



Generali Central Group Extended Critical Illness Rider
(UIN: 133B016V03)

To ensure the financial protection against critical illness for the members we offer Generali Central Group Extended Critical Illness Rider as an additional benefit on our group plans

Minimum Entry Age	18 years (as on last birthday)
Maximum Entry Age	69 years (as on last birthday)
Maximum Maturity Age	70 years (as on last birthday)
Minimum Sum Assured	As per base plan sum assured
Maximum Sum Assured	The sum assured under the base plan subject to maximum of Rs. 25 lakh on a single life
Policy Term	1 year
Premium Payment Term	Same as policy term
Benefit	If the insured member is being diagnosed of one or more specified illness as defined below, the rider sum assured is payable in lump sum. If the diagnosed condition is 'Total and Permanent Disability', then the benefit is payable only if the disability lasts without interruption, for at least 180 consecutive days and must be deemed permanent by an appropriate medical practitioner appointed by the Company Group Extended Critical Illness Rider Sum Assured is paid if the Insured Member is diagnosed with one of - Cancer of specified severity - Open Chest Coronary Artery Bypass Graft Surgery (CABG) - First Heart attack of specified severity - Kidney failure requiring regular dialysis - Major Organ/Bone marrow transplant - Stroke resulting in permanent symptoms - Aorta Surgery - Open Heart Replacement or Repair of Heart Valves - Major Burns - Permanent Paralysis of Limbs - Total and Permanent Disability <u>Definition of the conditions are as follows:</u> <u>Cancer of specified severity</u> A malignant tumour characterised 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 and confirmed by a pathologist. The term cancer includes leukemia, lymphoma, and sarcoma.

The following are excluded:

- Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma in situ of the Breasts, Cervical Dysplasia: CIN-1, CIN-2 and CIN-3;
- Any skin cancer other than invasive malignant melanoma
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- Papillary micro-carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukaemia less than RAI stage 3
- Microcarcinoma of the bladder
- All tumours in the presence of HIV infection.

Open Chest Coronary Artery Bypass Graft Surgery

The actual undergoing of open chest surgery for correction of one or more coronary arteries, which is / are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Angioplasty and / or any other intra-arterial procedures
- Any key-hole or laser surgery

First Heart Attack of specified severity

The first occurrence of 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 this will 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 test pain)
- New characteristic electrocardiogram changes;
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non ST – segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- Other Acute Coronary Syndromes



- Any type of angina pectoris.

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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner;
- or
- One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ.

The following are excluded:

- Other stem-cells transplants
- Where only islets of langerhans are transplanted

Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions

Aorta surgery

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra arterial techniques is excluded.

Open Heart Replacement or Repair of Heart Valves



	The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of or disease-affected cardiac valve(s). The diagnosis of heart 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. <u>Major Burns</u> Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life assured's body. <u>Permanent Paralysis of Limbs</u> Total and irreversible loss of use of two or more limbs as a result of injury or disease of 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. <u>Total and Permanent Disability</u> A state of disability, resulting from accidental bodily injury, sickness or disease, which - renders the life assured totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit, or - results in the life assured suffering the loss of (or the total and permanent loss of use of) both hands, or both feet, or both eyes, or a combination of any two. The above disability must have lasted, without interruption, for at least 180 consecutive days and must be deemed permanent by an appropriate medical practitioner appointed by the Company.
Waiting Period	For each insured member, a 90-day waiting period applies from the date of commencement of the scheme or the member's entry to the scheme whichever is later; if critical illness is diagnosed during the period, no benefit is payable.
Survival Period	A 28-day survival period would apply between the diagnosis of a critical illness and eligibility for a benefit payment.
Grace Period	Same as per the base plan
Revival Period	The rider cannot be revived in isolation of the base plan. It has to be revived along with the base plan. Hence revival will be as per base plan.



Free Look Period	Same as per the base plan
Modal loading factors	The premiums for various modes as percentage of annual premium are given below: i). Monthly Premium (by ECS) - 8.9% of annual premium. ii). Quarterly Premium- 26.5% of annual premium. iii). Half-yearly Premium- 52% of annual premium.
Free Cover Limits for Groups	No evidence of insurability will be required up to the Free Cover Limit. The Free Cover Limit will be determined based on the size of the scheme and the average rider sum assured.
Definition	<u>Medical Practitioner</u> A 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 his licence. <u>Pre-existing disease</u> Pre-existing Disease means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to effective date of the policy issued by the insurer or its reinstatement. <u>Surgery</u> 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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner. <u>Day care center</u> A day care center means any institution established for day care treatment of illness and/or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff (a qualified nurse is a person who holds a valid registration from the Nursing Council Of India or the Nursing Council of any state in India) under its employment; has qualified medical practitioner (s) in charge; has fully equipped operation theatre of its own where surgical procedures are carried out - maintains daily records of patients and



will make these accessible to the Insurance Company's authorized personnel.

Day care Treatment

Day care treatment refers to medical treatment, and/or surgical procedure which is: undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancements, and which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

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 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

Illness

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

Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner

Medical Advise

Any consultation or advice from a medical practitioner including the issue of any prescription or repeat prescription



	<u>Congenital Condition/Anomaly</u> Congenital Anomaly refers to a condition (s) which is present since birth, and which is abnormal with reference to form, structure or position. <u>Acute Condition</u> 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. <u>Chronic condition</u> 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 your rehabilitation or for you to be specially trained to cope with it – it continues indefinitely – it comes back or is likely to come back.
Exclusions	No benefit will be payable in respect of any condition arising directly or indirectly from, through or in consequence of the following exclusions: • Critical Illness benefit is payable only once during the lifetime of the member. • Any Pre-existing Disease; • Waiting period of 90 days will apply; • Survival period of 28 days will apply; • Opportunistic diseases associated with AIDS or the life assured being infected with HIV; • Service in any military, police, paramilitary or similar organization; • Active participation by the Life Assured in strikes, industrial dispute, riots, etc.; • Criminal or illegal activity; • Nuclear reaction, radiation or nuclear or chemical contamination; • Self- inflicted injury, war / invasion, injury during criminal activity or under influence of drug, alcohol etc. • As a result of accident while the Life Assured is engaged in aviation or aeronautics in any capacity other than that of a fare-paying, part-paying or non-paying passenger, in any aircraft which is authorized by the relevant regulations to carry such passengers and flying between established aerodromes. • Arising out of riots, civil commotion, rebellion, war (whether declared or not), invasion, hunting, mountaineering, steeple-chasing or racing of any kind, bungee jumping, river rafting, scuba diving, paragliding, or any such adventurous sports or



	hobbies. • Where there is evidence that the illness has arisen out of an unreasonable failure on the part of the insured member to follow medical advice. • Where there is evidence that the insured member has delayed medical treatment in order to circumvent the waiting period or other conditions and restrictions • As a result of the life assured committing any breach of law. • Arising from the employment of the life assured in the armed forces or military services of any country at war (whether war be declared or not) or from being engaged in duties of any para-military, security, naval or police organization. • Any congenital condition/anomaly
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Disclosure:

- Generali Central Group Extended Critical Illness Rider is yearly renewable & will be renewed along with the base plan and not in the isolation.
- The rider cover is not available beyond the maximum maturity age of the specific rider as mentioned in this brochure.
- The rider sum assured, terms & conditions and rate are guaranteed for the policy term.
- The rider can be added / deleted only at the time of policy renewal. All exclusion mentioned above shall be applicable.

In case you have any grievances on the solicitation process or on the Product sold or any of the Policy servicing matters, you may approach the Company in one of the following ways:

- (a) Calling the Customer helpline number 1800-102-2355 for assistance and guidance
- (b) Emailing @ care@generalicentral.com
- (c) You may also visit us at the nearest Branch Office. Branch locator - <https://www.generalicentrallife.com/branch-locator/>
- (d) Senior citizens may write to us at the following id: senior.citizens@generalicentral.com for priority assistance
- (e) You may write to us at:

Customer Services Department

Generali Central Life Insurance Company Limited,
Unit 801 and 802, 8th floor, Tower C,



Embassy 247 Park, L.B.S Marg, Vikhroli (W)
Mumbai – 400083

We will provide a resolution at the earliest. For further details please access the link:
<https://www.generalicentrallife.com/customer-service/grievance-redressal-procedure>

Prohibition on rebates:

Section 41 of the Insurance Act 1938 as amended from time to time states

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Fraud, misrepresentation or non-disclosure:

Section 45 of the Insurance Act 1938 as amended from time to time states

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after the expiry of 3 years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

2. A policy of Life Insurance may be called in question at any time within 3 years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud.

For further information, Section 45 of the Insurance laws (Amendment) Act, 2015 may be referred.

Generali Central Life Insurance Company Limited (Formerly known as ‘Future Generali India Life Insurance Company Limited’)

If you have any request, grievance, complaint, or feedback, you may reach out to us at care@generalicentral.com. For further details please access the link:

<https://generalicentrallife.com/customer-service/grievance-redressal-procedure>.

Generali Group’s and Central Bank of India’s liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited. Generali Central Life Insurance Company Limited (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288).

Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 |

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