Member has not been remitted to the Company, then such Insured Member will not be covered and will not be entitled for any benefit under the master policy. The risk cover on life of any Insured Member will commence only from the date of underwriting decision or date of receipt of premium by the Company, whichever is later.

Monthly Policy Term	
Minimum Policy Term	Maximum Policy Term
3 months	36 months

Yearly Policy Term			
Benefit Option	CI Benefit Term	Minimum Policy Term	Maximum Policy Term
Life Cover with ACI	5	6	30
	10	11	30
	Equal to Policy Term	2	20
Life Cover	NA	2	30
Life Cover + AATPD	NA	2	30
Life Cover + ADB	NA	2	30
Life Cover + AATPD + ADB	NA	2	30

The Policy Term shall be in multiple of 1 month for monthly policy term and 1 year for yearly policy term.

Policy Term will be equal to Moratorium Period plus Repayment Period. Policy term will be chosen in such a way that “Maximum Maturity Age” conditions should be met.

Are there any restrictions on the Initial Sum Assured?

Minimum Initial Sum Assured is ₹ 10,000 per member.
Minimum sum assured on death at any point of time would be at least ₹ 10,000.

The Initial Sum Assured will be subject to the minium of loan outstanding at the inception of the insurance cover. The Initial Sum Assured should be in multiples of ₹ 1,000.

The maximum initial sum assured is as given	
Benefit	Maximum Initial Sum Assured (in ₹ Crore)
Life Cover	200
Accelerated Critical Illness (ACI)	1
Accelerated Accidental Total & Permanent Disability (AATPD)	2
Accidental Death Benefit (ADB)	2

Maximum Initial Sum Assured for all the benefits will be subject to Board approved underwriting policy. The Initial Sum Assured should be in multiples of ₹ 1,000.

What are the Premium Payment modes available?

This is a single premium plan.

Is there any restriction on the number of members in the group?

The minimum number of members in the group should be 10. However, there is no restriction on the maximum number of members will be as per Board approved underwriting policy.

How is the premium calculated?

The premium depends upon the insured member's Age, Initial Sum Assured chosen by the Insured Member, Benefit Option chosen, Coverage type chosen, Moratorium Period, Gender and Policy Term.

What are the Benefit Options offered?

The following Benefit Options are available to choose:

- 1) Life Cover
- 2) Life Cover plus Accelerated Critical Illness Benefit (Life Cover + ACI) with following benefit term
 - a) With CI Benefit Term equal to 5 years
 - b) With CI Benefit Term equal to 10 years
 - c) With CI Benefit Term equal to Policy Term
- 3) Life Cover plus Accelerated Accidental Total & Permanent Disability (Life Cover + AATPD)
- 4) Life Cover plus Accidental Death Benefit (Life Cover + ADB)
- 5) Life Cover plus Accelerated Accidental Total & Permanent Disability plus Accidental Death Benefit (Life Cover + AATPD + ADB)

AATPD and ACI are accelerated benefits where on the occurrence of the event/contingency specified therein, a benefit payout is made before death of the Insured Member whereas the ADB is an additional benefit. The benefits payable for AATPD, ACI and ADB cannot be greater than the benefit for Life Cover.

Initial Sum Assured

Initial Sum assured for each benefit (i.e. Life Cover, ACI, AATPD and ADB) is equal to loan outstanding or total loan amount subject to the maximum and minimum limit under each benefit on the commencement of the risk. The Initial Sum Assured will be subject to the minimum of loan outstanding at the inception of the insurance cover.

The Cover schedule will depend upon the scheme rules or information provided by the master policyholder.

Coverage Type – The benefit will be payable as per the coverage type chosen. The following coverage types are available under the product:

1. Reducing Cover: The benefit amount payable will be equal to the amount outstanding at the beginning of the policy month in which the insured event occurs. The amount outstanding will be as per the cover schedule given along with the Certificate of Insurance irrespective of the actual loan outstanding.

2. Level Cover: The benefit amount payable throughout the coverage term will be equal to initial sum assured selected at the inception of the policy.

What are the benefits under this Plan?

The benefit payable on Death/Accidental Total & Permanent Disability/Diagnosis of covered Critical Illness, shall be as per the Benefit Option chosen and the Coverage Type chosen. On payment of death benefit as mentioned below, the insurance cover for the insured member will automatically terminate.

S. No.	Benefits Option	Benefits Payable
1	Life Cover	<u>Reducing Cover</u> : Sum Assured as specified in Cover Schedule of COI <u>Level Cover</u> : Initial Sum Assured opted at inception of the policy
2	Life cover plus Accelerated Critical Illness (Life Cover + ACI)	Critical Illness (CI) Benefit <u>Reducing Cover</u> : On Diagnosis with CI – An Amount as specified in the ACI cover schedule in the COI <u>Level Cover</u> ¹ : On Diagnosis with CI – Initial Sum Assured on Critical Illness opted by the Insured Member at inception of the policy Death Benefit*
3	Life Cover plus Accelerated Accidental Total & Permanent Disability (AATPD) (Life Cover + AATPD)	Total & Permanent Disability (TPD) Benefit <u>Reducing Cover</u> : On Occurrence of TPD due to Accident – An amount as specified in the AATPD cover schedule in the COI <u>Level Cover</u> ² : On Occurrence of TPD due to Accident – Initial Sum Assured on AATPD opted by the Insured Member at inception of the policy Death Benefit*
4	Life Cover Plus Accidental Death Benefit (ADB) (Life Cover + ADB)	Accidental Death Benefit <u>Reducing Cover</u> : The Company will pay an additional benefit equal to outstanding cover amount as per the ADB cover schedule in COI <u>Level Cover</u> : The Company will pay an additional benefit equal to the Initial Sum Assured on ADB selected at the inception of the Policy
5	Life Cover plus Accelerated Accidental Total & Permanent Disability plus Accidental Death Benefit (Life Cover + AATPD + ADB)	Total & Permanent Disability (TPD) Benefit <u>Reducing Cover</u> ² : On Occurrence of TPD due to Accident – An amount as specified in the AATPD cover schedule in the COI <u>Level Cover</u> ² : On Occurrence of TPD due to Accident – Initial Sum Assured for AATPD opted by the Insured Member at inception of the policy Accidental Death Benefit <u>Reducing Cover</u> : The Company will pay an additional benefit equal to outstanding cover amount as per the ADB cover schedule in COI <u>Level Cover</u> : The Company will pay an additional benefit equal to the Initial Sum Assured on ADB selected at the inception of the Policy Death Benefit*

¹ On payment of Critical Illness benefit, the member's life cover will continue for the remaining sum assured as per COI

² On payment of AATPD benefit, the member's life cover will continue for the remaining sum assured as per COI

Death Benefit*

Reducing Cover	Level Cover
<ul style="list-style-type: none">(a) In case the Insured Member dies before the diagnosis of CI or occurrence of ATPD, then the Company will pay Death benefit which is an amount equals to outstanding loan amount as per the cover schedule for death benefit in the COI; or(b) In case the Insured Member dies after the payment of CI/ATPD benefit and the initial sum assured on death is greater than the initial sum assured on CI/ATPD then, the Company will pay the benefit amount as per the cover schedule defined for death benefit after CI/ATPD in the COI; or(c) In case the Insured Member dies after the payment of CI/ATPD benefit and the initial sum assured on death is equal to the initial sum assured on CI/ATPD then, no death benefit will be payable on death of the Insured Member	<ul style="list-style-type: none">(a) In case the Insured Member dies before the diagnosis of CI or occurrence of ATPD, then the Company will pay an amount equal to initial sum assured on death selected at the inception of the policy; or(b) In case the Insured Member dies after the payment of CI/ATPD benefit and the initial sum assured on death is greater than the initial sum assured on CI/ATPD then, then the Company will pay an amount equal to initial sum assured on death selected at the inception of the policy less the CI/ATPD benefit already paid; or(c) In case the Insured Member dies after the payment of CI/ATPD benefit and the initial sum assured on death is equal to the initial sum assured on CI/ATPD then, no death benefit will be payable on death of the Insured Member

The benefit on diagnosis of Critical Illness will be paid subject to Life Insured meeting a waiting period of 90 days from date of commencement of risk for the Insured Member. The Company will not pay any benefit if the diagnosis of the Critical Illness occurs within the waiting period.

How and to whom Death Benefit will be paid?

- i. The claim payment will be made in the name of the Insured Member/Beneficiary directly through electronic transfer to his/her bank account except for cases referred to clause (b) below.
- ii. Claim payment will be made to Master Policyholder if the following conditions are met:
 - a. The Master Policyholder is a financial institution;
 - b. there is a valid and authorized assignment made by the Insured Member in favour of the Master Policyholder as on the date of claim event;
 - c. such authorized assignment is only to the extent of outstanding dues on loan as per the outstanding loan schedule on the date of occurrence of the claim event;
 - d. The Beneficiary should give his/her confirmation to the outstanding loan amount as on the date of occurrence of the event.
 - e. Consent for payment of such outstanding loan amount to the Master Policyholder shall also be obtained from the Beneficiary.
- iii. If all the conditions stated in clause (b) are met, the claim payment shall be made in the following manner:
 - a. The claim amount, to the extent of loan outstanding, shall be made to the Master Policyholder;
 - b. the balance of the claim (i.e., the difference between the sum assured and the outstanding loan amount on the date of occurrence of the event) shall be paid directly to the Beneficiary.
- iv. The Beneficiary shall be informed in advance about the existence of the assignment.
- v. Complete details of the claim amount settled, the remittances made to the holder of the group insurance policy towards outstanding loan balance and the balance claim amount payable to the member/nominee/beneficiary shall be communicated by the Company directly to the Insured Member/nominee/beneficiary.

Are Maturity Benefit available?

The plan does not provide any Maturity Benefit.

Interest rate on the loan – The cover schedule/s on the Certificate of Insurance will be made as per the Interest rate on the loan at the time of inception of the cover. The interest rate on the loan will be as provided in the Membership Form. The interest rate ranges from 1% to 30% Even if the Interest rates vary during the policy term, the benefits payable will continue to be based on the cover schedule/s generated at the inception of the contract in respect of each Insured member/s.

Initial Sum Assured, moratorium period and applicable interest rate for the member will be notified by the Master Policyholder to the company.

Is life cover provided during the moratorium period?

Yes, life cover is provided during the moratorium period under Reducing Life Cover Option. Moratorium period is allowed from 3 months to 10 years. If the moratorium period is not in the exact multiple of 3 months, the moratorium period shall be rounded up to the next multiple of 3 months. Moratorium period is not applicable for monthly policy terms. The Member has to choose any of the following options.

Moratorium Option 1 – Interest is paid by the borrower during the moratorium period	Moratorium Option 2 – Interest is not paid by the borrower during the moratorium period
In this case, the Sum Assured will be equal to the Initial Sum Assured throughout the moratorium period. After the moratorium period, Sum Assured will decrease during the outstanding term (total term of policy minus moratorium period) of the policy as per cover schedule issued by SUD Life.	In this case, the Sum Assured will increase during the moratorium period and will be equal to the Initial Sum Assured plus the accrued interest during the moratorium period. After the moratorium period, the Sum Assured will decrease during the outstanding term (policy term less moratorium period) of the policy as per cover schedule/s issued by SUD Life.

Who is a Joint Borrower?

There are two choices available for the joint borrowers.

- Option 1 – Each borrower can be insured for entire loan amount
Under this option Joint borrowers can be only two members who have availed joint loan from the banks.

Benefit options other than Life Cover option are available only if the initial sum assured of all chosen benefits are equal. Life Cover option can be chosen for any initial sum assured amount.

In this case, in case of death (due to reason other than suicide), disability or critical illness of any of the two borrowers the benefit is payable in case of first death, disability or critical illness only and the cover on the life of the second borrower will cease immediately. We will also pay Unexpired Risk Premium Value, if any, to the surviving insured member. No other benefit is payable to the surviving insured member.

In case of simultaneous death, disability or critical illness of co-borrowers, the benefit equal to loan outstanding will be payable with respect to primary borrower. The unexpired risk premium value will be paid with respect to the secondary borrower.

On death, disability or critical illness of any of the co-borrowers during policy term, if the claim is repudiated then we

will not pay that specific benefit for that borrower as mentioned in COI but other benefits will continue till the end of policy term. However, all the benefit cover/s for other insured member/s will continue till the end of policy term.

- **Option 2 – Each borrower is insured up to his/her share of loan**

Under this option Joint borrowers can be up to four members who have availed joint loan from the banks.

In case of death (due to reason other than suicide), disability, or critical illness of one of the joint borrowers, benefit corresponding to that joint borrower will be paid and the cover on the life of remaining joint borrower will continue for the balance policy term.

In case of death, disability or critical illness of any of the borrowers during policy term, if the claim is repudiated then we will not pay that specific benefit for that borrower as mentioned in COI but other benefits will continue till the end of policy term. However, cover for other insured member/s will continue till the end of policy term.

Joint Life Discount

In case of joint borrower where each borrower is covered for the entire loan amount, Joint Life Discount of 5% on the tabular premium rate is applicable. This discount is not applicable in case where borrower is insured up to his/her own share of loan.

03

MAKING THE MOST OF YOUR PLAN

Can the plan be discontinued in between?

In case of an emergency/contingency, you can surrender your policy/member cover anytime during the Cover/Policy Term. Unexpired Risk Premium Value is available under this product at any point of time from the start of the cover. Unexpired Risk Premium Value will be equal to

$75\% \times \text{Premiums Paid}^* \times (\text{Unexpired "Policy or Benefit" Term in months} / \text{Total "Policy or Benefit" Term in months}) \times (\text{Sum Assured at the time of Surrender}^\# / \text{Initial Sum Assured})$

*Premiums Paid = Total premium paid excluding the taxes if any.

^\#Sum Assured benefit at the time of Surrender = Minimum of Initial sum assured or the sum assured at the time of surrender.

Once the policy is surrendered, the Unexpired Risk Premium Value is paid, cover expires and contract ceases.

What happens when Master Policyholder surrenders the policy?

In case the Master Policyholder surrenders the master policy, an option will be given to the Insured Member, either to surrender the master policy or to continue in the policy.

If the Insured Member opt to continue in the policy, life cover continues as per the terms and condition of the policy till the termination of coverage.

If the Insured Member opts to surrender the policy, the Unexpired Risk Premium Value will be paid, and life cover ceases immediately.

What happens in the event of pre-closure of loan?

The Insured Member has an option to either surrender the insurance cover or continue in the policy.

If the Insured Member opts for surrender of insurance cover, then the insured member will be eligible for unexpired risk premium value. The insurance cover will terminate on payment of unexpired risk premium value.

If the Insured Member opts to continue in the policy, then the life cover will continue as per the terms & conditions of the master policy till the coverage is terminated.

04 THINGS YOU SHOULD REMEMBER!

What are the important points to be kept in mind while applying for the plan?

- i. It is important when you apply you give complete and correct information especially about your members health and occupation. These details are critical for making sure your members get the right benefits.
- ii. Provide your correct contact details and address. Always provide a landmark if possible.

Remember! After filling in your application form correctly and getting the plan issued, it's even more important to ensure that your member's nominee/family is aware about the plan and understands its features.

Also ensure you update your contact details regularly to ensure you get real time updates on your plan.

What if you realize this is not the right plan for you?

A period of 30 days is available to the Master Policyholder from the date of the receipt of the master policy document to review the terms and conditions of the policy. In case the Master Policyholder disagrees to any of those terms or conditions, he/she has the option to return the master policy stating the reasons for his/her objection.

A period of 30 days will also be available to the Insured Member from the date of the receipt of the Certificate of Insurance to review the terms and conditions of the cover. In case the Insured Member disagrees to any of those terms or conditions, he/she has the option to return the Certificate of Insurance stating the reasons for his/her objection.

The Insured Member shall then be entitled to a refund of the amount equal to

- Premium
- Less proportionate risk premium for the period of cover
- Less expenses incurred by the company on medical examination of the proposer, if any Less stamp duty charges.

(A) Critical Illness (CI) covered

The product will cover the following 40 Critical illness conditions.

S. No.	Critical Illnesses	S. No.	Critical Illnesses
1	Apallic Syndrome	21	Surgery to Aorta
2	Benign Brain Tumor	22	Fulminant Viral Hepatitis
3	Blindness	23	Alzheimer's Disease
4	Brain Surgery	24	Aplastic Anaemia
5	Cancer of Specified Severity	25	Cardiomyopathy
6	End Stage Lung Failure	26	Deafness
7	Coma of Specified Severity	27	Loss of Speech
8	End Stage Liver Failure	28	Medullary Cystic Kidney Disease
9	Open Chest CABG	29	Motor Neuron Disease with Permanent Symptoms
10	Myocardial Infarction (First Heart Attack – of Specified Severity)	30	Multiple Sclerosis with Persisting Symptoms
11	Open Heart Replacement or Repair of Heart Valves	31	Muscular Dystrophy
12	Kidney Failure requiring Regular Dialysis	32	Parkinson's Disease
13	Loss of Independent Existence	33	Progressive Systemic Sclerosis
14	Loss of Limbs	34	Primary (Idiopathic) Pulmonary Hypertension
15	Encephalitis	35	SLE with Lupus Nephritis
16	Third Degree Burns	36	Dissolution of the nerve roots of Brachial Plexus
17	Major Head Trauma	37	Bacterial Meningitis
18	Major Organ / Bone Marrow Transplant	38	Carotid Artery Surgery
19	Permanent Paralysis of Limbs	39	Chronic Recurrent Pancreatitis
20	Stroke resulting in Permanent Symptoms	40	Ulcerative Colitis

The list of Critical Illnesses and the definitions are provided as **Annexure: Definition of Critical Illness**.

(B) Accidental Total & Permanent Disability (ATPD)

Refers to a disability which is

- Caused by Bodily Injury resulting from an accident, and
- Occurs due to the said bodily injury, directly and independently of any other causes, and
- Occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term.

For the purposes of this benefit, the loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability.

“Loss of an arm or a leg” shall mean physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle which:

- a. is caused by bodily injury resulting from an accident, and
- b. occurs due to the said bodily injury, directly and independently of any other causes, and
- c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term.

“Loss of an eye” shall mean total and irrevocable loss of sight of an eye which:

- a. is caused by bodily injury resulting from an accident, and
- b. occurs due to the said bodily injury, directly and independently of any other causes, and
- c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term.

(C) Accidental Death

It shall mean the death of the Insured

- which results due to Accident or from Accidental Injury and
- which occurs within 180 days of the date of Accident and
- the date of death is also within the policy term.

“Accident” refers to a sudden, unforeseen and involuntary event caused by external, visible and violent means.

“Injury” means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

“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.

(D) Suicide Claim Provisions

If Insured member commits suicide whether sane or insane within 12 months from date of inception of member cover, then nominee/beneficiary shall be entitled to 80% of the total premiums paid (excluding taxes, if any) till the date of death or the surrender value available as on the date of death whichever is higher provided the policy is in force. All the insurance for that member will automatically cease.

In case of suicide committed by any one of the joint borrowers, We will pay 80% of premium paid for such borrower, and the insurance coverage will continue for the surviving borrower/Insured Member.

(E) Other Exclusions

I. Exclusions for Accidental Death Benefit (ADB) and Accidental Total and Permanent Disability:

The benefit shall not be paid on death of the insured person occurring directly or indirectly as a result of (any of the following):

- 1) The Life Assured taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc.)
- 2) Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline or Pilots and cabin crew of a commercial airline, on regular routes and on a scheduled timetable
- 3) Self-inflicted injury, death, or disability due to suicide attempt
- 4) 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 registered medical practitioner
- 5) Service in any military, police, paramilitary or similar organization
- 6) War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not)
- 7) Criminal or illegal activity with a criminal intent
- 8) Nuclear reaction, radiation or nuclear or chemical contamination
- 9) Active participation by the Life Assured in strikes, industrial dispute, riots, etc.

The normal death benefit will be payable on death of the insured person occurring directly or indirectly as a result of above accident related exclusions.

II. Exclusions for Critical Illness Benefit:

No benefits will be payable under the Policy if the Critical Illness is caused directly or aggravated by any of the listed exclusion:

- 1) Any Critical illness having occurred within the waiting period of 90 days from policy commencement
- 2) Pre-existing Disease means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement
 - or
 - b) For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement
- 3) War or hostilities (whether war be declared or not)
- 4) Civil war, rebellion, revolution, civil unrest, or riot
- 5) Participation in any armed force
- 6) Self-inflicted act
- 7) Drug-taking other than under the direction of a qualified medical practitioner
- 8) Diagnosis of Critical illness by Medical Practitioner reveals excessive consumption of alcohol
- 9) Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation
- 10) Criminal act with criminal intent

(F) Termination of Policy:

Policy shall terminate on the occurrence of the earliest of the following:

- 1) On the expiry of the policy term
- 2) On Death of the Insured member/s

- 3) On the occurrence of critical illness upon payment of the CI benefit, provided initial sum assured on ACI is equal to initial sum assured on death
- 4) On the occurrence of ATPD upon payment of the ATPD benefit provided initial sum assured on AATPD is equal to initial sum assured on death
- 5) On Surrender of the cover, upon payment of applicable Unexpired Risk Premium Value
- 6) On the date of payment of free look cancellation
- 7) On the date of payment of suicide claim in case of death due to suicide. However, in case of Joint Borrower Option, the cover will continue for surviving Borrower

(G) Nomination

Nomination is allowed as per Section 39 of The Insurance Act 1938 as amended from time to time.

(H) Assignment

Assignment is allowed as per Section 38 of The Insurance Act 1938 as amended from time to time.

(I) Prohibition of Rebates: Section 41 of The Insurance Act, 1938 as amended from time to time:

- (1) 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 prospectus or tables of the insurer:
- (2) Any person making default in complying with the provisions of this section shall be liable with penalty which may extend to **ten lakh rupees**.

(J) Grievance Redressal Procedure

The Company is sensitive towards its customers' needs and aim to resolve all their grievances. Accordingly, grievance redressal mechanism is set-up for the resolution of any dispute or grievances /complaint. Complaints can be registered at the company touchpoints mentioned on our website.

Escalation Mechanism:

- | | | |
|---------|---|--|
| Level 1 | – | Complaints can be escalated to grievanceredressal@sudlife.in |
| Level 2 | – | Contact our Grievance Redressal Officer at gro@sudlife.in |
| Level 3 | – | Grievance cell of IRDAI i.e. Bima Bharosa Shikayat Nivaran Kendra (TOLL FREE NO. 155255/18004254732 Email ID: complaints@irdai.gov.in / https://bimabharosa.irdai.gov.in) |
| Level 4 | – | Directly approach the Insurance Ombudsman for redressal. Find your nearest ombudsman office by accessing following link – www.cioins.co.in |

(K) Tax Benefits

Income tax benefits may be available as amended from time to time. Please consult your tax advisor for further details.

(L) Goods and Services Tax

Statutory Taxes, if any, imposed on such insurance plans by the Govt. of India or any other constitutional Tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.

(M) Section 45 of the Insurance Act 1938

Fraud and Misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938, as amended from time to time. For provisions of this Section, please contact the insurance company or refer to sample policy contract of this product on our website www.sudlife.in.

1. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an hospital. This condition has to be medically documented for at least 1 month.

Hospital:

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

2. Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. 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.
- III. 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.

3. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure

4. Brain Surgery

Aneurysm or ballooning of a part of the wall of a blood vessel in the brain that is serious enough to warrant corrective surgery. Benefit shall only be payable on the actual undergoing of surgery to the brain under general anesthesia during which craniotomy is performed. Treatment by micro coil thrombosis or balloon embolization alone is excluded. Burr hole procedures, Tran sphenoidal procedures and other minimally invasive procedures are also excluded.

5. Cancer of Specified Severity

- I. 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.
- II. The following are excluded –
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 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 T2N0M0
- V. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- VI. Chronic lymphocytic leukaemia less than RAI stage 3
- VII. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- VIII. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

6. 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 ($\text{PaO}_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest.

7. Coma of Specified Severity

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

8. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following: Permanent jaundice; and Ascites; and Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

9. Open Chest CABG

- I. 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.

- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

10. Myocardial Infarction (First Heart Attack – of Specified Severity)

- I. 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.
- II. 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.

11. Open Heart Replacement Or Repair of Heart Valves

- I. 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.

12. Kidney Failure Requiring Regular Dialysis

- I. 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.

13. Loss of Independent Existence

Confirmation by a consultant physician registered with the Indian Medical Association of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the six (6) Activities of Daily Living given at the end of the section, 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 hope of recovery with current medical knowledge and technology.

Activities of Daily Living:

- (i) Washing- the ability to wash in the bath or shower (including getting into and out of the 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.

14. 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.

15. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection. A definite diagnosis must be certified by a consultant neurologist and causing permanent inability to perform (whether aided or unaided) at least 3 of the six (6) "Activities of Daily Living" given at the end of the section, for a continuous period of at least 6 months.

Activities of Daily Living:

- (i) Washing- the ability to wash in the bath or shower (including getting into and out of the 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.

16. Third Degree Burns

- I. 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.

17. Major Head Trauma

- I. 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.
- II. 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.

- III. 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.
- IV. The following are excluded:
- i. Spinal cord injury;

18. Major Organ/Bone Marrow Transplant

- I. 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.
- II. The following are excluded:
- i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted.

19. Permanent Paralysis of Limbs

- I. 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.

20. Stroke resulting in Permanent Symptoms

- I. 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.
- II. 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.

21. Surgery to Aorta

The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term “aorta” means the thoracic and abdominal aorta but not its branches.
Stent-grafting is not covered.

22. Fulminant Viral Hepatitis

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

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

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

23. Alzheimer's Disease

A progressive degenerative disease of the brain characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathologic changes. There must be deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in all of the following:

- Permanent irreversible failure of brain function;
- Standardized tests must prove a significant cognitive impairment due to Alzheimer's disease; and
- The Life Insured must require continuous supervision to prevent the Life Insured from harming others or him//herself.

This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis; and
- Alcohol related brain damage.

24. Aplastic Anaemia

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

- Repeated blood transfusions;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplant

The diagnosis must be confirmed by a haematologist.

Temporary or reversible aplastic anemia is excluded and not covered in this Policy.

25. Cardiomyopathy

The unequivocal diagnosis by a consultant cardiologist, of cardiomyopathy that has been confirmed by an echocardiogram and has resulted in the presence of permanent physical impairments of at least class IV of the New York Heart Association Classification of cardiac impairment.

Class IV – Inability to carry out any activity without discomfort. Symptoms of Congestive Cardiac Failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

26. 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

27. Loss of Speech

- I. 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.

28. Medullary Cystic Kidney Disease

A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria, renal loss of sodium and progressing to chronic renal failure. Diagnosis must be supported by renal biopsy.

29. Motor Neuron Disease with Permanent Symptoms

- I. 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.

30. 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.
- II. Other causes of neurological damage such as SLE are excluded

31. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle without involvement of the nervous system. In respect of this contract, claims shall only be admitted if Muscular Dystrophy causes permanent inability of the Life Assured to perform (whether aided or unaided) at least 3 of the six (6) “Activities of Daily Living” given at the end of the section, for a continuous period of at least 6 months.

Activities of Daily Living:

- i. Washing– the ability to wash in the bath or shower (including getting into and out of the 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.

32. Parkinson's Disease

A slowly progressive degenerative disease of the central nervous system with degeneration of neurones and region of the brain that causes a reduction of dopamine levels in parts of the brain. The disease must be unequivocally diagnosed and all of the following conditions must be fulfilled:

- The disease cannot be controlled with medication;
- The disease shows definite signs of progressive impairment; and
- The disease must cause neurological deficit resulting in the permanent and irreversible inability of the Life Assured to perform (whether aided or unaided) at least 3 (three) of the six (6) "Activities of Daily Living" given at the end of the section, for a continuous period of at least 6 months.

Only primary idiopathic Parkinson's Disease is covered. All other forms of Parkinsonism are excluded.

Activities of Daily Living:

- 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.

33. Progressive Systemic Sclerosis

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

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

34. Primary (Idiopathic) Pulmonary Hypertension

- I. 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.

- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

35. SLE with Lupus Nephritis

A multisystem, multifactorial, autoimmune disorder characterized by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus which involve the kidneys (Class III to Class V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification as noted below). Other forms, discoid lupus and those forms with haematological and joint involvement are specifically excluded. The final diagnosis must be supported by a consultant physician specializing in Rheumatology and Immunology.

WHO Lupus nephritis classification	
WHO class I (minimal)	Negative, normal urine
WHO class II (mesangial)	Moderate proteinuria, occasionally active sediment
WHO class III (focal segmental)	Proteinuria, active sediment
WHO class IV (diffuse)	Acute nephritis with active sediment and/or nephrotic syndrome
WHO class V (membranous)	Nephrotic syndrome or severe proteinuria

36. Dissolution of the nerve roots of Brachial Plexus

Permanent loss of sensory function of the upper limb caused by the dissolution of 2 (two) or more brachial plexus nerve roots caused by an accident or injury. The diagnosis must be confirmed via electrodiagnostic tests performed by a consultant neurologist.

37. Bacterial Meningitis

Bacterial or viral infection resulting in severe inflammation of the membranes of the brain, brain substance (cerebral hemisphere, brainstem or cerebellum) or spinal cord, resulting in permanent inability to perform (whether aided or unaided) at least 3 of the six (6) "Activities of Daily Living" given at the end of the section, for a continuous period of at least 6 months.

Activities of Daily Living:

- i. Washing- the ability to wash in the bath or shower (including getting into and out of the 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.

38. Carotid Artery Surgery

The actual undergoing of surgery to the carotid artery (Carotid Endarterectomy) by a neurological surgeons required to remove plaque causing narrowing of the carotid artery following a stroke which has lasted more than 6 (six) months. The surgery must be medically necessary as confirmed by a consultant neurologist for the prevention of the recurrence of cerebrovascular ischemic attacks.

39. Chronic Recurrent Pancreatitis

The unequivocal diagnosis of recurrent inflammation of the pancreas, involving more than three attacks of pancreatitis within two years and progressing to a stage of pancreatic insufficiency, calcification and cysts. The pancreatic insufficiency must be documented by the presence of weight loss, symptoms of malabsorption, diarrhea, steatorrhea as well as the need of replacement pancreatic digestive enzymes. The diagnosis must be made by an gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP). Chronic recurrent pancreatitis resulting directly from alcohol abuse is excluded.

40. Ulcerative Colitis (Crohn’s disease)

For the purpose of this policy, Ulcerative Colitis shall mean acute Fulminant Ulcerative Colitis involving the entire colon and exhibiting the presence of life threatening electrolyte disturbances, intestinal distention, intestinal rupture, severe bloody diarrhea as well as some systemic signs and symptoms, requiring total colectomy and ileostomy. Diagnosis must be confirmed by histopathological finding.

Additional Definition for Critical Illness Benefit	
Diagnosis/Diagnosed	Means the certified diagnosis of Critical Illness by a Medical Practitioner
Illness	Means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
Pre-existing disease	Means any condition, ailment or injury or disease: (a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or (b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement
Medical Practitioner	Refers to 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



For more details, contact the Branch Manager

 1800 266 8833  www.sudlife.in

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