

SBI Life – Group Accelerated Critical Illness Rider Policy Document (UIN:111B047V01)

This Rider Document contains the applicable terms & conditions for SBI Life – Group Accelerated Critical Illness Rider. It is Group, Non-linked, Non-participating, Health Insurance, Pure Risk Rider. This Rider will be applicable to You only if the rider has been opted by You and the same is mentioned in the Certificate of Insurance (COI) issued to You.

If applicable, please read the terms and conditions of this Rider along with Your Certificate of Insurance

Part A

Policy Schedule

Please refer to the Master Policy Document/ Certificate of Insurance for these details.

Part B

The terms defined below shall have the meaning attributed to them wherever they appear in the Rider Document. All terms defined in the Base Policy and used in this Rider Document in defined form will have the same meaning as defined in the Master Policy Document.

Expressions	Meanings
1. Base Policy	means the Policy terms and conditions (Certificate of Insurance) to which this Rider is attached.
2. Medical Practitioner	means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured.
3. Rider Sum Assured	The Rider Sum Assured represents Our maximum, total and cumulative liability in respect of any and all claims arising under the Rider in respect of the Life Assured.
4. Survival Period	A survival period of 30 days is applicable for this benefit, for claims arising out of defined critical illnesses. The survival period is defined as the period of time after the date of first diagnosis of a critical illness that the policyholder has to survive to be eligible for a benefit payment under the Critical Illness Benefit.

Expressions	Meanings
5. Waiting Period	A waiting period of 90 days from policy inception is applicable for this benefit, for claims arising out of defined critical illnesses. The waiting period is defined as the period starting from rider policy inception or reinstatement, as applicable, during which no benefits are payable under the respective benefit.

Part C

I. CONDITIONS PRECEDENT TO CONTRACT

1. Rider Premiums

- 1.1 Premium due for this Rider must be paid along with the premium for the Member cover under the Master Policy. We will not accept Rider Premium on a standalone basis.
- 1.2 Rider Premiums are payable according to the Premium Payment Mode and the due dates of premium for member cover under the Master Policy
- 1.3 An employee / member shall be considered eligible for Accelerated Critical Illness Rider Benefits only if Member is eligible for base benefit under the Master Policy.
- 1.4 The Rider cover would be applicable only to those members who have been specifically granted this rider by Us and the same is mentioned in the COI provided to the member and mentioned in the Master Policy.
- 1.5 For mid-joiners, the rider cover would take effect from the day on which we add them as eligible members for the rider benefit.
- 1.6 If in respect of the Insured Member, the Date of Entry is later than the Date of commencement of the Master Policy or the Annual Renewal Date, proportionate Premiums shall be payable immediately and thereafter the Rider Coverage shall be effective.
- 1.7 Premiums are payable by the Master Policyholder or Member to the Company in advance.
- 1.8 In the event the Insured Member ceases to be a Member during the policy year for any reason other than death or claim under this Rider, the Company will refund premium paid in excess of the appropriate proportion of coverage provided

2. Misstatement of Age

- 2.1 Please refer to “Misstatement of Age” clause under “Conditions Precedent to Contract” as given in Terms & Conditions of the Master Policy Document for details pertaining to the misstatement of age provision. Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>

3. Non -Disclosure

- 3.1 Please refer to “Non-Disclosure” clause under “Conditions Precedent to Contract” as given in Terms & Conditions of the Master Policy Document for details pertaining to the non-disclosure provision. Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>

4. Nomination

- 4.1 Please refer to “Nomination” clause under “Conditions Precedent to Contract” as given in Terms & Conditions of the Master Policy Document for details pertaining to the nomination provision. Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>

II. CONDITIONS APPLICABLE DURING THE POLICY TERM RIDER BENEFITS

1 Critical Illness Benefit:

- 1.1 If an insured member is diagnosed with any of the Critical Illness covered, during the rider term, Critical Illness Sum Assured is payable in lumpsum, provided all due rider premiums are paid till the date of diagnosis of critical illness and subject to following:
 - 1.1.1 Member cover and rider cover for the Insured Member are in-force at the time of occurrence of events mentioned above.
 - 1.1.2 There is a waiting period of 90 days from the date of commencement of policy or the member's entry to the scheme whichever is later. If member is diagnosed with critical illness during the waiting period, no critical illness benefits are payable.
 - 1.1.2.1 Waiting period will not be applicable for renewal schemes
 - 1.1.3 If a member is diagnosed with critical illness as defined below and death of an insured member occurs within survival period, then no critical illness benefits are payable.
- 1.2 Once the critical illness rider benefit is paid, the sum assured under the base policy shall reduce to the extent of the amount of rider benefit already paid. In case the rider benefit already paid equals to the sum assured under the Master policy, the member coverage under Master policy shall cease.
- 1.3 Premium payable for the base member cover has to be paid even after payment of CI claim during a policy year for the member, in case of non-annual frequency.
- 1.4 Company appointed medical practitioner shall examine the insured member in connection with Critical Illness rider benefit claim submitted to us. Based on the evidence provided and medical examination carried out, the medical practitioner shall certify the exact nature of the Illness suffered so as to enable the Company to examine whether the rider benefit is admissible or not. Company's decision in this regard shall be final and binding.
- 1.5 Once the rider benefit is paid, the coverage of the Member under this rider shall cease.
- 1.6 No further increase in sum assured will be allowed in respect of such Member under any circumstances on any of the coverages.

DETAILS OF COVERED CONTINGENCIES

- 2 Rider benefit is paid if the Insured Member is diagnosed with one of following critical illness mentioned below:
 - 2.1 Cancer of Specified Severity
 - 2.2 First Heart Attack – Of Specified Severity,
 - 2.3 Open Chest CABG
 - 2.4 Kidney Failure Requiring Regular Dialysis
 - 2.5 Stroke Resulting in Permanent Symptoms
 - 2.6 Major Organ /Bone Marrow Transplant
 - 2.7 Permanent Paralysis of Limbs
 - 2.8 Aortic Surgery
 - 2.9 Major Burn
 - 2.10 Heart Valve Surgery

3 The definitions of the conditions are as follows:

3.1 Cancer Of Specified Severity:

- 3.1.1 A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded:

- 3.1.1.1 All Tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown

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behaviour or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.

- 3.1.1.2 Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
- 3.1.1.3 Malignant melanoma that has not caused invasion beyond the epidermis;
- 3.1.1.4 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;
- 3.1.1.5 All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- 3.1.1.6 Chronic lymphocytic leukaemia less than RAI stage 3;
- 3.1.1.7 Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- 3.1.1.8 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;

3.2 First Heart Attack – Of Specified Severity

- 3.2.1 The first occurrence of myocardial infarction which means the first occurrence of heart attack or myocardial infarction, which means the of a death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.
- 3.2.2 The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria
 - 3.2.2.1 a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain);
 - 3.2.2.2 new characteristic electrocardiogram changes;
 - 3.2.2.3 elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- 3.2.3 The following are excluded:
 - 3.2.3.1 Other acute Coronary Syndromes
 - 3.2.3.2 Any type of angina pectoris
 - 3.2.3.3 A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3.3 Open Chest CABG

- 3.3.1 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.
- 3.3.2 The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- 3.3.3 The following are excluded:
 - 3.3.3.1 Angioplasty and/or any other intra-arterial procedures

3.4 Kidney Failure Requiring Regular Dialysis

- 3.4.1 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.
- 3.4.2 Diagnosis has to be confirmed by a specialist medical practitioner.

3.5 Stroke Resulting In Permanent Symptoms

- 3.5.1 Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra-cranial source.

- 3.5.2 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.
- 3.5.3 The following are excluded:
 - 3.5.3.1 Transient ischemic attacks (TIA);
 - 3.5.3.2 Traumatic injury of the brain;
 - 3.5.3.3 Vascular disease affecting only the eye or optic nerve or vestibular functions
- 3.6 Major Organ /Bone Marrow Transplant**
 - 3.6.1 The actual undergoing of a transplant of:
 - 3.6.1.1 One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - 3.6.1.2 Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
 - 3.6.2 The following are excluded:
 - 3.6.2.1 Other stem-cell transplants;
 - 3.6.2.2 Where only islets of langerhans are transplanted.
- 3.7 Permanent Paralysis Of Limbs**
 - 3.7.1 Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord.
 - 3.7.2 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.
- 3.8 Aortic Surgery**
 - 3.8.1 The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.
 - 3.8.2 For the above definition, the following are not covered:
 - 3.8.2.1 Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
 - 3.8.2.2 Surgery of the aorta related to hereditary connective tissue disorders (e.g., Marfan syndrome, Ehlers–Danlos syndrome)
 - 3.8.2.3 Surgery following traumatic injury to the aorta.
- 3.9 Major Burn**
 - 3.9.1 There must be third-degree burns with scarring that cover at least 20% of the body's surface area.
 - 3.9.2 The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area
- 3.10 Heart Valve Surgery**
 - 3.10.1 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).
 - 3.10.2 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.
 - 3.10.3 Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

OTHER BENEFITS

4 Death Benefit

4.1 Not Applicable.

5 Maturity Benefit

5.1 Not Applicable.

6 Loan

6.1 Not Applicable.

RIDER TERMS AND CONDITIONS

7 Grace Period

7.1 Please refer to “Grace Period” clause under “ Conditions Applicable During The Policy Term” as given in Terms & Conditions of the Master Policy Document for details pertaining to the Grace Period provision. Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>

8 Lapse

8.1 Please refer to “Lapse” clause under “ Conditions Applicable During The Policy Term” as given in Terms & Conditions of the Master Policy Document for details pertaining to Lapse provision. Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>

9 Non- Forfeiture Benefit

9.1 Paid-up Value

9.1.1 Not Applicable

9.2 Surrender Benefit

9.2.1 On surrender by master policyholder / member Unexpired Risk Premium will be payable.

9.2.2 If the rider premium is paid by the Master Policyholder, Unexpired Risk Premium will be paid to the Master Policyholder.

9.2.3 If the rider premium is paid by the member, Unexpired Risk Premium will be paid to the member.

9.2.4 $\text{Unexpired Risk Premium} = (80\% \times \text{Premium}^*) \times [\text{Unexpired covered days}^{\#\#} / \text{Total covered days}^{\#}]$

9.2.5 Where,

9.2.5.1 [#]Total covered days is the period of coverage in days as per the premium frequency chosen i.e. total number of days considering 1 month, 3 month, 6 month & 12 month for monthly, quarterly, half-yearly and yearly mode respectively.

9.2.5.2 ^{*}Premium is the premium paid for Total covered days under the rider excluding any extra premium and taxes, if any, as per the premium frequency chosen.

9.2.5.3 ^{\#\#}Unexpired covered days is total covered days less 'expired number of days out of Total covered days depending on premium frequency choosen', as on date of surrender.

9.2.6 However, the master policyholder/ member can terminate the rider and keep the base policy in-force.

9.2.7 In case of surrender of rider by the Master Policy Holder, the Members shall have the option to continue their rider cover till the end of their respective insurance cover. The members who do not want to continue with the rider cover, the Unexpired Risk Premium shall be payable to master policy holder or member, as the case maybe, and the cover will terminate.

10 Revival

10.1 Please refer to “Revival” clause under “Conditions applicable during the Policy Term” as given in Terms & Conditions of the Master Policy Document for details pertaining to Revival. Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>

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11 Issuance of Duplicate Policy

- 11.1 Please refer to “**Issuance of Duplicate Policy**” clause under “*Conditions applicable during the Policy Term*” as given in Terms & Conditions of the Master Policy Document for details pertaining to the issuance of duplicate document. Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>

12 Policy Servicing

- 12.1 Please refer to “Policy Servicing” clause under “*Conditions applicable during the Policy Term*” as given in Terms & Conditions of the Master Policy Document for details pertaining to the servicing. Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>

EXCLUSIONS

13 Suicide Claim Provision:

- 13.1 Not Applicable.

14 General Exclusions for Critical Illness:

- 14.1 No critical illness benefit shall be paid on diagnosis of critical illness due to attempted suicide within one year from the date of commencement of Membership.
- 14.2 The critical illness benefit shall not be paid on any of the lives covered in case of the following conditions:
- 14.2.1 Any critical illness which occurred within 90 days of the Entry Date or the date of Revival.
- 14.2.2 The Member committing or attempting to commit a criminal act whether alone or with others;
- 14.2.3 The Member’s intentional self-inflicted injury, attempted suicide.
- 14.2.4 War, invasion, civil war, rebellion or riot;
- 14.2.5 Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
- 14.2.6 War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
- 14.2.7 Taking part in any naval, military or air force operation during peace time.
- 14.2.8 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 activities involving the use of breathing apparatus or not;
- 14.2.9 Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not
- 14.2.10 Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- 14.2.11 Any Pre-existing medical condition. “Pre-existing medical condition” definition will be as per health regulation
- 14.2.12 For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
- 14.2.13 Any External Congenital Anomaly which is not as a consequence of Genetic disorder.
- 14.2.14 Unreasonable failure to seek or follow medical advice or treatment or the Life Insured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.

15 Exclusions of Critical Illnesses:

- 15.1 For Illness specific exclusions please refer “DETAILS OF COVERED CONTINGENCIES” under clause (II)

III. CONDITIONS WHEN A CLAIM ARISES

1 Critical Illness Claim

- 1.1 The Claimant should intimate Us about the diagnosis of the covered CI of the insured member in writing, stating at least the Policy number, date of diagnosis of the CI and the nature of the illness/claim of the insured member.
- 1.2 We will require the following documents to process the claim:
 - 1.2.1 COI and rider document
 - 1.2.2 Claimant’s statement and claim forms in prescribed formats
 - 1.2.3 Treating doctor’s/physician's certificate
 - 1.2.4 Attested True Copy of Indoor Case Papers of the Hospital(s)
 - 1.2.5 Discharge Summary of Present and Past Hospitalizations
 - 1.2.6 First Consultation and all Follow up consultation notes
 - 1.2.7 Proof of the diagnosis of critical illness, satisfactory to the Insurer including medical reports including:
 - 1.2.7.1 Laboratory Test Reports
 - 1.2.7.2 X-Ray/CT Scan/MRI Reports & Plates
 - 1.2.7.3 Ultrasonography Report
 - 1.2.7.4 Histopathology Report
 - 1.2.7.5 Clinical/Hospital Reports
 - 1.2.7.6 Angiography Reports & Plates
 - 1.2.7.7 Any other Investigation Report
 - 1.2.8 Employer Certificate, where applicable
 - 1.2.9 Leave records and mediclaim details, where applicable
 - 1.2.10 KYC documents (Photo Id & address proof)
 - 1.2.11 Any other document as the company may require depending on type / cause of claim
- 1.3 The Company reserves the right to call for further medical examinations if required. The same would be done by a Specialist appointed by the Company for this purpose. You may also be required to undergo any diagnostic tests at any of the diagnostic centers appointed by the Company.
- 1.4 In case of any failure:
 - 1.4.1 to provide the required proof of diagnosis or
 - 1.4.2 to submit any additional medical examinations, as required by the company or
 - 1.4.3 to undergo any tests at any of the diagnostic centres appointed by the company
 - 1.4.4 the company shall reject the claim and shall not be liable to refund any premiums paid under this rider.
- 1.5 Claim should be filed with Us at the earliest possible time following the claim event. Please note that delays may impact the claim settlement process. We reserve the right to request additional information or documentation to verify the validity of the claim and ensure a fair and efficient settlement process.
- 1.6 We will reckon the date of occurrence of critical illness, for the above purpose as well as for the purpose of evaluating waiting period, as the date of diagnosis of the illness or condition.
- 1.7 We may ask for additional information related to the claim.
- 1.8 The critical illness claim will not be admissible, if it falls under the exclusion list or if it is diagnosed during the waiting period or if the life assured dies during the survival period or if there is suppression of material facts or non-disclosure of material facts.
- 1.9 For some of the CIs, it might take a few months to ascertain the severity of the illness and the claim if admissible would be paid only after the stipulated months have elapsed. All due premiums shall continue to be paid until the claim is accepted.
- 1.10 If the claim is accepted, we will refund the premiums paid after the date of diagnosis of the illness or condition.

- 1.11 We will pay the claim if found admissible.
- 1.12 For any claim related assistance, call Us at Our Claims Helpline on Toll free Number – 18002679090 (Timings: 24x7)

2 Surrender

- 2.1 We will require the Rider Document and other documentation as per our extant requirements to process the Surrender claim as given in Terms & Conditions of the Master Policy Document

IV. CONDITIONS FOR CANCELLATION OF THE POLICY

1 Free Look Period

- 1.1 Please refer “Free Look Period” clause under “Conditions for Cancellation of the Policy” as given in Terms & Conditions of the Master Policy Document for details pertaining to the Free Look Period . Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>

2 Surrender

- 2.1 The Rider may be surrendered by the master policyholder / member at any time during the Rider Term with or without the surrender of the Base Policy.
- 2.2 If You Surrender Your Rider during the Rider Term, then We will pay the Unexpired Risk Premium in accordance with Clause II(9)(9.2) of the Rider.

3 Termination of Rider:

- 3.1 Group Accelerated Critical Illness Rider cover shall terminate on the earliest of the following:
 - 3.1.1 The date on which base policy is terminated
 - 3.1.2 The date of expiration of the cover for Insured member
 - 3.1.3 The date on which the member is no longer an eligible member for the rider cover.
 - 3.1.4 The end of the policy year during which the insured ,member attains the cover ceasing age for Group Accelerated Critical Illness Rider cover or such other age as may be agreed by the Company and the Master Policyholder in writing.
 - 3.1.5 Date on which we pay the claim for the rider.
 - 3.1.6 Group Accelerated Critical Illness Rider cover may be terminated on Annual Renewal Date by either the master policyholder or the Company by giving thirty days advance written notice to the other party, before the Annual Renewal Date on which such termination shall be effective. Termination shall be without prejudice to any claim originating prior to the effective date of termination. However, the Group Accelerated Critical Illness Rider cover shall automatically terminate if it is not renewed by the Master Policy Holder on the Annual Renewal Date within the grace period.
 - 3.1.7 Payment of the Free Look cancellation amount of Base Policy or Rider
 - 3.1.8 Payment of Unexpired Risk Premium of Base Policy or Rider
 - 3.1.9 Expiry of the Revival Period for a Lapsed Policy
 - 3.1.10 Death of the Insured Members

V. CONDITIONS FOR GRIEVANCE REDRESSAL

1. Please refer to “Conditions for Grievance Redressal” as given in Terms & Conditions of the Master Policy Document” for details pertaining to the Grievance Redressal. Please refer to the following link: <https://www.sbilife.co.in/en/group-insurance/corporate-plans>
[List of addresses of Insurance Ombudsmen is given in Master Policy Document for reference.]

VI. OTHER TERMS AND PROVISIONS

1. Please refer to “*Other Terms and Provisions*” as given in Terms & Conditions of the Master Policy Document” for details pertaining to other terms and provision such as communications, taxation, assignment, governing laws and jurisdiction etc. Please refer to the following link:
<https://www.sbilife.co.in/en/group-insurance/corporate-plans>
2. **Section 45 of the Insurance Act 1938, as amended from time to time**
On cancellation of Base Policy, the Rider will also get cancelled. Section 45 for the Rider shall be applicable from the date of attachment of Rider to the Base Policy or from the date of revival of the Rider, as applicable.
[A Leaflet containing the simplified version of the provisions of Section 45 is given in Master Policy Document for reference.]

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