

Ageas Federal Life Insurance

Heart and Cancer Shield Plan

A non-linked, non-participating health insurance plan

UIN 135Y054V02

ageasFEDERAL
LIFE INSURANCE

**Shield your savings
against heart and
cancer ailments**



INTRODUCTION

Heart and Cancer ailments are on the rise in India. The medical expenses for such illnesses can result in a financial strain and may also result in a loss of income. The rising cost of treatment can not only deplete your hard earned savings but can also impact your life's goals. The ideal solution to this is to plan in advance for a worry free timely treatment.

Presenting **Ageas Federal Life Insurance Heart and Cancer Shield Plan** which is a non-linked non-participating health plan covering multiple Heart and Cancer illnesses, with an inbuilt waiver of premium benefit. The Lumpsum amount paid shall help to cover multiple health based expenses. Additionally it offers an income option (to be chosen at inception of the policy) which shall act as a replacement option for your regular income on the occurrence of any major illnesses.

Ageas Federal Life Insurance Heart and Cancer Shield Plan will hereafter be referred to as 'Heart & Cancer Shield Plan' throughout the brochure.

Plan at a Glance

Comprehensive coverage of both heart and cancer ailments

Fixed Benefit payout on covered conditions irrespective of actual amount spent on treatment

Multiple minor stage claims allowed for both Heart and Cancer care.

In-built Waiver of Premium benefit to reduce your financial burden

Income Benefit Option to cushion any drop in your income at an additional premium.

Tax Benefits under Section 80 D*

**The aforesaid tax benefits are subject to change in tax laws. Consult your tax advisor for determining the Tax benefits applicable to you.*

Plan in Detail

Comprehensive Coverage

This plan offers the option to choose from three variants (the option needs to be chosen at the inception of the policy):

-  Heart Care
-  Cancer Care
-  Heart and Cancer Care

Under Heart Care and/or Cancer care, on the diagnosis of any of the listed illnesses covered under the Minor stage and Major stage category, the health benefit will be paid-out subject to the policy being in force. The health benefit will be paid in the form of a Lump sum amount and shall depend on the stage of illness. The lump sum amount will be a percentage of the Sum Assured as described in the table below.

Heart Care

Stage	Benefit
Minor Stage	25% of the Sum Assured will be paid for each Minor Stage claim. Maximum of two minor stage claims will be allowed under this category during the entire policy term.
	On first minor stage claim, the future premiums will be waived off for a period of 5 years or the remaining policy term, whichever is lower.
Major Stage	The waiver of premium benefit shall be applicable only once during the entire policy term. Sum Assured less Minor Stage claim payouts, if any, will be paid on a Major Stage claim. Only 1 major claim is allowed during the policy term.

Cancer Care

Stage	Benefit
Minor Stage	<p>25% of the Sum Assured will be paid for Minor Stage each claim. Up to 4 minor claims will be allowed during the policy term. Under Cancer cover, Policyholder cannot claim for Minor Condition of Cancer of the same organ more than one time.</p>
	<p>On first minor stage claim, the future premiums will be waived off for a period of 5 years or the remaining policy term, whichever is lower. The waiver of premium benefit shall be applicable only once during the entire policy term.</p>
Major Stage	<p>Sum Assured less any Minor Stage claim payout, if any, will be paid on a Major stage claim. Only 1 major claim is allowed during the policy term</p>

Heart and Cancer Care

Stage	Benefit
Minor Stage	<p>25% of the respective Sum Assured* will be paid for each Minor Stage claim Maximum of two claims related to Heart Care will be allowed under this category during the entire policy term. Maximum of four claims related to Cancer Care will be allowed under this category during the entire policy term</p>
	<p>On first minor stage claim, the future premiums will be waived off for a period of 5 years or the remaining policy term, whichever is lower. The waiver of premium benefit shall be applicable only once during the entire policy term.</p>
Major Stage	<p>Sum Assured less any Minor Stage claim payout, if any, will be paid on a major stage claim 1 major claim of Heart and Cancer each is allowed during the policy term.</p>

The sum assured chosen for Heart and Cancer Product at inception of the policy will be equally allocated to heart and cancer care.

The Policyholder cannot claim for the same Minor Condition under Heart or/and Cancer care more than one time. Once a Minor Stage claim is paid, no payment for any future claims under the Minor Stage of the same Heart illness/Cancer illness would be admissible. Same cancer means cancer of the same organ and same histological type.

On occurrence of both a Minor Stage claim and Major Stage claim at the same time, only the Major Stage claim shall be paid. On occurrence of multiple Minor Stage claims at the same time, the claims shall be paid for all Minor Stage claims subject to maximum of two minor stage claims under Heart Care and/or four minor stage claims under Cancer Care during the Policy Term.

Under Heart Care or Cancer Care variant, if the payment of claims for Minor Stage Conditions and/or Major Stage Conditions in respect of the Policyholder results in the exhaustion of the applicable Sum Assured for that benefit, the insurance cover for the Policyholder shall immediately and automatically terminate and all rights, benefits and interest under the policy shall stand extinguished.

Under Heart and Cancer Care variant, if the payment of claims for Minor Stage Conditions and/or Major Stage Conditions in respect of the Policyholder results in the exhaustion of the applicable Sum Assured for that benefit, the insurance cover for the respective disease for the Policyholder shall immediately and automatically terminate and the Policy shall continue in respect of the other applicable benefit.

The premium for the remaining Policy Term shall reduce to the amount corresponding to Premium required to provide the cover under the respective benefit that continues (Heart Care or Cancer Care) based on Age at Entry and Policy Term at inception.

Income Benefit Option

Income Benefit option can be opted at the inception of the policy by paying an additional premium. Under Income Benefit option, you receive a monthly income equivalent to 1% of the applicable Sum Assured once a Major Stage claim has been admitted, provided all due Premiums have been paid or waived till date and subject to the policy being in force. This benefit will be paid in addition to the Lump Sum paid on Major stage claim.

Payments under this Income Benefit Option shall be made monthly, commencing from the 1st of the calendar month following the date of claim of the Major Stage Condition, and shall be payable for a fixed period of 60 months irrespective of the remaining Policy Term.

In case of death of the Insured Person before all installments of the Income Benefit Option have been paid, the Beneficiary will continue to receive the balance payment under the Income Benefit Option on the applicable due dates. During the payout period under this Income Benefit Option, there shall be no risk cover under the Policy, and all rights, benefits and interests under the Policy apart from the Income Benefit Option shall stand extinguished.

The sum assured for the Income Benefit Option is not subject to any deduction in respect of claims already paid, if any.

The Income Benefit Option cannot be commuted or taken as a lump sum payment at any stage.

Waiver of Premium Benefit

On first Minor stage claim under the policy, the future premiums will be waived off for a period of 5 years or the remaining policy term, whichever is lower, starting from the next premium due date provided all due Premiums have been paid or waived till date and subject to the policy being inforce. The coverage for Minor and Major Stage under the policy will continue until the policy terminates.

The waiver of premium benefit shall be applicable only once during the entire policy term. Upon completion of the 5 year period for which the Waiver of Premium Benefit was in force, You shall be liable to pay the future premium amounts due (if any) by the due dates to keep the Policy in-force.

Tax benefits under Sec 80D of Income Tax Act, 1961

Tax benefits may be available on premiums paid and benefit receivable as per prevailing Income Tax Laws.

Deduction under section 80D: The premiums that you pay maybe eligible for deduction under section 80D of the Income Tax Act, 1961. For the Financial year FY 2019 – 20.

Death Benefit	Maturity Benefit	Surrender Benefit
The policy does not provide any Death Benefit	The policy does not provide any Maturity Benefit.	The policy does not provide any Surrender Benefit.

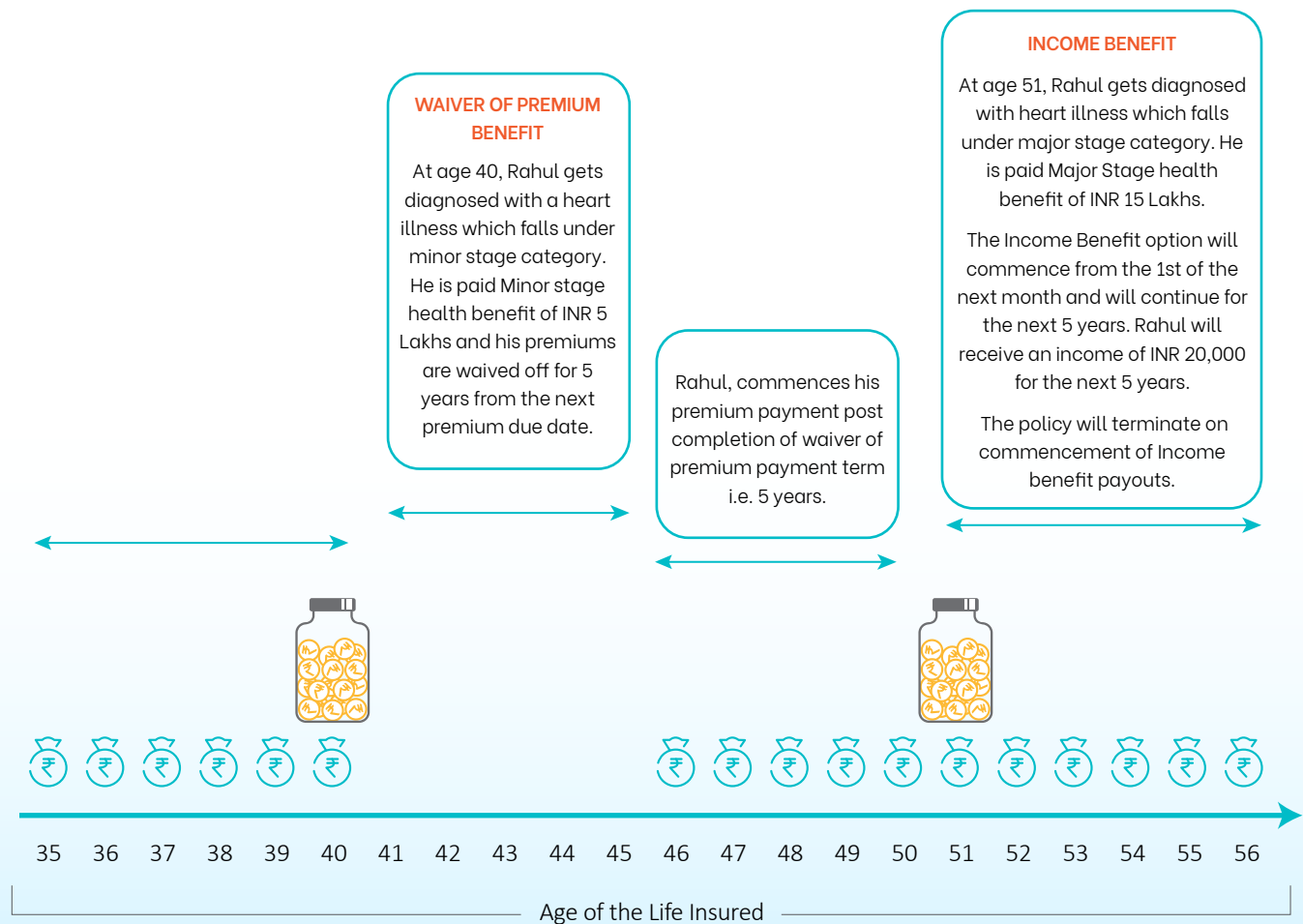
Eligibility

Age at entry of life insured (as on last birthday)	Min	18 years
Age at maturity of life insured (as on last birthday)	Max	65 years
	Max	70 years
Sum Assured	Min	Rs.10,00,000 for Heart Care Rs.10,00,000 for Cancer Care Rs.20,00,000 for Heart and Cancer Care*
	Max	Rs.30,00,000 for Heart Care Rs.30,00,000 for Cancer Variant Rs.60,00,000 for Heart and Cancer Variant; Above limits are subject to underwriting
Premium Paying term	Fixed	Same as Policy Term
Policy Term	Min	5 years
	Max	20 years
Premium Paying Frequency (Mode)	Fixed	Yearly

**Under Heart and Cancer variant the Sum Assured chosen will be equally allocated to heart and cancer care.*

Illustration

Rahul, aged 35 year old investment banking professional opts for Ageas Federal Life Insurance Heart and Cancer Shield for a policy term of 20 years and a Sum Assured of INR 20 Lakhs and opts for Heart Care along with Income Benefit Option by paying an annual premium of INR 5,442 (exclusive of applicable taxes) for 20 years.



Sample Premium Rates

Please find below the table containing sample premium rates for a policy term of 10 years and a sum assured of 20 Lakhs for Heart Care, 20 Lakhs for Cancer Care and 40 Lakhs for Heart and Cancer Care:

Health Benefit:

Age	Heart Care	Cancer Care	Heart and Cancer Care
18	1,812	1,990	2,256
25	1,940	2,254	2,652
30	2,332	2,636	3,432
35	3,384	3,188	5,048
40	5,442	4,104	8,052
45	8,552	5,870	12,968
50	12,902	8,890	20,396

Health Benefit + Income Benefit:

Age	Heart Care	Cancer Care	Heart and Cancer Care
18	1,824	2,176	2,456
25	1,980	2,572	3,012
30	2,486	3,146	4,096
35	3,852	3,974	6,300
40	6,482	5,352	10,340
45	10,358	8,008	16,912
50	15,786	12,546	26,944

*The above mentioned premiums are exclusive of GST and loadings.

Other Terms and Conditions:

Grace Period



Policyholder is required to pay his renewal premium every year on the scheduled premium payment due dates. For such payment, policyholder gets the facility of a grace period to pay the due premium. The grace period is of 30 days effective from the date of the first unpaid premium. The benefits of the policy remain in force during the grace period. If premium is not paid beyond the grace period, then all benefits under the policy will cease immediately and the policy will be deemed lapsed.

In case of any claim during grace period, claim amount would be paid after deducting any due Premiums which are unpaid as on the date of claim, without any interest

Policy Lapse and Revival



A policy which has lapsed may be revived subject to the following conditions:

- An application for revival is made within 2 5 years from the due date of the first unpaid premium;
- The life insured has furnished satisfactory evidence of health and other requirements as per the Company's board approved underwriting guidelines at that time. Medical tests, if required, have to be borne by the policyholder at his own cost.

- The arrears of premium together with interest, at such rate as decided by the Company from time to time, are paid along with the revival application. Interest rate applicable shall be set as quarterly equivalent of (3% + annualized yield on 10 year Government security). Annualized Yield on 10 year Government security is sourced through FBIL. Any change in this formula and basis to set interest rates shall be made with prior approval of the Authority. (The current rate of interest applicable from 1st August, 2019 is 10.05% per annum basis 10 years G-sec rate as on 30th June, 2019. Interest rate shall be compounded quarterly). The interest rate will be reviewed by the Company board, every 6 months. The same will be reset every year on 1st February and 1st August.

Once a policy has been revived, the policy holder is entitled to receive all benefits under the policy as per terms and conditions of the policy.

If the policyholder has not revived a lapsed policy within 5 years from the date of the first unpaid premium, the premiums already received by us are forfeited and the policy cannot be reinstated thereafter.

'If the Premiums are reviewed during the revival period of 5 years, the Premiums for revival shall be based on the Premium rate applicable when the Premiums are due. The Premium reviewability will not impact any previous due Premiums in case of revival.'

Premium Guarantee:



The premium rates are guaranteed for the period of five years from the date of commencement of the policy. Upon the completion of five policy years or anytime thereafter, the premiums may be revised subject to prior IRDAI approval. Any revision in the premium rates shall be intimated to you at least 90 days prior to due date of next premium after such

revision. Premium rates, if and when revised, shall be guaranteed for a subsequent block of five years from each renewal date. You will be given a period of 30 days from due date of next premium payment to pay the revised premium. During this period of 30 days, provision of grace period shall apply.



Waiting Period:

Waiting Period means a 180 day waiting period which is applicable from the Risk Commencement Date or the date of Revival whichever is later. If a lapsed policy is revived within 60 days from the first unpaid Premium due date; only the remaining part of the waiting period (180 days less days elapsed between last first unpaid Premium due date and revival date) from the date of revival of the Policy will apply. If a lapsed policy is revived after 60 days from the first unpaid Premium due date, a waiting period of full 180 days from the date of revival of the Policy will apply afresh. The benefits shall not apply or be payable in respect of any Minor Heart and/or Cancer Condition or Major Heart and/or Cancer Condition where the Insured had or is aware of objective evidence, had consultations/Investigations for it and diagnosed of Minor Heart and/or Cancer Condition or Major Heart and/or Condition which first became apparent or commenced within the Waiting Period.

There will be no waiting period if any of the conditions occur due to accident for heart related illnesses.

Under Heart Care variant or Cancer Care variant the policy shall terminate and the Premium less Stamp duty paid in respect of the policy shall be refunded, from either the Risk Commencement Date of the policy or from the date of revival as applicable.

Under Heart and Cancer Care variant the cover will terminate for that particular option and the Policy shall continue for only Heart Cover or Cancer Cover, as the case may be. Premiums for the remaining Policy Term shall reduce to the

amount corresponding to Premium required for then respective variant that continues based on Age at Entry and Policy Term at inception. The Company will refund the additional Premium less stamp duty paid in respect of the cover that terminates, from either the Risk Commencement Date of the policy or from the date of revival as applicable.

Survival Period:



Survival Period of 15 days will be applicable for only Heart illnesses, No survival period applicable for Cancer claims.

Policy Termination:



The policy shall terminate and our obligations will cease in following cases:

- On the payment of the 100% of the Sum Assured under Heart Care, on payment of 100% of Sum Assured under Cancer Care, and on payment of 100% Sum Assured each under Heart Care and Cancer Care;
- On diagnosis of a Minor or Major Stage Condition during the waiting period
- The Maturity Date;
- The date on which the Revival period ends after Your Policy has been lapsed;
- On death of the Insured Person;
- In case of fraud or misrepresentation, the provisions of section 45 of the Insurance Act, 1938 as amended from time to time will apply.
- Termination under Free Look cancellation

Assignment & Nomination:



Assignment will be allowed in accordance with provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

Nomination will be allowed in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

Goods & Services Tax:



Goods and Services Tax, and cess as applicable, will be levied as per the extant laws

Free-look Period:



The policy holder is allowed a free-look period of at least 15 days (30 days in case of policies solicited through Distance mode*) from the date of receipt of the policy document, to review the terms and conditions of the policy. In case, the policy holder has any objection to the terms and conditions of the policy, he/she may place a written request to cancel the policy, to the Company. If no claim has been made under the policy during the free-look period, the policy holder will be entitled to receive:

- Refund of the premium paid less any expenses incurred by the Company towards medical examination and stamp duty charges or;
- If the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
- If only a part of the insurance coverage has commenced: such proportionate premium commensurate with the insurance coverage during such period.

**Distance mode includes every activity of solicitation including lead generation) and sale of insurance products through the following modes:*

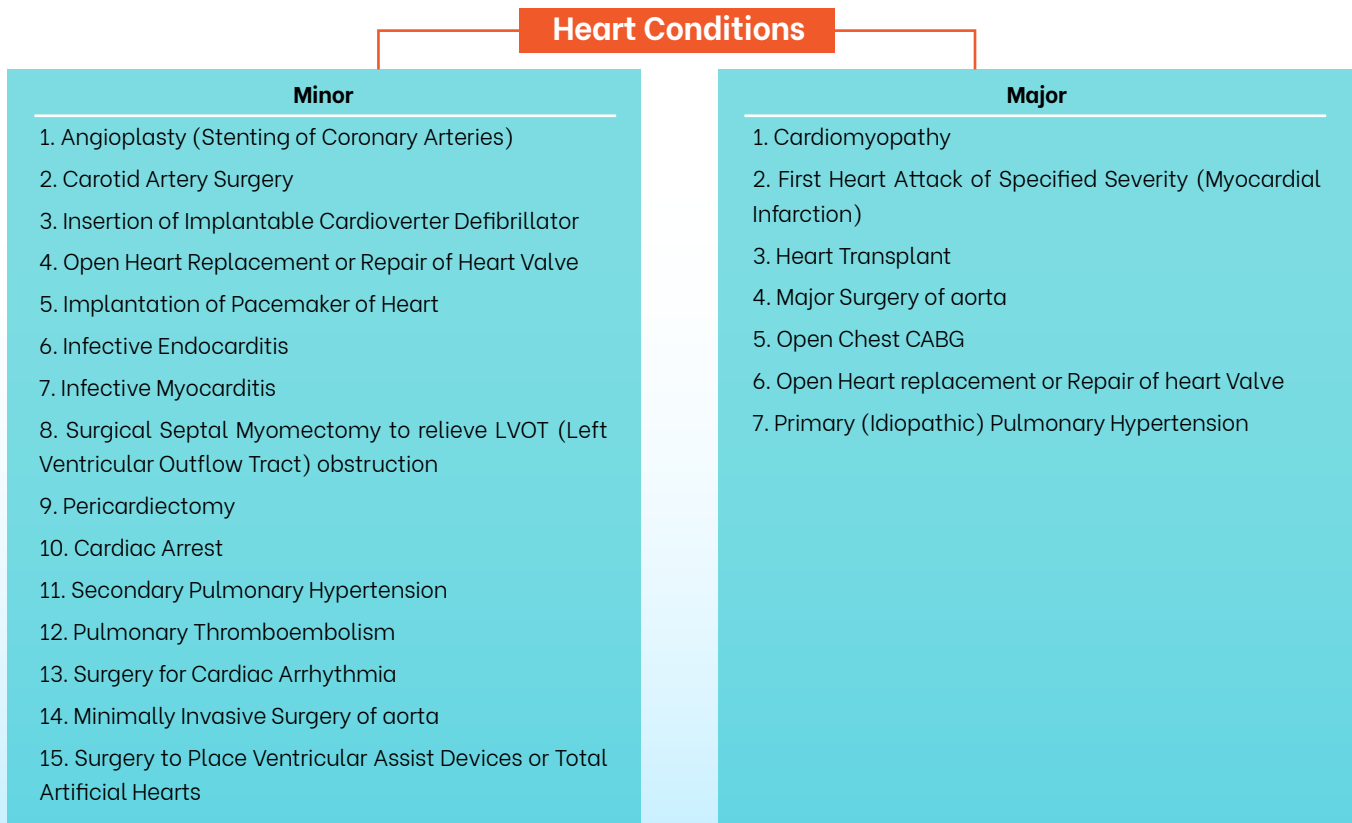
- *Voice mode, which includes telephone -calling*
- *Short Messaging Service (SMS)*
- *Electronic mode which includes e-mail, internet and interactive television (DTH)*
- *Physical mode which includes direct postal mail, newspaper and magazine inserts*

Renewal Premium in Advance

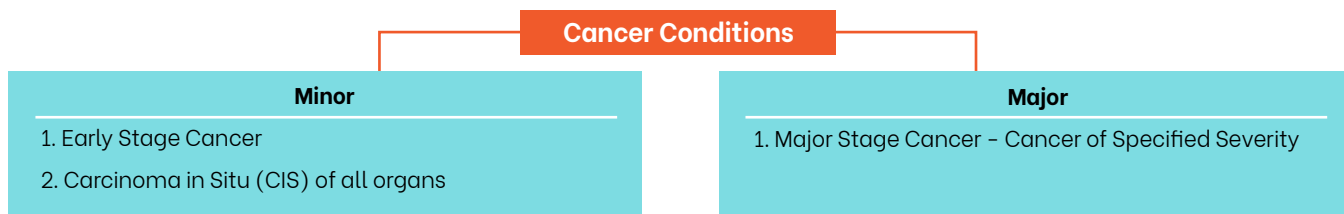
Collection of renewal premium in advance shall be allowed within the same financial year for the premium due in that financial year. Provided, the premium due in one financial year may be collected in advance in earlier financial year for a maximum period of three months in advance of the due date of the premium.

The renewal premium so collected in advance shall only be adjusted on the due date of the premium.

1 Heart Care: The below mentioned ailments related to the heart are covered under this variant:



2 Cancer Care: The Cancer conditions covered under this variant are:



3 Heart & Cancer Care: This variant insures both Heart and Cancer ailments, listed above.

DEFINITIONS OF COVERED CONDITIONS/PROCEDURES

Definitions of Minor Conditions of Heart are as follows:

1. Angioplasty (Stenting of Coronary Arteries):

I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

2. Carotid Artery Surgery:

The actual undergoing of Carotid artery surgery to correct stenosis of 50% or above in one or both arteries by angioplasty and/or stenting and/or Atherectomy or having undergone open Endarterectomy as proven by angiographic evidence or any other appropriate diagnostic test.

Angioplasty and /or any other intra-arterial procedures are excluded.

3. Insertion of Implantable Cardioverter Defibrillator:

The actual insertion of an ICD due to life threatening arrhythmias, Cardiomyopathy or any other condition to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the

body resulting in unconsciousness, insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter – Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D).

4. Open Heart Replacement or Repair of Heart Valve

The actual undergoing of open-heart valve surgery is to replace 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. Implantation of Pacemaker of Heart:

The actual insertion of a pacemaker due to life threatening arrhythmias, Cardiomyopathy or any other condition to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of pacemaker to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness upon documented recommendation of a cardiologist.

6. Infective Endocarditis:

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

a) Positive result of the blood culture proving presence of the infectious organism(s)

b) Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and

c) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a consultant cardiologist

7. Infective Myocarditis:

As defined by WHO / International Society and Federation of Cardiology (ISFC) is an inflammatory disease of the heart muscle, diagnosed by established histological, immunological and immunohistochemical criteria. The diagnosis of Infective Myocarditis must be documented by a cardiologist along with evidence of any three of the following criteria:

- Endomyocardial biopsy confirming diagnosis of Infective Myocarditis
- Serology of infective organisms on blood culture
- Echocardiography findings suggesting Infective Myocarditis
- Cardiovascular MRI confirming Infective Myocarditis

8. Surgical Septal Myomectomy to relieve LVOT (Left Ventricular Outflow Tract) obstruction:

Actual undergoing of Septal Myomectomy that entails removing a portion of the thickened septal wall that is obstructing the flow of blood from the left ventricle to the

aorta. Diagnosis has to be evidenced by echo with obstruction of LV outflow tract at rest, with a maximum systolic gradient > 30 mmHg.

9. Pericardiectomy:

The actual undergoing of Pericardiectomy through a median sternotomy (open heart surgery) or a thoracotomy (Keyhole technique) approach for the treatment of acute Pericarditis, secondary to chronic restrictive Pericarditis or recurrent Pericarditis. Other procedures on the pericardium including pericardial biopsies and pericardial drainage procedures by needle aspiration are excluded.

The following are specifically excluded;

- Chronic constrictive Pericarditis related to alcohol or drug abuse or HIV
- Acute Pericarditis due to any reason

10. Cardiac Arrest:

Sudden loss of heart functions with cessation of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- a. Implantable Cardioverter-Defibrillator (ICD), or
- b. Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

For the above definition the Insertion of a defibrillator without cardiac arrest is not covered.

11. Secondary Pulmonary Hypertension:

Secondary Pulmonary hypertension confirmed by a Cardiologist with the help of investigations including Echo/ Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment based on Echo findings.

Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.

12. Pulmonary Thromboembolism

Acute Pulmonary Thromboembolism: means the blockage of an artery in the lung by a clot or other tissue from another part of the body. The Pulmonary Embolus must be unequivocally diagnosed by a specialist on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs), angiography or echocardiography, with evidence of right ventricular dysfunction and requiring medical or surgical treatment on an inpatient basis. Thrombus or thromboembolism of the segmental arteries is excluded.

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and perfusion of the lungs), angiography or echocardiography, with evidence of right ventricular dysfunction and requiring medical or surgical treatment on an inpatient basis. Thrombus or thromboembolism of the segmental arteries is excluded.

13. Surgery for Cardiac Arrhythmia:

Procedures like Maze surgery, RF Ablation therapy or any relevant procedure/surgery to treat life threatening arrhythmia's and where the person has more than one episode of syncope, dizziness, chest pain, etc. Surgery should immediately follow the diagnostic electrophysiology study and certified by electrophysiologist. Preprocedural evaluation prior to surgery should be completely documented with below documents:

- Strips from ambulatory Holter monitoring in documenting the arrhythmia.
- Electrocardiographic and electrophysiologic recording, cardiac mapping and localization of the arrhythmia during the ablative procedure.

Cardio version and any other form of non-surgical treatments are excluded.

14. Minimally Invasive Surgery to aorta:

The actual undergoing of repair or correction of an aneurysm, narrowing, obstruction or dissection of the aorta using minimally invasive or intra-arterial techniques, as evidenced by cardiac echocardiogram or any other appropriate diagnostic test. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

15. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts:

Implanting of Ventricular assist devices or Total artificial heart for people with heart failure where the device may allow the patient to safely survive until a donor heart becomes available. This referred to as a “bridge-to-transplantation or destination therapy for long term use for Refractory Heart Failure with reduced ejection fraction as defined below: NYHA Class IV symptoms who failed to respond to optimal management for > 45 of the past 60 days or have been intra-aortic balloon pump dependent for 7 days, or IV inotrope dependent for 14 days or for patients who are not candidates for heart transplant. Ventricular dysfunction or heart failure directly related to alcohol or drug abuse is excluded.

Definitions of Major Conditions of Heart are as follows:

1. Cardiomyopathy

An impaired function of the heart muscle, which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- a. Class III – Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
- b. 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.

The following are excluded:

- Cardiomyopathy secondary to alcohol or drug abuse
- All other forms of heart disease, heart enlargement and Myocarditis

2. First Heart Attack of Specified Severity (Myocardial Infarction):

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The Diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the Diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Heart Transplant:

The actual undergoing of a transplant of heart that resulted from irreversible end-stage failure of the heart. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. Stem cell Transplant is excluded.

4. Major Surgery of aorta:

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.

The following are excluded:

1. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.
2. Angioplasty and/or any other intra-arterial procedures, catheter based techniques, “keyhole“ or laser procedures are excluded.”

5. Open Chest CABG (Coronary Artery Bypass Graft) *

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The Diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures are excluded.

*Refer to Annexure A for additional details on the above mentioned illness.

6. Open Heart Replacement or Repair of heart valve:

The actual undergoing of open-heart valve surgery is to replace 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.

7. Primary (Idiopathic) Pulmonary Hypertension:

The actual undergoing of open-heart valve surgery is to replace 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.

The NYHA Classification of Cardiac Impairment are as follows:

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

Definitions of Minor Conditions of Cancer are as follows:

1. Early stage Cancers:

Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

a. Thyroid tumour is defined as papillary carcinoma of the thyroid that is less than 10 mm in diameter and is characterised by the uncontrolled growth and spread of malignant papillary thyroid cancer cells with invasion and destruction of normal thyroid tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification. The cancer is confined to the thyroid gland and has not spread to nearby lymph nodes or elsewhere in the body.

b. Prostate tumour should be histologically described as TNM (T1N0M0) Classification T1a or T1b or T1c are of another equivalent classification, where the tumour is localized in the prostate but not palpable or detectable with imaging. This condition is characterised by uncontrolled growth and spread of malignant prostate cancer cells with invasion and destruction of normal prostate tissue. The cancer is still within the prostate and has not spread to nearby lymph nodes [N0] or elsewhere in the body [M0]. The diagnosis must always be on the basis of a microscopic examination of fixed tissue showing a Gleason Score of two to six. All grades of Prostate Intraepithelial Neoplasia (PIN) are not covered under this definition.

c. Chronic Lymphocytic Leukaemia is categorized as the uncontrolled growth and spread of malignant lymphocyte white blood cells within the bone marrow

and the blood. The Chronic Lymphocytic Leukaemia must be diagnosed and classified as Rai stage 0, 1, or 2. These early Rai stages of leukaemia imply that there is an elevated malignant monoclonal lymphocyte count with or without enlarged lymph nodes or spleen, but there is no anaemia and no thrombocytopenia.

d. Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin

e. Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.

f. All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification)

The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

Pre-malignant lesions and conditions, unless listed above, are excluded.

2. Carcinoma-in-Situ of any organ:

Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

The diagnosis of the Carcinoma in situ must always be supported by a histopathological report and should be certified by an Oncologist. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

a. In the case of the cervix uteri, classified as cervical intraepithelial Neoplasia grade SEVERE or as Tis according the TNM staging method or FIGO stage 0. Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS.

b. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, and CIN II (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded.

c. Breast, where the tumour is classified as Tis according to the TNM staging method and actual mastectomy is covered, however partial mastectomy / lumpectomy do covered.

d. Corpus, uteri, vagina, or fallopian tubes where the tumour is classified as Tis according to TNM staging method or FIGO stage 0

e. Ovary include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1AN0M0, T1BN0M0 or FIGO 1A, FIGO 1B

f. Colon and rectum

g. Penis

h. Testis / Orchidectomy

i. Lung

j. Liver

k. Stomach and esophagus

l. Urinary tract: Cystectomy for Cis of urinary bladder/T1N0M0, actual undergoing of total radial Cystectomy due to Cis / papillary carcinoma. Segmental Cystectomy is not covered.

m. Nasopharynx

Definitions of Major Conditions of Cancer are as follows:

1. Cancer of Specified Severity*:

A malignant tumour 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 leukaemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumours 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
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All 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
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3.
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumours in the presence of HIV infection.

*Refer to Annexure A for additional details on the above mentioned illness.

Specialist Independent Medical Practitioner:

A Specialist Independent Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

EXCLUSION

In addition to any condition specific exclusions mentioned in the definitions above, We shall not be liable to pay any claim arising out of, due to any of the following:

1. Any covered conditions diagnosed within the waiting period.
2. For any medical condition or medical procedure resulting directly or indirectly from self-inflicted injuries, attempted suicide, while sane or insane.
3. For any medical conditions suffered by the life insured or any medical procedure undergone by the life insured if that medical condition or that medical procedure was caused directly or indirectly by Sexually transmitted disease (STD) except HIV and AIDS.

4. For any medical conditions suffered by the life insured or any medical procedure undergone by the life insured, if that medical condition or that medical procedure was caused directly by drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

5. Engaging in or taking part in *hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater or subterranean operation or activities involving the use of breathing apparatus or not; (*Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not) Participation by the insured person in a criminal or unlawful act with criminal intent.

6. Nuclear, biological or chemical contamination (NBC) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or biological or chemical contamination

7. Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident.

8. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.

9. For any medical condition or any medical procedure arising from the donation of any of the Life Insured's organs.

10. Ayurvedic, Homeopathy, Unani, Yoga and naturopathy, Siddha, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, Rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy.

11. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the list of countries* given below. The company may review the below list of accepted foreign countries from time to time. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.

*List of countries: Austria; Australia; Bahrain; Belgium; Bulgaria; Canada; Czech Republic; Denmark; England; Finland; France; Germany; Greece; Greenland; Holland; Hong Kong; Hungary; Iceland; Ireland; Italy; Japan; Korea (Republic of Korea); Kuwait; Luxembourg; Mauritius; Netherlands; New Zealand; Northern Ireland; Norway; Oman; Poland; Portugal; Qatar; Romania; Sardinia; Saudi Arabia; Scotland; Sicily; Singapore; Slovak Republic; Slovenia; Spain; Sweden; Switzerland; United Arab Emirates; United Kingdom; United States of America; Vatican City; Wales.

The list of countries shall be uploaded on the customer portal. The policyholder will be able to access the updated list of countries once he/she completes the registration on the portal.

12. Any investigation or treatment for any illness, disorder, complication or ailment arising out of or connected with the pre-existing illness shall be considered part of that

pre-existing illness. No benefits will be payable for any condition(s) which is a direct result of any pre-existing conditions unless life assured has disclosed the same at the time of proposal or date of reinstatement whichever is later and the company has accepted the same.

13. Any claim admitted for condition covered under Minor Stage will not entitle the life assured to make another claim under the Minor Stage of same condition

Pre-existing diseases

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 the effective date of the policy issued by the insurer or its reinstatement

Statutory Information:

Prohibition of rebate: The Insurance Act, 1938 prohibits an agent or any other person from passing any portion of his commission to the customer, whether as incentive or rebate of premium. Section 41 of the Act states:

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

the published prospectuses or tables of the insurer.

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

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Annexure A

<Applicable in case of Heart Care Variant and Heart & Cancer Care Variant
Open Chest CABG (Coronary Artery Bypass Graft)

Keyhole Coronary artery Bypass graft:

The actual undergoing of minimally invasive, key hole or Robotic cardiac surgery for the 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 a coronary angiography. Angioplasty and/or any other intra-arterial procedures will be excluded.

<Applicable in case of Cancer Care Variant and Heart & Cancer Care Variant
Cancer of Specified Severity:

TNM Classification:

The TNM classification system is internationally recognized and is used to stage and measure a tumour. The “T” element measures the size and extent of the primary tumour, “N” element measures the degree of spread to regional lymph nodes and the “M” element measures the presence of distant metastasis (spread of cancer from one part of the body to another part of the body).

When your cancer is described by the TNM system, there will be numbers after each letter that give more details about the cancer.

Primary tumour (T)

- TX: Main tumour cannot be measured.
- T0: Main tumour cannot be found.
- Tis: Carcinoma in situ (early cancer that has not spread to neighbouring tissue)
- T1, T2, T3, and T4: Refers to the size and/or extent of the main tumour. The higher the number after the T, the larger the tumour or the more it has grown into nearby tissues. T's may be further divided to provide more detail, such as T3a and T3b.

Regional lymph nodes (N)

- NX: Cancer in nearby lymph nodes cannot be measured.
- N0: There is no cancer in nearby lymph nodes.
- N1, N2, N3: Refers to the number and location of lymph nodes that contain cancer.

The higher the number after the N, the more lymph nodes that contain cancer.

Distant metastasis (M)

- MX: Metastasis cannot be measured.
- M0: Cancer has not spread to other parts of the body.
- M1: Cancer has spread to other parts of the body.

Cancer groups mainly into five categories:

- In situ – abnormal cells are present but have not spread to nearby tissue.
- Localized – Cancer is limited to the place where it started, with no sign that it has spread.
- Regional – Cancer has spread to nearby lymph nodes, tissues, or organs.
- Distant – Cancer has spread to distant parts of the body.
- Unknown – there is not enough information to figure out the stage.

Rai Classification:

Stage	Description
0	Lymphocyte count >15,000/mm ³ (15 x 10 ⁹ /L) No other abnormalities i.e. no lymph nodes, no hepatosplenomegaly, haemoglobin >11 g/dl, platelets >100,000/mm ³
I	Lymph nodes present
II	Enlarged liver or spleen
III	Anaemia – haemoglobin <11 g/dl
IV	Thrombocytopenia – platelets <100,000/mm ³

FIGO Classification:

The FIGO staging systems are determined by the International Federation of Gynaecology and Obstetrics (Federation International of Gynaecology and Obstetrics).

In general, there are five stages:

stage 0: carcinoma in situ (common in cervical, vaginal, and vulval cancer)

stage I: confined to the organ of origin

stage II: invasion of surrounding organs or tissue

stage III: spread to distant nodes or tissue within the pelvis

stage IV: distant metastasis(es)

CIN Classification:

Cervical intraepithelial Neoplasia (CIN) (also known as cervical dysplasia) is the potentially premalignant stage in the dysplastic changes in the Squamous epithelium of the cervix.

Grading of CIN is based on the degree of dysplasia seen in a sample of cervical tissue:

CIN I

similar to condylomata acuminata

nuclear enlargement and hyperchromasia of superficial cells

CIN II

atypical cells are seen also in the lower layers

pleomorphism

increase in nuclear: cytoplasmic ration

loss of polarity

increase in number of mitoses

CIN III = stage 0 cervical cancer

Entire thickness of epithelium is replaced with atypical cells with no surface differentiation.

Primary Tumor (T) TX Primary tumor cannot be assessed T0 No evidence of primary tumor Tis Carcinoma in situ: intraepithelial or invasion of lamina propria1 T1 Tumor invades submucosa T2 Tumor invades muscularis propria T3 Tumor invades through the muscularis propria into pericorectal tissues T4a Tumor penetrates to the surface of the visceral peritoneum2 T4b Tumor directly invades or is adherent to other organs or structures2,3 Regional Lymph Nodes (N)4 NX Regional lymph nodes cannot be assessed N0 No regional lymph node metastasis N1 Metastasis in 1–3 regional lymph nodes N1a Metastasis in one regional lymph node N1b Metastasis in 2–3 regional lymph nodes N1c Tumor deposit(s) in the subserosa, mesentery, or nonperitonealized pericolic or perirectal tissues without regional nodal metastasis N2 Metastasis in 4 or more regional lymph nodes N2a Metastasis in 4–6 regional lymph nodes N2b Metastasis in 7 or more regional lymph nodes Distant Metastasis (M) M0 No distant metastasis M1 Distant metastasis M1a Metastasis confined to one organ or site (for example, liver, lung, ovary, nonregional node) M1b Metastases in more than one organ/site or the peritoneum

