



जीवन बीमा लेख (मुल बीमालेख) अन्तर्गत रक्षावरण गरिएका १५ घातक रोग लागेमा ऐच्छिक सुविधा दिने बारेको पूरक करार

यस पूरक करारनामाको लागि बीमालेखमा उल्लेख भए बमोजिमको बीमाशुल्क (घातक रोग समेतको) कम्पनीलाई भुक्तानी भैसकेको र बीमित जीवन बीमा प्रस्ताव फारममा उल्लेख गरे भन्दा अन्य कुनै खतरनाक (बढी जोखिमपूर्ण) उद्यममा लागेको लागेको छैन र उक्त प्रस्ताव फारममा साथै व्यक्तिगत स्वास्थ्य विवरण र मेडिकल जाँच रिपोर्टमा उल्लेख गरिएको विवरण सही हुनको साथै यो पूरक करारनामा जारी भएको वा पूनर्जागरण गरिएको ९० दिनको प्रतिक्षा अवधि पश्चात बीमितलाई तल उल्लेखित तथा यसै साथ संलग्न रहेका घातक रोगको परिभाषा अन्तर्गत परिभाषित कुनै घातक रोग लागेको पहिचान भएमा साथै घातक रोगको पहिचान भएको ३० दिन सम्म बीमित जीवित रहेमा तपसिल बमोजिम शर्तहरूको अधिनमा रही घातक रोग वापतको बीमाङ्क रकम बीमितलाई भुक्तानी गरिने छ। एउटा सुविधा वापतको रकम भुक्तानी गरिसके पश्चात यो पूरक करारको अन्त्य हुन्छ। तर रोगको पहिचान (Diagnose) गरेको ३० दिन भित्र बीमितको मृत्यु भएमा यस सुविधा वापतको थप रकम भुक्तानी दिइने छैन।

यो पूरक करारलाई बीमालेख साथ नथी गरि राख्नु पर्नेछ र यसलाई बीमालेखको अभिन्न अङ्ग मानिनेछ र बीमालेखको अनुसूचीमा यसको क्रमाङ्क उल्लेख भएमा वा बीमालेखको सम्पुष्टी खण्डमा जनाइएमा मात्र यो पूरक करारको कानुनी मान्यता हुनेछ।

1. Cancer
2. Kidney Failure
3. Primary Pulmonary Arterial Hypertension
4. Multiple Sclerosis
5. Major Organ Transplant
6. Coronary Artery by-pass graft
7. Surgery to Aorta
8. Heart Valve Surgery
9. Stroke
10. Myocardial Infraction (First Heart Attack)
11. Coma
12. Total Blindness
13. Paralysis
14. Benign Brain Tumor
15. Major Head Trauma



परिभाषा

१. रोग पहिचान भएको (Diagnosed)

रोग पहिचान भएको भन्नाले यस पूरक करारमा उल्लेखित घातक रोगको लागि निश्चित गरिएको प्रमाणको आधारमा वा रोग संग संबन्धित विकिरण शास्त्रिय (Radiological) , प्रयोगशाला (Laboratory) प्रमाण वा कम्पनीलाई स्विकार्य हुने अन्य रोग एकिन हुने प्रमाणका आधारमा चिकित्सकद्वारा गरिएको अन्तिम रोग पहिचान (Diagnose) लाई बुझाउँछ। रोग पहिचानको उपयुक्तता वा सत्यता सम्बन्धमा बीमितले पेश गरेका प्रमाणहरूलाई कम्पनीद्वारा चिकित्सा क्षेत्रमा कार्यरत विशेषज्ञलाई जाँच गराउनु सक्नेछ र उक्त विशेषज्ञको राय बीमित तथा कम्पनी दुबैलाई मान्य हुनेछ।

२. चिकित्सक

चिकित्सक भन्नाले नेपाल मेडिकल काउन्सिलमा दर्ता भई Medical Practitioner को प्रमाणपत्र प्राप्त गरेको चिकित्सकको रूपमा कार्य गर्ने व्यक्तिलाई बुझाउने छ।

३. रक्षावरण गरिएको घातक रोग

यस पूरक करार अन्तर्गत माथि उल्लेखित तथा यसै साथ संलग्न अनुसूचीमा परिभाषित गरिएका मात्र रक्षावरण गरिएका घातक रोग भनी बुझिनेछ।

४. निको नहुने (Irreversible)

निको नहुने भन्नाले उपलब्ध चिकित्सकिय औषधि उपचार तथा शल्यक्रिया गर्दा समेत कुनै सुधार नहुने रोगलाई जनाउँछ।

५. स्थायी (Permanent)

स्थायी भन्नाले जीवन अवधि भर अर्थात सधैको लागि रहि रहने भन्ने जनाउँछ।

घातक रोग अन्तर्गत विशेष शर्तहरू

१. प्रतिक्षा अवधि (Waiting Period)

प्रतिक्षा अवधि भन्नाले बीमालेख जारी गरेको वा पूनर्जागरण गरिएको मिति देखि ९० दिनको अवधिलाई बुझाउँछ। बीमालेख जारी गरेको पूनर्जागरण गरिएको ९० दिनको प्रतिक्षा अवधि भित्र रोगको पहिचान भएमा यो ऐच्छिक सुविधा वापतको रकम भुक्तानी दिइने छैन र यो पूरक करार रद्द गरिने छ तर मुख्य बीमालेख चालु रहिरहनेछ।

२. जीवित अवाधि (Survival Period)

बीमालेखको साथै संलग्न पूरक करार चालु रहेको अवस्थामा ९० दिनको प्रतिक्षा अवधि पश्चात रोग पहिचान भएको ३० दिन सम्म बीमित जीवित रहेमा ऐच्छिक सुविधा Critical Illness अन्तर्गत पहिचान भएको रोग वापतको बीमाङ्क रकम बीमितलाई भुक्तानी गरिनेछ तर रोग पहिचान भएको ३० दिन भित्र बीमितको मृत्यू भएमा यस सुविधा वापतको थप रकम भुक्तानी दिइने छैन तर मुख्य बीमालेख अन्तर्गत भुक्तानी गर्नु पर्ने रकम भने इच्छाईएको व्यक्तिलाई भुक्तानी गरिनेछ।

३. मूल्याङ्कन अवधि (Assessment Period)

मूल्याङ्कन अवधि भन्नाले बीमितको स्वास्थ्य अवस्थाको बारेमा यही नै हो भनि निक्कौल गर्नु पूर्व उसको स्वास्थ्यको जाँच बुझ्नु गर्ने अवधि हो। यो मूल्याङ्कन अवधि सम्बन्धी रोगको परिभाषामा उल्लेख गरे बमोजिमको निम्नतम अवधि वा १२ महिनामा जुन रकम हुन्छ सोही बमोजिम हुनेछ जुन सम्पूर्ण प्रमाणहरूको आधारमा तय गरिन्छ।

४. चिकित्सकिय लक्षण सहितको स्थायी रूपमा स्नायूमा भएको क्षती (Permanent Neurological deficit with Persisting clinical symptoms) स्नायु प्रणालीको कार्यमा देखा पर्ने अवरोध जुन बीमितको जीवन अवधिभर नै रही रहन्छ र जसलाई विभिन्न चिकित्सकिय माध्यमबाट गरिने जाँचबाट प्रमाणित गरिन्छ। यसमा देखा पर्ने लक्षणमा झमझमाउने, पक्षघात हुने, शरिरको अंग हरूमा हुने कमजोरी, बोलनमा, निलनमा, हेर्नमा, हिड्नमा कठिनाई हुनु, छारेरोग, पागलपन, वेहोशीमा बरबराउने र कोमा आदी जस्ता रोगहरू पर्दछन।

५. व्यतित पूरक करार क्रियाशिल हुने अवस्था

यो पूरक करार बीमालेखको शर्तहरूको अधिनमा रहनेछ। तर बीमाशुल्क भुक्तानी भै बीमालेख चालु नभए सम्म वा व्यतित भएको भए पूनर्जागरण नभए सम्म यो पूरक करार लागु हुने छैन।

६. समावेश नहुने जोखिमहरू (Exclusions)

Critical Illness Benefit अन्तर्गत प्रत्यक्ष वा अप्रत्यक्ष रूपले हुने निम्न जोखिमहरू रक्षावरण गर्ने छैन:

क) रक्षावरण गरिएको घातक रोगको दावी गर्दा यदी बीमित एड्स(AIDS, Acquired Immune Deficiency Syndrome) संक्रमित भनि पहिचान (Diagnosed) भएको पाइएमा, एच.आई. वी. (HIV, Human Immune Virus) संक्रमण भएको भनि पहिचान (Diagnosed) भएको पाइएमा।

ख) बीमा जारी गर्नु अथवा पूनर्जागरण गर्नु भन्दा पहिला (पूर्व विध्यमान कुनै पनि रोग भएमा र प्रत्यक्ष अप्रत्यक्ष रूपमा उक्त रोगको कारणबाट दावी परेमा उल्लेखित

घातक रोग अन्तर्गत कुनै पनि रकम भुक्तानी गरिने छैन। पहिला नै भएको रोग अर्थात (Pre Existing Illness) भन्नाले बीमा गर्ने व्यक्तिलाई आफुलाई भएको रोग बारे निम्न प्रकारको जानकारी भएको।

- बीमितले बीमा जारी गर्नु पूर्व कुनै रोगको उपचार गरेको वा उपचार गराइरहेको भए।
- औषधि सेवन, उपचार सम्बन्धी सुझाव, कुनै रोगको पहिचान अथवा उपचारको लागि चिकित्सकिए सल्लाह सुझाव लिएको।
- कुनै अस्वस्थता वा फरक प्रकारको लक्षण देखा पर्ने वा रोगको लक्षण देखिएमा।
- रोगको लक्षण विद्यमान रहेको र बीमितलाई सो कुराको विवेक संगत ज्ञान भएको शारिरिक अवस्थालाई बुझाउनेछ।

ग) जानीबुझि वा अन्जानमा लागु पदार्थ अथवा मादक पदार्थ सेवनको कारण भएको हानी।

घ) बीमितद्वारा कुनै पनि मानव अंगहरुलाई दान गरेमा।

ङ) आत्महत्याको कारण भएको मृत्यू।

च) मूल बीमालेखले रक्षावरण नगरेका जोखिमहरु भएमा।

७. स्वतः खारेजी

देहायको अवस्थामा यो पूरक करारनामा स्वतः रद्द भई यस बारे कुनै बारे कुनै कारबाही हुने छैन।

क) बीमालेख वा पूरक करारनामा अन्तर्गत तिर्नु पर्ने कुनै बीमाशुल्क भुक्तान नगरी बीमालेख व्यतित भएमा।

ख) यस पूरक करारनामा अन्तर्गतको बीमाङ्क रकमको सुविधा पहिलानै उपभोग गरिसकेमा।

ग) बीमालेख चालु नरही चुक्ता अवस्थामा बदलिएमा वा अन्य कारणबाट खारेज भएमा।

८. ऐच्छिक सुविधाको सिमाङ्क निर्धारण

यस पूरक करार अन्तर्गतको ऐच्छिक सुविधा (घातक रोग) कार्यन्वयनको लागि ऐच्छिक सुविधाको बीमाङ्क बराबर वा रु.५०,००,०००/- (अक्षरूपी पचास लाख) मध्ये जुन कम हुन्छ सो रकम मात्र भुक्तानी गरिनेछ।

९. दाबी सूचना

घातक रोगको पहिचान भएको मिति बाट ३० दिन भित्र दाबीको लिखित सूचना कम्पनीलाई दिनुपर्नेछ। कम्पनीले माग गरे अनुसारको चिकित्सकिय प्रमाण सहित घातक रोग वा शल्यक्रियाको लिखित प्रमाण त्यस्तो घातक रोग पहिचान वा शल्यक्रिया सम्पन्न

भएको ३० दिन भित्र पेश गर्नु पर्नेछ। कम्पनीलाई यथा सम्भव छिटो दाबीको सूचना दिनु पर्नेछ।

घातक रोगको परिभाषा (Definitions of Critical Illness):

1. Cancer

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The diagnosis must be confirmed by a Specialist. Unless not specifically excluded, leukemia, malignant lymphoma and myelodysplastic syndrome are covered under this definition.

For the above definition, the following are not covered:

- Any tumour histologically classified as pre- malignant, non-invasive or carcinoma in situ (including ductal and lobular carcinoma in situ of the breast and cervical dysplasia CIN-1, CIN-2 and CIN-3)
- Any prostate cancer unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Chronic lymphocytic leukaemia unless having progressed to at least Binet Stage B
- Basal cell carcinoma and squamous cell carcinoma of the skin and malignant melanoma stage IA (T1aN0M0) unless there is evidence for metastases
- Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0
- Papillary micro-carcinoma of the bladder histologically described as Ta
- Polycythemia rubra vera and essential thrombocythemia
- Monoclonal gammopathy of undetermined significance
- Gastric MALT Lymphoma if the condition can be treated with Helicobacter- eradication
- Gastrointestinal stromal tumour (GIST) stage I and II according to the AJCC Cancer Staging Manual, Seventh Edition (2010)

- Cutaneous lymphoma unless the condition requires treatment with chemotherapy or radiation
- Microinvasive carcinoma of the breast (histologically classified as T1mic) unless the condition requires mastectomy, chemotherapy or radiation
- Microinvasive carcinoma of the cervix uteri (histologically classified as stage IA1) unless the condition requires hysterectomy, chemotherapy or radiation.

2. Kidney Failure

Chronic and irreversible failure of both kidneys, as a result of which either regular haemodialysis or peritoneal dialysis is instituted or renal transplantation is carried out. The dialysis must be medically necessary and confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

- Acute reversible kidney failure with temporary renal dialysis

3. Primary Pulmonary Arterial Hypertension

A definite diagnosis of primary pulmonary hypertension evidenced by all of the following:

- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of 3 months
- Mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation

The diagnosis must be confirmed by a Consultant Cardiologist or Lung Specialist.

For the above definition, the following are not covered:

- Pulmonary hypertension secondary to lung, heart, or systemic disease
- Chronic thromboembolic pulmonary hypertension (CTEPH)
- Drug- or toxin-induced pulmonary hypertension

4. Multiple Sclerosis

Definite diagnosis of multiple sclerosis, which must be confirmed by a Consultant Neurologist and supported by all of the following criteria:

- Current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months
- Magnetic resonance imaging (MRI) showing at least two lesions of demyelination in the brain or spinal cord characteristic of multiple sclerosis

For the above definition, the following are not covered:

- Possible multiple sclerosis and neurologically or radiologically isolated syndromes suggestive but not diagnostic of multiple sclerosis
- Isolated optic neuritis and neuromyelitis optica

5. Major Organ Transplant

The undergoing as a recipient of an allograft or isograft transplant of one or more of the following:

- Heart
- Kidney
- Liver (including split liver and living donor liver transplantation)
- Lung (including living donor lobe transplantation or single-lung transplantation)
- Bone marrow (allogeneic hematopoietic stem cell transplantation preceded by total bone marrow ablation)
- Small bowel
- Pancreas

Partial or full face, hand, arm and leg transplantation (composite tissue allograft transplantation) is covered under this definition, too. The condition leading to transplantation must be deemed untreatable by any other means, as confirmed by a Specialist.

For the above definition, the following are not covered:

- Transplantation of other organs, body parts or tissues (including cornea and skin)
- Transplantation of other cells (including islet cells and stem cells other than hematopoietic)

6. Coronary artery by-pass graft

The undergoing of heart surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts. Heart surgery with full sternotomy (vertical division of the breastbone) and minimally invasive procedures (partial sternotomy or thoracotomy) are covered. The surgery must be determined to be medically necessary by a Consultant Cardiologist or Cardiac Surgeon and supported by coronary angiogram findings.

For the above definition, the following are not covered:

- Bypass surgery to treat narrowing or blockage of one coronary artery
- Coronary angioplasty or stent-placement

7. Surgery of the Aorta

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.

For the above definition, the following are not covered:

- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta

8. Heart Valve Surgery

The undergoing of surgery to replace or repair one or more defective heart valves. The following procedures are covered under this definition:

- Heart valve replacement or repair with full sternotomy (vertical division of the breastbone), partial sternotomy or thoracotomy
- Ross-Procedure
- Catheter-based valvuloplasty
- Transcatheter aortic valve implantation (TAVI)

The surgery must be determined to be medically necessary by a Consultant Cardiologist or Cardiac Surgeon and supported by echocardiogram or cardiac catheterisation findings.

For the above definition, the following are not covered:

- Transcatheter mitral valve clipping

9. Stroke

Death of brain tissue due to an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage (including subarachnoid haemorrhage), or embolism from an extracranial source with

- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination.

The neurological deficit must persist for more than 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by imaging findings.

- For the above definition, the following are not covered:
- Transient Ischaemic Attack (TIA) and Prolonged Reversible Ischaemic Neurological Deficit (PRIND);
- Traumatic injury to brain tissue or blood vessels

- Neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention
- Incidental imaging findings (CT- or MRI-scan) without clearly related clinical symptoms (silent stroke)

10. Myocardial Infarction (First Heart Attack)

A myocardial infarction is death of heart tissue due to prolonged obstruction of blood flow. Under this definition, myocardial infarction is evidenced by a rise and/or fall of cardiac biomarkers (troponin or CKMB) to levels considered diagnostic of myocardial infarction together with at least two of the following criteria:

- Symptoms of ischaemia (like chest pain)
- Electrocardiogram (ECG) changes indicative of new ischaemia (new ST-T changes or new left bundle branch block)
- Development of pathological Q waves in the ECG

The diagnosis must be confirmed by a Consultant Cardiologist.

For the above definition, the following are not covered:

- Acute coronary syndrome (stable or unstable angina)
- Elevations of troponin in the absence of overt ischemic heart diseases (e.g. myocarditis, apical ballooning, cardiac contusion, pulmonary embolism, drug toxicity)
- Myocardial infarction with normal coronary arteries or caused by coronary vasospasm, myocardial bridging or drug abuse
- Myocardial infarction that occurs within 14 days after coronary angioplasty or bypass surgery

11. Coma

A definite diagnosis of a state of unconsciousness with no reaction or response to external stimuli or internal needs, which:

- results in a score of 8 or less on the Glasgow coma scale for at least 96 hours,
- requires the use of life support systems, and
- results in a persistent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Medically induced coma
- Any coma due to self-inflicted injury, alcohol or drug use

12. Total Blindness

Profound vision loss of both eyes resulting from either disease or trauma that cannot be corrected by refractive correction, medication, or surgery. Profound vision loss is evidenced by either a visual acuity of 3/60 or less (0.05 or less in the decimal notation) in the better eye after best correction or a visual field of less than 10° diameter in the better eye after best correction. The diagnosis must be confirmed by a Consultant Ophthalmologist.

13. Paralysis

Total and irreversible loss of muscle function to the whole of any 2 limbs as a result of injury to, or disease of the spinal cord or brain. Limb is defined as the complete arm or the complete leg. Paralysis must be present for more than 3 months, confirmed by a Consultant Neurologist and supported by clinical and diagnostic findings.

For the above definition, the following are not covered:

- Paralysis due to self-harm or psychological disorders
- Guillain-Barré-Syndrome
- Periodic or hereditary paralysis

14. Benign brain tumor

A definite diagnosis of a benign (non-malignant) brain tumour, located in the cranial vault and originating from tissue of the brain, meninges or cranial nerves. The tumour must be treated with at least one of the following:

- Complete or incomplete surgical removal
- Stereotactic radiosurgery
- External beam radiation

If none of the treatment options is possible due to medical reasons, the tumour must cause a persistent neurological deficit, which has to be documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by imaging findings.

For the above definition, the following are not covered:

- The diagnosis or treatment of any cyst, granuloma, hamartoma or malformation of the arteries or veins of the brain
- Tumours of the pituitary gland

15. Major Head Trauma

A definite diagnosis of a disturbance of the brain function as a result of traumatic head injury. The head trauma must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery. Activities of Daily Living are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.

- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by typical imaging findings (CT scan or brain MRI).

For the above definition, the following are not covered:

- Any major head trauma due to self-inflicted injury, alcohol or drug use

Exclusions:

The following are the minimum required exclusions for the Juvenile Critical Illness cover. Additional exclusions may be disease-specific and would be incorporated into the definition of the disease. Benefits shall not be paid in case of claims arising as a result of any of the following:

1. Diseases in the presence of an HIV infection;
2. Diseases that have previously occurred in the life insured (i.e. the benefit is payable only if the disease is a first incidence, regardless of whether the earlier incidence occurred before the individual was covered or whether the insured was covered by another insurer);
3. Any diseases occurring within 90 days of the start of coverage (i.e. during the waiting period) and any diseases causing the death of the insured within 30 days of the incidence of the illness (i.e., the survival period);
4. For any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the policy period or for which a claim has or could have been made under any earlier policy;

5. Any congenital condition;
6. Intentional self-inflicted injury, attempted suicide, while sane or insane;
7. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
8. Failure to seek or follow medical advice;
9. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
10. Service (including peace time training) in any naval, military, police, air force or similar service;
11. 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;
12. Participation by the insured person in a criminal or unlawful act;
13. Any illness incurred before the effective date of the cover;
14. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
15. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
16. Any exclusions under the basic policy;
17. Any other additional exclusions, under the Company's policy document pertaining to this benefit shall form a part of this agreement