



ROYAL SUNDARAM GENERAL INSURANCE CO. LTD
Registered office: No. 21, Patullos Road, Chennai- 600 002
Corporate Office: Vishranthi Melaram Towers, No. 2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

LOAN ASSURE – SECTION 1A - CRITI ASSURE

1. Preamble

This is a contract between the Insured Person and Royal Sundaram General Insurance Co. Limited subject to the receipt of full premium, Disclosure to Information Norm including the information provided by the Insured Person in the Proposal/Enrollment Form and the terms, conditions and exclusions of this Policy.

The Policy covers the Insured Person during the Policy/ Coverage Period for the listed Critical Illness, provided it occurs, manifests or diagnosed itself during the Policy/ Coverage Period as a first incidence and the Insured Person survives the defined Survival Period.

We will not make payment under this Policy in respect of an insured person and for any and all policy periods more than once under Criti Assure or Personal Accident (under Section 1.1 and 1.2 of Loan Assure – Section 3) section in the insured person's lifetime. Wherever both Criti Assure and Personal Accident (Loan Assure – Section 3) sections have been availed under the policy, in the event of 100% claim settlement under Criti Assure or Personal Accident (under Section 1.1 and 1.2 of Loan Assure – Section 3) section, the cover under Loan Assure policy in respect of all sections will stand terminated. Further, if an accident is reported under Personal Accident (Section 1.3 of Loan Assure – Section 3) section resulting in claim payment of less than 100% of the sum insured, then post reporting of a claim under PA Section, balance sum insured remaining out of the 100%, only, will be considered for subsequent claims under Personal Accident (Loan Assure – Section 3) and Criti Assure sections.

The Insured Person shall on his expense, inform the Company immediately of any change in the address, nature of job, state of health, or of any other changes affecting him or any Insured Person

The Policy, Certificate of Insurance, Policy Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any one of them shall bear such meaning wherever it appears.

The terms, conditions and exclusions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

2. Definitions

In this Policy the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy.

2.1 Standard Definitions

2.1.1 **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.1.2 **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

2.1.3 **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

- 2.1.4 **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and
- 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;
- 2.1.5 **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 2.1.6 **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- 2.1.7 **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- 2.1.8 **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- it continues indefinitely
- it recurs or is likely to recur
- 2.1.9 **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.
- 2.1.10 Maternity expenses means;
- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- expenses towards lawful medical termination of pregnancy during the policy period
- 2.1.11 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 2.1.12 **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 2.1.13 **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction.
- 2.1.14 **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- 2.1.15

is required for the medical management of the illness or injury suffered by the insured;
must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
must have been prescribed by a medical practitioner,
must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.1.16 **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

2.1.17 **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

2.1.18 **Pre-existing disease** means any condition, ailment, injury or disease

that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Provided that the definition of the pre-existing disease shall not be applicable for Overseas Travel Policies.

2.1.19 **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

2.1.20 **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2.2 Specific Definitions

2.2.1 **Adventure or Hazardous Sports/Activities** means any sports or activity which is adventurous in nature uses any apparatus or involves physical movement, rotation, swinging, floating in air or water. These activities include Para sailing, Para gliding, trekking with apparatus, Bungee jumping, para-jumping, rock climbing, mountaineering, motor racing, horse racing or deep- sea diving etc.

2.2.2 **Age** means the completed age (in years) of the Insured Person as on his/her latest birthday.

2.2.3 **Alternative Treatments** are forms of treatments other than allopathic treatment or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

2.2.4 **Bank** means a banking Company which transacts the business of banking in India.

2.2.5 **Company/We/Our/Insurer/Us** means Royal Sundaram General Insurance Co. Limited.

2.2.6 **Commencement Date** is the first inception date of Section 1 i.e. Criti Assure for that Insured Person with the Company without any break in period of cover.

2.2.7 **Critical Illness** means those disease/illness/burns, which have been expressly defined under Basic Cover section of this policy.

2.2.8 **Diagnosis** means the identification of a disease/illness/ medical condition made by a Physician in India, based upon such specific evidence, as required, in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological, laboratory evidence or any other medical tests following medical advancement, acceptable to the Company.

2.2.9 **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve



Bank of India Act, 1934

- 2.2.10 **First Policy** means the Policy Schedule/Certificate of Insurance issued to the Insured Person at the time of inception of the Coverage under this section 1 mentioned in the Policy Schedule/ Certificate of Insurance with the Company
- 2.2.11 **Insured Event** means any event specifically mentioned as covered under this Policy.
- 2.2.12 **Material Fact** shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Company
- 2.2.13 **Nominee** means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on the death of the Insured Person
- 2.2.14 **Off-label drug or treatment** means use of pharmaceutical drug for an unapproved indication or in an unapproved age group, dosage or route of administration
- 2.2.15 **Policy** means our contract of insurance with the Policyholder providing cover as detailed in this Policy terms and conditions, the proposal form, Policy Schedule/Insurance Certificate, Information Summary Sheet, Endorsement/s, if any and Annexure, which form part of the contract and must be read together
- 2.2.16 **Policy Period** is the period between the inception date and the expiry date of the Policy as specified in the Policy Schedule/ Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier
- 2.2.17 **Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- 2.2.18 **Policy Year** means the period of one year commencing on the date of commencement specified in the Policy Schedule/ Certificate of Insurance or any anniversary thereof.
- 2.2.19 **Sum Insured** which is the maximum liability of the Company under this Policy shall mean:
- a) **Fixed Sum Insured** shall mean sum insured as specified in the policy/certificate of insurance schedule
 - b) **Reducing Balance Sum Insured** shall mean the following:
 - i) The percentage of sum insured as per the Amortization Chart specified as per Annexure II
 - ii) For the purpose of this definition as well as claim payment purposes, the amortization schedule prepared by the Financial Institution shall not apply.
- 2.2.20 **Survival Period** means the period post the date of first diagnosis that the Insured Person has to survive before a claim becomes valid.
- 2.2.21 **Waiting Period** means a time-bound exclusion period related to condition(s) specified in the Policy Schedule/ Certificate of Insurance or the Policy which shall be served before a claim related to such condition(s) becomes admissible.

3. Benefits covered under the policy

3.1. Basic Cover- Critical Illness Cover

This cover is subject to; the diagnosis of a Critical illness verified by a Medical Practitioner and confirming to the definitions listed below.

The Policy covers the Insured Person during the Policy/ Coverage Period for the listed Critical Illness, provided it occurs, manifests or diagnosed itself during the Policy/ Coverage Period as a first incidence and the Insured Person survives the specified Survival Period.

The Policy shall pay lumpsum amount (fixed or reducing balance sum insured as opted by the Group Manager as mentioned in the Policy Schedule/ Certificate of Insurance, for the listed Critical Illness, provided it occurs, manifests or diagnosed itself during the Policy Period as a first incidence and the Insured Person survives the defined Survival

Period, subject to terms, conditions, limitations and exclusions mentioned therein.

Only one lump sum payment shall be provided during the Insured Person's lifetime regardless of the number of Critical Illnesses, incapacities or treatments suffered by him. This section shall terminate upon payment of 100% claim under Personal Accident section (under Section 1.1 and 1.2 of Loan Assure – Section 3) when both sections are opted by the Group Manager. Further, if an accident is reported under Personal Accident section (Section 1.3) resulting in claim payment of less than 100% of the sum insured, then post reporting of a claim under Personal Accident Section, balance sum insured remaining out of the 100%, only, will be considered for subsequent claims under Personal Accident and Criti Assure sections.

Criti Assure section also includes inbuilt Second Medical Opinion cover

which provides for facilitating Second Medical Opinion with Company's Panel Doctor in respect of covered Critical Illnesses. This benefit shall be applicable only when a claim under Criti Assure section is considered.

For the purpose of this Policy, 'Critical Illness' means the following illnesses;

1. 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 –

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- All tumors in the presence of HIV infection.

2. MYOCARDIAL INFARCTION (First Heart Attack of specific 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:

- 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.

II. 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

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 breastbone) 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:

Angioplasty and/or any other intra-arterial procedures

4. 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.

5. 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:

- 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 thecoma.

II. 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

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:

- 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

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

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 SYMPTOM

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

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. 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.

II. Other causes of neurological damage such as SLE and HIV are excluded.

12. 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.

III.

- 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.

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.

13. 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:

- Corrected visual acuity being 3/60 or less in both eyes or ;
- 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

14. DEAFNESS

I. 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

I. 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 (PaO₂ < 55mmHg);
and
- IV. Dyspnoea at rest.

16. 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.

17. 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.
- II. All psychiatric related causes are excluded.

The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

18. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level 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

- 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:

- Spinal cord injury;

20. 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:

- 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.

- 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

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

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging.

The diagnosis of Alzheimer's Disease must be confirmed by an appropriate consultant and supported by a Medical Practitioner appointed by Us. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. There must also be an inability of the Insured Person to perform



(whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 3 months:

For the purpose of this clause, Activities of Daily Living are defined as:

- a) 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;
- b) Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e) Feeding – the ability to feed oneself once food has been prepared and made available.
- f) Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

- Any other type of irreversible organic disorder/dementia
- Alcohol-related brain damage.

23. PARKINSON'S DISEASE

- l. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in permanent inability to perform independently at least three of the Activities of Daily Living, for a continuous period of at least 3 months:

For the purpose of this clause, Activities of Daily Living are defined as:

- a. 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
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

The following is excluded:

Parkinson's Disease accompanied with drug and/or alcohol abuse.

24. Major Surgery of Aorta:

The actual undergoing of medically necessary major surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Traumatic injury of the aorta is excluded.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

25. MYASTHENIA GRAVIS

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

- a) Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- b) The diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification is as follows:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.
 Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
 Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.
 Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.
 Class V: Intubation needed to maintain airway.

The following are excluded:

- Congenital myasthenic syndrome
- Transient neonatal or juvenile myasthenia gravis

26. APLASTIC ANEMIA

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

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

The diagnosis of Aplastic anaemia must be confirmed by a bone marrow biopsy. At least two of the following values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

27. Loss of Independent Existence (till age 74)

Confirmation by a Consultant Physician 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 of the Activities of Daily Living, with no hope of recovery. For the purpose of this clause, Activities of Daily Living are defined as:

- a) 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;

- b) Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e) Feeding – the ability to feed oneself once food has been prepared and made available.
- f) Mobility - the ability to move from room to room without requiring any physical assistance.

This condition must be confirmed by the company's approved doctor.

28. Progressive SCLERODERMA

A systemic collagen-vascular illness 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 conditions are excluded:

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

29. Other Serious Coronary Artery Diseases

Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

30. Severe Rheumatoid Arthritis

Widespread chronic progressive joint destruction with major deformity, where all of the following criteria are met:

- Unequivocal diagnosis of Rheumatoid Arthritis made based on the American College of Rheumatology criteria;
- Damage and deformity of at least 3 (three) of the following joints: hand (metaphalangeal joints), wrist, elbow, knee, hip, or feet (metatarsophalangeal joints). Such deformity must be confirmed by imaging studies showing such changes; and

Disability resulting in the inability of the Insured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months.

Activities of Daily Living are defined as :

- a. 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;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

31. Cardiomyopathy of specified severity

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, based on the following classification criteria:

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

32. Infective Endocarditis

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

- Positive result of the blood culture proving presence of the infectious organism(s);
- Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist

33. MEDULLARY CYSTIC DISEASE

Medullary Cystic Disease where the following criteria are met:

- i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- ii. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- iii. The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy along with specialist Medical Practitioner opinion.

The following are excluded

- i. Isolated or benign kidney cysts are specifically excluded from this Benefit
- ii. Any condition in which cysts are absent

34. APALLIC SYNDROME

Universal non-functioning of the brain cortex, with the brain stem intact. Diagnosis of Apallic Syndrome must be definitely confirmed by a registered Medical Practitioner who is also a neurologist and substantiated by clinical and investigation findings. This condition must be documented for a continuous period of at least one month.

35. CREUTZFELDT-JAKOB DISEASE

A diagnosis of Creutzfeldt Jakob Disease must be made by a specialist Medical Practitioner who is a neurologist, and the diagnosis must be substantiated by CSF examination, EEG, CT Brain and MRI of the brain. There must be permanent clinical loss of the ability in mental, physical and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

36. Pneumonectomy (Surgical Removal of One Lung)

Complete surgical removal of the entire right or entire left lung necessitated by an illness or an Accident of the Insured. The surgery must be certified to be Medically Necessary by a Medical Practitioner who is a pulmonologist or thoracic surgeon.

37. Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

38. Severe ulcerative colitis

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

- The entire colon is affected, with severe bloody diarrhoea; and
- The necessary treatment is total colectomy and ileostomy; and
- The diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in gastroenterology

39. Chronic Relapsing Pancreatitis

More than three attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).

40. Progressive Supranuclear Palsy - Resulting In Permanent Symptoms

Confirmed by a registered doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy.

The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living.

Activities of Daily Living are defined as:

- a. 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.
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
- d. Mobility: the ability to move indoors from room to room on level surfaces.
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

41. GOOD PASTURES SYNDROME with lung or renal involvement

Good pastures Syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of at least 30 days. The diagnosis must be proven by kidney biopsy and confirmed by a specialist Medical Practitioner who is a rheumatologist.

42. Fulminant Viral Hepatitis

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

- a. Rapid decreasing of liver size.
 - b. Necrosis involving entire lobules, leaving only a collapsed reticular framework.
 - c. Rapid deterioration of liver function tests.
 - d. Deepening jaundice; and
 - e. Hepatic encephalopathy.
- Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

43. Severe Crohn's Disease

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

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

The diagnosis must be made by a registered Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

44. Bacterial Meningitis

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

This diagnosis must be confirmed by:

- a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b. A consultant neurologist certifying the diagnosis of bacterial meningitis.

Activities of Daily Living are defined as:

- a. 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.
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
- d. Mobility: the ability to move indoors from room to room on level surfaces.
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

45. Necrotizing Fasciitis

The occurrence of necrotising fasciitis where the following conditions are met:

- (i) the usual clinical criteria of necrotising fasciitis are met; and
- (ii) the bacteria identified is a known cause of necrotising fasciitis; and
- (iii) there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.

46. MUSCULAR DYSTROPHY

Diagnosis of muscular dystrophy by a registered Medical Practitioner who is a neurologist based on the presence of following conditions:

- Clinical presentation including weakness and loss of muscle mass, absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram
- Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 6 months.

For the purpose of this clause, Activities of Daily Living are defined as:

- a) 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;
- b) Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e) Feeding – the ability to feed oneself once food has been prepared and made available.
- f) Mobility – the ability to move from room to room without requiring any physical assistance

47. POLIOMYELITIS

The occurrence of Poliomyelitis, where the following conditions are met:

- I. Poliovirus is identified as the cause through laboratory investigation
- II. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis of Poliomyelitis must be confirmed by a registered Medical Practitioner who is a neurologist.

48. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by:

- Findings in the cerebrospinal fluid (csf) report
- Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR
- Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD

The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living.

Activities of Daily Living are defined as:

- a) 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;
- b) Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e) Feeding – the ability to feed oneself once food has been prepared and made available.
- f) Mobility – the ability to move from room to room without requiring any physical assistance

49. Encephalitis

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 6 weeks, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit must result in permanent inability to perform three or more Activities of Daily Living.

Activities of Daily Living are defined as:

- a. 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.
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
- d. Mobility: the ability to move indoors from room to room on level surfaces.
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

50. Primary Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in severe anaemia below 10 g/dl, low platelet count below 100,000 microL and enlarged spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Insured Person requires a blood transfusion at least monthly over at least six (6) consecutive months. The diagnosis of Primary Myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist.

Secondary Myelofibrosis is excluded.

51. Pheochromocytoma

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

The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

52. Systemic lupus erythematosus (SLE) with renal involvement

- Multi-system, autoimmune disorder characterized by the development of autoantibodies, directed against various self-antigens. For purposes of the definition of “SLE” under this policy is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy.
- Diagnosis by a nephrologist, supported by renal biopsy report is mandatory. There must be positive antinuclear antibody test

The following are excluded

Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Class I – Minimal mesangial lupus nephritis

Class II – Mesangial proliferative lupus nephritis

53. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterization resulting in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, based on the following classification criteria:
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.

54. Loss of use of One Limb and Loss of Sight in One Eye

To be eligible, both the conditions should be fulfilled.

- The complete and permanent loss of use of one (1) arm or one (1) leg, through paralysis caused by illness or injury persisting for at least six (6) months from the date of trauma or illness as certified by medical specialist, plus
- Total, permanent and irreversible loss of sight in one eye as a result of illness or accident, which must be certified by an ophthalmologist.

55. REFRACTORY HEART FAILURE

Refractory heart failure is defined as a systolic dysfunction that does not respond to optimal medical therapy (“triple therapy”) and results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six months. The diagnosis of refractory heart failure has to be supported by echocardiographic findings of compromised ventricular performance. The diagnosis must be made by a cardiology specialist.

The following is excluded:

- i. Reversible causes of heart failure such as hypocalcemia, alcohol abuse, thyroid, anaemia.

56. Takayasu's Arteritis:

It is a specific kind of arteritis, and the inflammation damages the aorta and its main branches resulting in the medically necessary bypass surgery or aortic valve surgery. The diagnosis has to be confirmed by a specialist medical practitioner and substantiated by typical findings in angiography.

57. Severe Guillain-Barre Syndrome:

It is a disorder in which the immune system of a person attacks the person's peripheral nervous system resulting in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living. The diagnosis has to be confirmed by a neurologist and substantiated by typical findings in CSF, EMG and NC studies.

Activities of Daily Living are defined as :

- a. 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;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

58. Spinal Stroke

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal canal resulting in neurological deficit with persisting clinical symptoms.

Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. 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

59. Benign Spinal Cord Tumor with Neurological Deficit

Benign spinal cord tumor is defined as a life threatening, non-cancerous tumor of the spinal cord or its meninges. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This spinal cord tumor must result in Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days and must be confirmed by the relevant medical specialist. The Neurological deficit must result in permanent inability to perform three or more Activities of Daily Living.

Activities of Daily Living are defined as :

- a. 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;



- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, anybraces, artificial limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

60. Severe Progressive Bulbar Palsy

Neurological disorder with in the head region, difficulties in chewing and swallowing, problems in speaking, persistent signs of involvement of the spinal nerves and the motor centres in the brain and spastic weakness and atrophy of the muscles of the extremities. The disease must be Unequivocally Diagnosed by a Medical Practitioner who is a neurologist. The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.

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;

Feeding: the ability to feed oneself once food has been prepared and made available.

3.2. Optional Benefit

3.2.1. Income Assure (Loss of Income) (Offered with Criti Assure section only) – Section 1B- (Optional)

Offers Lumpsum coverage of 5%/10%/15%/20%/25%% of Criti Assure sum insured at policy inception, as opted by insured person as income protection due to diagnosis of any of the Major Critical Illnesses covered under Criti Assure section. This benefit shall be applicable only when a claim under Criti Assure section is considered.

4. Exclusions

4.1. Specific Exclusions

4.1.1. Waiting Period:

All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed



accordingly.

The Company shall not be liable to make any payment under this Policy for covered listed Critical Illnesses directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following Waiting Periods:

1. Pre-existing Diseases Waiting Period :

Any Critical Illness arising on account of or in connection with any Pre-Existing Disease(s).

2. Initial Waiting Period:

Any Critical Illness where the symptoms indicative of such Critical Illness have first manifested or first occurred prior to the Risk Inception Date or arisen within first 90 days of commencement of the Period of Cover. However, no Waiting Period will be applicable in case of any Critical Illness arising out of/due to an Accident during the Period of Cover.

3. Survival Period:

The benefit payment shall be subject to survival of the Insured Person for the duration as specified in Policy Schedule/ Certificate of Insurance post the first diagnosis of the Critical Illness

- a. Survival period is applicable before any Criti Assure claim can be payable subject to all other policy terms and conditions being satisfied. The Criti Assure cover is not applicable in the event of Death of Insured Person during the Survival Period as specified in Policy Schedule/ Certificate of Insurance following diagnosis of Critical Illness.
- b. If diagnosis takes place on or before the Policy/ Coverage expiry date, but the Survival Period expires after the Policy/Coverage expiry date, the Company will pay a claim provided that the Insured Person survives duration as specified in Policy Schedule/ Insurance Certificate from the date of diagnosis.
- c. If a Criti Assure claim is filed after the death of the policyholder, the Critical Illness must have been diagnosed while the insured is alive.

4.1.2. Exclusions

The Company shall not be liable to make any payment under this Policy for any Critical Illness directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following unless specifically mentioned elsewhere in the Policy;

1. Any Critical Illness arising on account of or in connection with any Pre-Existing Disease(s).
2. Any Illness, sickness or disease, other than specified as Critical Illness
3. Behavioural, Neuro development and Neurodegenerative Disorders:
 - a. Disorders of adult personality including gender related problems, gender change;
 - b. Disorders of speech and language including stammering, dyslexia
 - c. All Neurodegenerative disorders including Dementia, Alzheimer's disease and Parkinson's disease;
 - d. Other medical services for behavioural, neurodevelopment delays and disorders
4. **Alternative Treatments:** Any covered Critical Illnesses diagnosed and/or treated by Medical Practitioner who practices Alternative Medicine.
5. **Conflict & Disaster:** Treatment for any illness or injury resulting from willful participation in any illegal (non- accidental) activity such as , war, riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity), invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion,revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of citizens of whatever nation, riots or civil commotion
6. **External Congenital Anomaly:** Screening, counselling or treatment related to External Congenital Anomaly

7. **Cosmetic and Reconstructive Surgery:** Any covered Critical Illnesses arising due to treatment undergone purely for cosmetic or psychological reasons to improve appearance.
8. **Experimental/ Investigational or Unproven Treatment:**
 - a. Services including device, treatment, procedure or pharmacological regimens which are considered as experimental, investigational or unproven.
 - b Biodegradable (bioresorbable, bioabsorbable) polymer drug eluting stents will be considered as experimental and investigational for all purpose
9. **Hazardous Activities:** Any claim relating to Adventure or Hazardous Sports unless declared in the Enrolment Form beforehand and agreed by the Company.
10. **HIV, AIDS, and related complex:** Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.
11. **Mental and Psychiatric Conditions:** Treatment related to symptoms, complications and consequences of mental Illness, mood disorders, psychotic and non- psychotic disorders
12. **Reproductive medicine & other Maternity Expenses:** Any Critical Illness arising out of, directly/indirectly caused by, contributed to or aggravated by:
 - a. Pregnancy or Child Birth Pregnancy (including voluntary termination), miscarriage, maternity or child birth (including through caesarean section) Birth Control Any type of contraception, sterilization, abortions, voluntary termination of pregnancy (except under Maternity Expenses for Medical Termination of Pregnancy (MTP) as governed by MTP Act 1971) or family planning;
 - b. Assisted Reproduction Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI, Gestational Surrogacy;
 - c. Sexual disorder and Erectile Dysfunction. Treatment of any sexual disorder including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction;
 - d. Any costs or expenses related to pregnancy, complications arising from pregnancy or medical termination of pregnancy unless caused by an accident
13. **Sexually transmitted Infections & diseases:** Screening, prevention and treatment for sexually related infection or disease
14. **Substance related and Addictive Disorders:** Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opioids or nicotine
15. **Traffic Offences & Unlawful Activity:** Any condition occurring either as a result of breach of law by the Insured Person with criminal intent
16. **Unrecognized Physician or Hospital:**
 - a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy or by relevant authorities in the area or country where the treatment is taken.
 - b. Treatment or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine.
 - c. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives.
 - d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India or any other country where treatment takes place.
 - e. Treatment or services received in health hydros, nature cure clinics or any establishment that is not a recognized Hospital or healthcare facility.
17. Any claim made without a medical certificate from the treating Medical Practitioner evidencing the diagnosis of such Critical Illness.
18. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Certificate.
19. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from nuclear

weapon materials or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.

20. Participation (aggravation) in any kind of strike, processions, riots etc.
21. Any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
22. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel
23. Any consequential or indirect losses or expenses related to any Insured Event.
24. Any tests and treatment relating to infertility and in vitro fertilization.
25. Any Injury / Illness occurring whilst engaging in any Adventure Sports either as an instructor/ trainer, or as a participant.

5. Other terms and conditions

5.1. CLAIMS PROCEDURE

Provided that the due observance and fulfilment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shall, so far as they relate to anything to be done or not to be done by the Insured and /or Insured person, be a condition precedent to any liability of the Company under this Policy.

The Claims Procedure is as follows:

5.1.1. Claim Documents

The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days from the date of first diagnosis of the illness:

1. Duly completed and signed claim form along with medical certificate from the attending physician forming part of the claim form, confirming inter alia
 - a. name of the Insured person;
 - b. name, date of occurrence and medical details of the Insured Event
 - c. confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.
2. Discharge summary/Death Summary issued by the Hospital, in the event of a hospitalization, describing the nature of the complaints and its duration, treatment given, advice on discharge etc.
3. Test reports related to diagnosis of the illness including X-rays/MRI/CT scan reports/films etc.
4. All medical reports and prescriptions from first consultation leading to diagnosis of the illness
5. Indoor case papers
6. FIR/MLC in the case of Accident/Burns and English translation of the same, if in any other language.
7. Disability Certificate from the Specialist in the event of loss of speech/loss of limbs or blindness
8. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer.
9. Any other claim document as may be required by the Company

Acceptance of photocopies – Since Criti Assure is a benefit policy, all medical records may be accepted in photocopies except in cases where genuineness is suspected.

5.1.2. Payment of Claim

- All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached.
- All claims under this Policy shall be payable in Indian Currency.
- The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon



acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance.

- The claim if admissible shall be paid to the legal heir/ nominee of the proposer in case if the proposer is not surviving at the time of payment of claim
- If a claim is settled for an insured, cover for otherinsured members under the policy shall continue.

- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.
- All claims are to be notified to Us within a timeline. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Policy Schedule/Certificate of Insurance, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation.
- The claim documents should be sent to:

Health Claims Department

Royal Sundaram Alliance Insurance Co Ltd Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097

6. General terms and clauses

6.1. Specific terms and clauses

6.1.1. Observance of terms and conditions

The due adherence/observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a Condition Precedent to any liability to make payment under this Policy.

Disclosure to Information Norm

The policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non- disclosure of any material particulars in the proposal form, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by You or any one acting on Your behalf, under this Policy.

6.1.2. Material Change

It is a Condition Precedent to the Our's liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. We may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the contract.

6.1.3. Cancellation/Termination

a. Cancellation/ Termination (other than Free Look cancellation)

1. Cancellation by Insured Person:

You may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

i. Annual Policies

| | |
|----------------------------|----------------------|
| Completed tenure of Policy | Retention of Premium |
|----------------------------|----------------------|



| | |
|-------------------------------|---------------------|
| less than 1 month | 25% of annual rate |
| between 1 month and 3 months | 50% of annual rate |
| between 3 months and 6 months | 75% of annual rate |
| Above 6 months | full annual premium |

ii. Policy with tenure more than one year

Policy year in which policy is cancelled, we shall retain the premium as per below grid. However, for rest of years 5% of the pro-rated annual Premium amount shall be retained. Pro-rated annual rate will be arrived on the basis of pro-rated rate from the entire tenure premium.

In the year of cancellation, below grid shall apply for more than one year policies.

| Completed tenure of Policy | Retention of Premium |
|-------------------------------|----------------------|
| less than 1 month | 25% of annual rate |
| between 1 month and 3 months | 50% of annual rate |
| between 3 months and 6 months | 75% of annual rate |
| Above 6 months | full annual premium |

2. Cancellation/Termination by Us

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts as sought to be declared on the Proposal Form or non-cooperation by the insured, by giving fifteen (15) days' notice in writing by courier/ registered post with acknowledgement due to the Insured at his last known address in which case the Company shall not refund to the insured any portion of the premium.

3. Automatic Termination

The cover shall terminate immediately on the earlier of the following events:

Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.

6.1.4. Notice

b. Notices Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to: a. Policyholder/ Insured Person at the address specified in the Policy Schedule/Certificate of Insurance or at the changed address of which the Company must receive written notice.

c. The Company at the following address:

M/s. Royal Sundaram General Insurance Co. Limited.,
Corporate office: Vishranthi Melaram Towers,
No. 2 / 319 Rajiv Gandhi Salai (OMR), Karapakkam,
Chennai - 600097

d. The Company may send the Insured Person other information through electronic and telecommunications means with respect to the Policy from time to time.

6.1.5. Premium Instalment

(Applicable for policies with instalment payment).

i. The Insured Person is required to pay the premium on monthly/ quartely/ half yearly / yearly/ total tenure payment for the number of Insured persons opted for this cover.



- ii. It is a condition precedent that premium applicable to the entire policy period shall be paid, by the Insured/Insured Person/Insured Person's legal heir(s) as the case may be, in the event of claim under this Policy.
- iii. No refund of premium will be made for the months prior to the month in which the Insured Person exercises his/her option to withdraw from the Plan.

6.1.6. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or anyone acting on behalf of the Insured Person or any false or incorrect Disclosure to Information Norms to obtain any benefit under this Policy, then the Company may reserve the right to cancel the Policy and all benefits under the Policy shall be forfeited and all sums paid under this Policy shall be repaid to the Company by the Insured Person.

6.1.7. Nomination

- e. Insured Person is mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims under the Policy in the event of Insured Person death.
- f. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made by the Company.

6.1.8. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

The disputes of quantum of payment of losses shall be preferred to be dealt and resolved under the alternative dispute resolution system including Arbitration and Conciliation Act of India.

6.1.9. Maintenance of Records

As a Condition Precedent, the Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representative(s) to inspect such records. The Insured Person shall furnish such information as we may require under this Policy at any time during the Policy Period.

6.1.10. Geography

All benefits are available in India provided the diagnosis taken in India only and all claims shall be payable in India in Indian Rupees only

6.1.11. Modifications to the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written Endorsement signed and stamped by the Company.

6.1.12. Withdrawal of the Product

This product or any variant/plan under the product may be withdrawn at the Company's option subject to change in regulations. In such a case the Company shall notify Policyholder of any such change at least 3 months prior to the date from which such withdrawal shall come into effect or as may be provided by the applicable law.

6.1.13. Insurer's rights for admissibility

In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination, of either the Insured Person or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured Person and the Company.

6.1.14. Free Look Provision:

At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

6.1.14.1. A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;

6.1.14.2. where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;

6.1.14.3. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

6.1.14.4. Free-look will not be applicable for policies with tenure less than one year.

6.1.14.5. Free-look not applicable in case of renewals.

All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

6.1.15. Multiple Policies

If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person then we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited. . If customer has multiple policies with different insurers, on occurrence of the insured event, he can claim from all Insurers under all policies.

6.1.16. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to difference or, if they cannot agree upon a single Arbitrator within 30 days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to Arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/ Arbitrators of the amount of the loss or damage shall be first obtained.

6.1.17. Moratorium Period

After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 5 continuous years would be applicable from data of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

6.1.18. Grievances Redressal Procedure

We are concerned about you. If you are not happy with our service or in case you have any query or



complaint/grievance against us, please follow the steps given below:

Step 1: Customer Services Team

Please raise a complaint with us through our Online form or Email us to our customer service desk at care@royalsundaram.in

Royal Sundaram General Insurance Co. Ltd

Vishranthi Melaram Towers

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai - 600097

Call us at: 1860 258 0000 / 1860 425 0000

Step 2: Manager - Care

In case the response provided does not meet your expectation or have not received any response within 7 days, you may write to Manager.Care@royalsundaram.in

Step 3: The Head – Customer Service

In case the response provided does not meet your expectation or have not received any response within 7 days, you may write to Head.CS@royalsundaram.in

Step 4: The Grievance Redressal Officer

In case the response provided still does not meet your expectation or have not received any response within 10 days, you may write to GRO@royalsundaram.in

Step 5

If after following Step 1,2,3 and 4 as stated above your issue remains unresolved, you may approach the Insurance Ombudsman for Redressal. Contact Details of Insurance Ombudsman Refer our Company Website for list of Insurance Ombudsman

Insurance Ombudsman addresses -<https://www.cioins.co.in/ContactUs>

Grievance may also be lodged at –

Registration of Complaints in Bima Bharosa by Policyholders:

Can directly register complaint in the Bima Bharosa Portal <https://bimabharosa.irdai.gov.in/>

Can send the complaint through Email to complaints@irdai.gov.in.

Can call Toll Free No. 155255 or 1800 4254 732.

Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

General Manager

Insurance Regulatory and Development Authority of India(IRDAI)

Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.



Sy.No.115/1, Financial District, Nanakramguda,
Gachibowli, Hyderabad – 500 032.

No loading shall apply on renewals based on individual claims experience.

Insurance is the subject matter of solicitation.

.Grievance may also be lodged at –

Registration of Complaints in Bima Bharosa by Policyholders:

1. Can directly register complaint in the Bima Bharosa Portal <https://bimabharosa.irdai.gov.in/>
2. Can send the complaint through Email to complaints@irdai.gov.in.
3. Can call Toll Free No. 155255 or 1800 4254 732.

4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

General Manager

Insurance Regulatory and Development Authority of India(IRDAI)

Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.

Sy.No.115/1, Financial District, Nanakramguda,

Gachibowli, Hyderabad – 500 032

Information about Us

The Royal Sundaram General Insurance Co. Limited

Address - Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097

Web: www.royalsundarm.in

E-mail: customer.services@royalsundarm.in

Customer Service : 18602580000/18604250000

Annexure I

Council for Insurance Ombudsmen

The contact details of **Insurance Ombudsman Office** details are as below:

<https://www.cioins.co.in/ContactUs>

Council for Insurance Ombudsmen

Address:

Council for Insurance Ombudsmen,

3rd Floor, Jeevan Seva Annexe,

S.V.Road,Santacruz (W), Mumbai - 400 054.



Annexure – II

Reducing Balance – Amortization chart

| Month | Policy Term (Years) | | | | |
|-------|---------------------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 |
| 1 | 100% | 100% | 100% | 100% | 100% |
| 2 | 92% | 96% | 98% | 98% | 99% |
| 3 | 84% | 92% | 95% | 97% | 97% |
| 4 | 76% | 88% | 93% | 95% | 96% |
| 5 | 68% | 85% | 90% | 93% | 95% |
| 6 | 59% | 81% | 88% | 91% | 93% |
| 7 | 51% | 77% | 85% | 89% | 92% |
| 8 | 43% | 73% | 83% | 88% | 91% |
| 9 | 34% | 69% | 80% | 86% | 89% |
| 10 | 26% | 65% | 77% | 84% | 88% |
| 11 | 17% | 61% | 75% | 82% | 86% |
| 12 | 9% | 56% | 72% | 80% | 85% |
| 13 | 0% | 52% | 70% | 78% | 83% |
| 14 | | 48% | 67% | 76% | 82% |
| 15 | | 44% | 64% | 74% | 81% |
| 16 | | 40% | 62% | 73% | 79% |
| 17 | | 35% | 59% | 71% | 78% |
| 18 | | 31% | 56% | 69% | 76% |
| 19 | | 27% | 53% | 67% | 75% |
| 20 | | 22% | 51% | 65% | 73% |
| 21 | | 18% | 48% | 63% | 72% |
| 22 | | 14% | 45% | 61% | 70% |
| 23 | | 9% | 42% | 59% | 68% |
| 24 | | 5% | 39% | 57% | 67% |
| 25 | | 0% | 36% | 54% | 65% |
| 26 | | | 33% | 52% | 64% |
| 27 | | | 31% | 50% | 62% |
| 28 | | | 28% | 48% | 60% |
| 29 | | | 25% | 46% | 59% |
| 30 | | | 22% | 44% | 57% |
| 31 | | | 19% | 42% | 56% |
| 32 | | | 16% | 40% | 54% |
| 33 | | | 12% | 37% | 52% |
| 34 | | | 9% | 35% | 51% |
| 35 | | | 6% | 33% | 49% |
| 36 | | | 3% | 31% | 47% |
| 37 | | | 0% | 28% | 45% |
| 38 | | | | 26% | 44% |
| 39 | | | | 24% | 42% |
| 40 | | | | 22% | 40% |
| 41 | | | | 19% | 38% |
| 42 | | | | 17% | 37% |
| 43 | | | | 15% | 35% |
| 44 | | | | 12% | 33% |
| 45 | | | | 10% | 31% |
| 46 | | | | 7% | 29% |



| | | | | | |
|----|--|--|--|----|-----|
| 47 | | | | 5% | 27% |
| 48 | | | | 2% | 26% |
| 49 | | | | 0% | 24% |
| 50 | | | | | 22% |
| 51 | | | | | 20% |
| 52 | | | | | 18% |
| 53 | | | | | 16% |
| 54 | | | | | 14% |
| 55 | | | | | 12% |
| 56 | | | | | 10% |
| 57 | | | | | 8% |
| 58 | | | | | 6% |
| 59 | | | | | 4% |
| 60 | | | | | 2% |
| 61 | | | | | 0% |

