

The new

《《《 SUPER PROTECTOR 》》》

LIFE PLAN



Payout for your family in
your absence



Payout to you in case of
34 major illnesses like Heart Attack,
Cancer, Kidney Failure, etc. (optional*)



A Non-Par Non-Linked Life Individual Pure Risk Insurance Product



*The critical illness benefit is an accelerated benefit and the death benefit will be reduced by the critical illness cover paid to the policyholder. This is available only under Life & Health and All in One Options.



A Non-Par Non-Linked Life Individual Pure Risk Insurance Product

You strive to provide comfort, happiness, and security to your family and you would want your family's future to be secure at all times.

ICICI Pru iProtect Smart gives you the flexibility to design your safety net so that you can protect your family's future to ensure that they lead their lives comfortably without any financial worries, even in your absence. This plan offers you the option to enhance your coverage against Accidental Death and Accelerated Critical Illnesses and hence ensuring a 360 degree cover on your life and is also available for sale through online mode.

Key features



Enhanced protection: Coverage against death, terminal illness and disability



Comprehensive additional benefits: Option to choose Accidental Death Benefit and Accelerated Critical Illness Benefit



Special premium rates for non-tobacco users



Special discount on first year's premium for salaried customers



Need based benefit payout: Choose to receive the benefit amount as a lump sum or as monthly income for 10/ 20/ 30 years or a combination of both



Flexibility to pay premiums once, for a limited period or throughout the policy term



Tax Benefits may be applicable on premiums paid and benefits received as per the prevailing tax laws

Key benefits for women



15% discount on premium rates for life cover (Death Benefit) as compared to male lives






Special premium rates for Accelerated Critical Illness Benefit



Covers female organ cancers such as breast cancer and cervical cancer under Accelerated Critical Illness Benefit

How does this plan protect you

You can choose your level of protection by selecting one of the below benefit options:

Benefit Option	Benefits
 Life	Death Benefit + Terminal Illness + Waiver of Premium on permanent disability
 Life Plus	Death Benefit + Terminal Illness + Waiver of Premium on permanent disability + Accidental Death Benefit
 Life & Health	Death Benefit + Terminal Illness + Waiver of Premium on permanent disability + Accelerated Critical Illness Benefit
 All in One	Death Benefit + Terminal Illness + Waiver of Premium on permanent disability + Accidental Death Benefit + Accelerated Critical Illness Benefit

Your premium will vary depending on the benefit option chosen.

Sample premiums

The premiums for various ages and benefit options are given below

Age	Benefit Option			
	Life	Life Plus	Life and Health	All in One
30	9,036	15,036	14,112	20,112
35	12,095	18,095	20,841	26,841
40	18,706	24,706	33,055	39,055
45	27,750	33,750	50,685	56,685
50	41,848	47,848	76,830	82,830

Above premiums are applicable for a healthy non-smoker non-salaried male life with annual mode of payment and premiums paid regularly for the policy term of 20 years with lumpsum payout option with Life Cover: 1 Crore, Accidental Death Benefit: 1 Crore, Accelerated Critical Illness Benefit: 25 lakh as applicable under the benefit option. Goods and Services tax and/or applicable cesses (if any) as per applicable rates will be charged extra.

Accidental Death Benefit and Accelerated Critical Illness Benefit have to be chosen at Policy inception. They cannot be added to your Policy during the Policy term.

Benefits in detail



A. Life Option

1. We will pay the Death Benefit (DB) to your nominee/legal heir, on the first occurrence of either

- Death of the Life Assured, or
- Diagnosis of Terminal Illness

The policy will terminate on payment of this benefit.

Death Benefit shall be payable as follows:

Premium Payment Option	Death Benefit
Single Pay	Higher of: <ul style="list-style-type: none">• 125% of the Single Premium or• Sum Assured chosen by you
Regular Pay and Limited Pay	Higher of: <ul style="list-style-type: none">• 7 times the annualized premium or• 105% of the total premiums received up to the date of death or diagnosis of terminal illness or• Sum Assured chosen by you

In the event of the death of the Life Assured or where the Life Assured is diagnosed with terminal illness on the Date of Maturity then Death Benefit shall not be payable.

On diagnosis of Permanent Disability (PD) due to an accident, the future premiums under your policy for all benefits are waived. We understand that paying future premiums to continue your life cover may be a burden in case of a disability. That is why this feature ensures that you do not need to pay your future premiums to continue your protection.



B. Life Plus Option

In addition to the benefits under the Life Option, you are also covered for Accidental Death (AD) Benefit. In case of death due to an accident within Accidental Death Benefit term, we will pay your nominee/legal heir AD Benefit as lump sum. This benefit ensures that you enhance your coverage significantly at very affordable rates. The policy will terminate on payment of these benefits.

In the event of an accident on the Date of Maturity of Accidental Death Benefit term resulting in the death of the Life Assured, Sum Assured for ADB shall not be payable.

In case no AD Benefit is triggered within the AD Benefit term, then AD Benefit will terminate and premiums corresponding to it will not be payable. However You would be required to pay premiums for all other Benefits to keep the policy in force.



C. Life & Health Option

In this option, along with the benefits under the Life Option, you are also covered for the Accelerated Critical Illness Benefit (ACI Benefit). The ACI Benefit offers you coverage against 34 critical illnesses. When a major illness strikes, it can place a huge burden on your family, not only because of the cost of medical care but also because you may not be able to work. To protect you against this, we will pay you the ACI Benefit, as a lump sum to meet your financial needs. The benefit is payable irrespective of the actual expenses incurred by the policyholder.

This benefit is payable, on first occurrence of any of the covered 34 illnesses. The ACI Benefit, is accelerated and not an additional benefit which means, the policy will continue with the Death Benefit reduced by the extent of the ACI Benefit paid. Premium payment on account of ACI Benefit will cease after payout of ACI Benefit and the future premiums payable under the policy for death benefit will reduce proportionately. If ACI Benefit paid is equal to the Death Benefit, then the policy will terminate on payment of the ACI Benefit to policyholder/ Claimant as the case maybe. In case of incidences covered under accidental Permanent Disability as well as Critical Illness, benefits shall be paid out under both the options.

In the event the life assured is diagnosed with any of the covered critical illness on the Date of Maturity of ACI term, then no ACI benefit is payable.

In case no ACI Benefit is triggered within the ACI Benefit term, then ACI Benefit will terminate and premiums corresponding to it will not be payable. However You would be required to pay premiums for all other Benefits to keep the policy in force.



D. All in One Option

In this option, along with the benefits under Life Option, you are covered for both Accidental Death Benefit and Accelerated Critical Illness Benefit.

Covered Critical Illnesses

Sr. No.	Critical Illness	Categories
1	Cancer of specified severity	Cancer
2	Angioplasty*	Heart and Artery Benefit
3	Myocardial Infarction (First Heart Attack - of specified severity)	
4	Heart Valve Surgery (Open Heart Replacement or repair of Heart Valves)	
5	Surgery to aorta	
6	Cardiomyopathy	
7	Primary (Idiopathic) Pulmonary hypertension	
8	Open Chest CABG	Major Organ Benefit
9	Blindness	
10	End stage Lung Failure (Chronic Lung Disease)	
11	End stage Liver Failure (Chronic Liver disease)	
12	Kidney Failure Requiring Regular Dialysis	
13	Major Organ/ Bone Marrow Transplant	Brain and Nervous System Benefit
14	Apallic Syndrome	
15	Benign Brain Tumour	
16	Brain Surgery	
17	Coma of specified Severity	
18	Major Head Trauma	
19	Permanent Paralysis of Limbs	
20	Stroke resulting in permanent symptoms	
21	Alzheimer's Disease	
22	Motor Neurone Disease with Permanent Symptoms	
23	Multiple Sclerosis with Persisting Symptoms	
24	Muscular Dystrophy	
25	Parkinson's Disease	
26	Poliomyelitis	Others
27	Loss of Independent Existence	
28	Loss of Limbs	
29	Deafness	
30	Loss of Speech	
31	Medullary Cystic Disease	
32	Systematic lupus Eryth with Renal Involvement	
33	Third degree Burns (Major Burns)	
34	Aplastic Anaemia	

Please read the definitions and exclusions mentioned in the Terms & Conditions.

*The ACI Benefit for Angioplasty is subject to a maximum of ₹ 5,00,000. On payment of this benefit for Angioplasty, if the ACI Benefit is more than ₹ 5,00,000 the policy will continue for other CIs with ACI Benefit reduced by Angioplasty payout. The future premiums payable for the residual ACI Benefit shall be reduced proportionately.

Death Benefit payout options

You buy a term plan with an objective that your loved ones lead their lives comfortably without any financial worries, even in your absence. ICICI Pru iProtect Smart works as a “Life Continuity plan” for your loved ones by providing the flexibility to take the Death Benefit in a way that meets your family’s financial requirement. The Death Benefit payout option has to be selected by you at Policy inception and it cannot be changed during the Policy Term. The Death Benefit can be paid to your beneficiary as:

1. **Lump sum:** the entire benefit amount is payable as a lump sum
2. **Income:** A percentage of the benefit amount is payable every year throughout the Income term of 10, 20 or 30 years, as chosen by you at policy inception. This will be paid in equal monthly instalments in advance at a defined rate of death benefit amount given in the table below.

The income term wise benefit amount payable is given below:

Income Term (in years)	% of Death Benefit payable every year	% of Death Benefit payable monthly in advance
10	$100\%/10 = 10\%$	$10\%/12 = 0.83333\%$
20	$100\%/20 = 5\%$	$5\%/12 = 0.41667\%$
30	$100\%/30 = 3.33\%$	$3.33\%/12 = 0.27778\%$

The beneficiary can also advance the first year’s income as lump sum. In such a case, the monthly income (payable in equal monthly instalments), at a different rate than above, will start from the subsequent month for the remaining income term (total income term less 1 year), at a defined rate of the death benefit amount as given below:

Income Term (in years)	% of Death Benefit payable monthly if year 1 benefit is taken as Lumpsum
10	0.80%
20	0.40%
30	0.27%

3. **Lump sum and Income:** The total amount payable on death or terminal illness under this option will be equal to the Death Benefit reduced by ACI benefit paid, if any. The Death Benefit will be paid as a combination of income and lump sum payout options. The percentage of the Death Benefit to be paid out as lump sum is chosen at inception. The balance Death Benefit will be paid out in equal monthly instalments in advance, for the chosen Income Term at a defined rate of death benefit as given in option 2 (Income payout option) above.
4. **Increasing Income:** The benefit amount is payable in monthly installments for 10 years starting with 10% of the benefit amount per annum in the first year. The income amount will increase by 10% per annum simple interest every year thereafter. Sum of total monthly benefits payable over 10 years is equal to 145% of the death benefit amount reduced by ACI benefit paid, if any.

At the time of death claim approval and at any time after the start of monthly income, the Claimant will have the option to convert the outstanding monthly income into lump sum pay out and the policy will terminate after the lump sum payout. The lump sum amount will be the present value of future payouts calculated at a discount rate as given below:

At the time of death claim approval: 4% p.a.

At any time after the payment of first monthly income: Higher of 4% and 10-year Government Securities yield, rounded to nearest 0.25%. The yield on 10-year Government Securities will be sourced from www.bloomberg.com. This discount rate will be reviewed twice every year on 1st of June and 1st of December.

The premium for your policy will vary based on the Death Benefit payout option and income term chosen.

Life stage protection

Responsibilities change with time and your protection cover should match those responsibilities. If your policy is a Regular pay policy, ICICI Pru iProtect Smart offers the flexibility to increase the level of protection of Life Assured at key life stages of marriage and child birth/ adoption of child, without any medicals as below.

Event	Additional Sum Assured (percentage of original Sum Assured)	Maximum additional Sum Assured
Marriage	50%	₹ 50,00,000
Birth / Legal adoption of 1 st child	25%	₹ 25,00,000
Birth / Legal adoption of 2 nd child	25%	₹ 25,00,000

Additional premium will be calculated based on the increased Sum Assured and outstanding policy term as per your age at the time of each such increase.

Eligibility conditions

Premium Payment Options	Premium Payment Term	Minimum/Maximum Policy Term	Minimum/Maximum age at entry
Single Pay*	Single	5 years / 20 years	18/65 years
Regular Pay	Equal to policy term	5 years / 85 years less age at entry	18/65 years
		Whole Life (99 years less age at entry)	
Limited Pay	5, 7, PT- 5 years	10 years / 85 years less age at entry	18/65 years
	10 years	15 years / 85 years less age at entry	
		Whole Life (99 years less age at entry)	
	15 years	21 years / 85 less age at entry	18/65 years
	60 years less age at entry	PPT+ 5 years / 85 years less age at entry	18/55 years
		Whole Life (99 years less age at entry)	
Minimum Premium		₹ 2,400 excluding applicable taxes such as Goods and Services tax and/or cesses	
Accidental Death Benefit		Minimum: ₹ 1,00,000 Maximum: 3 times of the Sum Assured chosen by you at the inception, subject to a maximum limit as per the Board Approved Underwriting Policy Accidental death Benefit will be for the policy term or (80-Age at entry), whichever is lower	
Accelerated Critical Illness (ACI) Benefit		Minimum: ₹ 1,00,000 Maximum: As per the Board Approved Underwriting Policy. ACI Benefit is not available for Single Pay policies ACI Benefit would be for the policy term or 30 or (75-Age at entry), whichever is lower	
Minimum Sum Assured		Subject to the minimum premium	
Maximum Sum Assured		Unlimited	
Mode of Premium Payment		Single, Yearly, Half-yearly and Monthly	

*Max age at maturity for single pay is 75 years

Safeguard your Family's future in 3 steps

- 1 Decide the amount of protection you need
- 2 Enhance your policy by selecting from the additional benefits
- 3 Choose your policy term and premium payment term

Illustrations

Illustration 1

Priya is a 32 years old marketing consultant. She has availed a loan for buying a house. Realising the need for protection in her fast-paced life, Priya wants to be well prepared for unforeseen circumstances in life. ICICI Pru iProtect Smart provides the perfect solution for her needs.

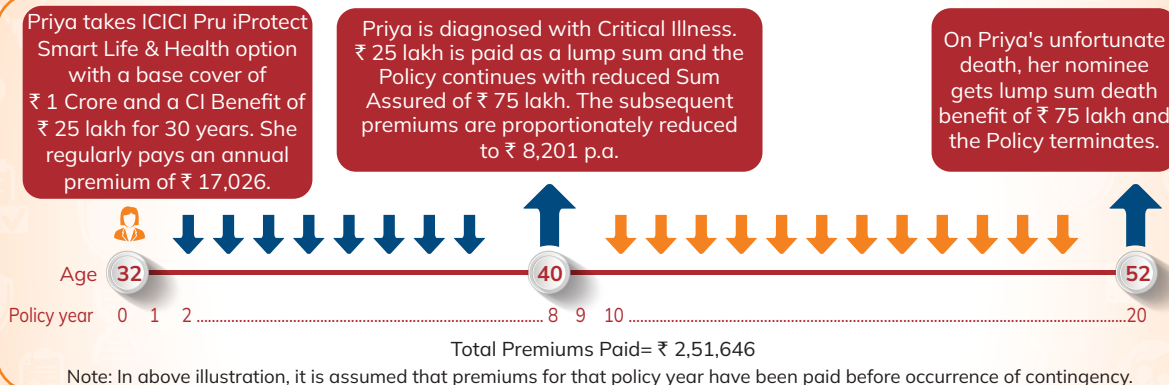
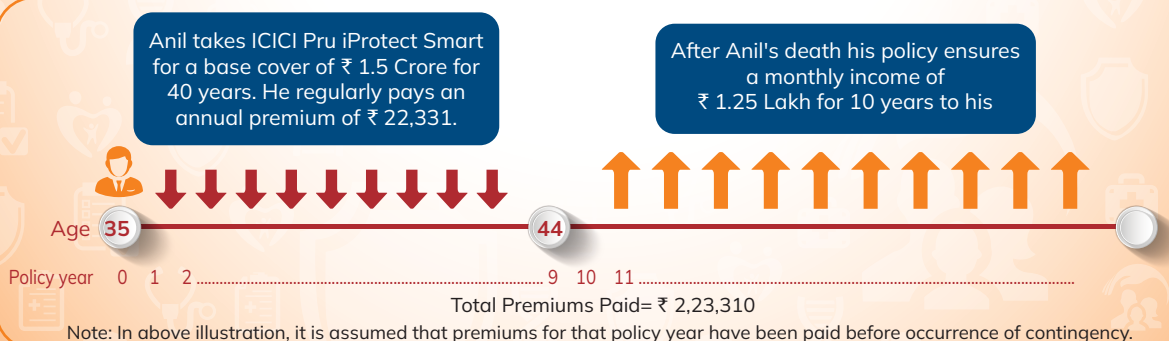


Illustration 2

Anil is a 35 years old doctor who runs his own clinic. Anil wants to ensure that his wife, three year old son and retired father live a comfortable life in case of his untimely death. He chooses ICICI Pru iProtect Smart with a Death Benefit of ₹1.5 crore with an Income option with Income period of 10 years, which will ensure an adequate monthly income for his family.



Maturity or paid-up or survival benefit

There is no maturity, paid-up value or survival benefit available under this product.

Surrender

For Single Pay policies, Surrender value equal to unexpired risk premium value will be payable if the policy holder voluntarily surrenders the policy during the policy term.

Unexpired risk premium value = $25\% \times [1 - (\text{Policy Month of surrender} - 1) / (\text{Policy Term} \times 12)] \times \text{Total Premiums Paid}$.

For unexpired risk premium value for Limited Pay policies & Regular policies, please refer T&C 13.

Smart Exit Benefit

You have an option to cancel the policy and receive Smart Exit Benefit, equal to Total Premiums Paid** under the policy. No additional premium is payable to avail this option.

The following terms and conditions shall apply:

- This option can be exercised in any policy year greater than 25 but not during the last 5 policy years, provided the age of the life assured is 60 years or more at the time of exercise.
- The policy is in-force with all due premiums paid at the time of exercising this option.
- No claim for any of the underlying benefits has been registered and is under evaluation/ or accepted/ or paid/ being paid on the policy.

Once this feature is exercised and the benefit is paid, the policy shall terminate and all benefits and interests under this policy will stand extinguished. The policyholder can either opt for Smart Exit Benefit or Unexpired Risk Premium Value as per S. No. 13 of Terms & Conditions below i.e. he cannot avail both the benefits simultaneously.

***Total Premiums Paid means the total of all premiums paid under the base product, excluding any extra premium, and taxes, if collected explicitly. Where Life Stage Protection options has been exercised, Total Premiums Paid includes Premium paid for each tranche of additional sum assured purchased. In case the benefit term for additional benefit(s), for which additional premium has been paid, has expired at the time of exercise of Smart Exit Benefit, then Total Premiums Paid shall exclude the premium paid towards such additional benefit(s).*

Salaried customer discount

A discount as mentioned below will be offered on first year's premium of Death Benefit, Terminal Illness and Waiver of Premium on permanent disability (excluding rider premiums, underwriting extra premiums and taxes) to salaried customers opting for sum assured greater than or equal to ₹10,000,000:

Premium Payment Option	Discount
Limited Pay	15%
Regular Pay	10%

Terms & Conditions

1 Free look period

If You are not satisfied or have any disagreement with the terms and conditions of the policy or otherwise and have not made any claim, you may return the policy document to the Company with reasons for cancellation within 30 days from the date of receipt of the policy document.

On cancellation of the policy during the free look period, we will return the premium paid subject to the deduction of:

- Proportionate risk premium for the period of cover,
- Stamp duty paid under the policy,
- Expenses borne by the Company on medical examination, if any

The policy shall terminate on payment of this amount and all rights, benefits and interests under this policy will stand extinguished.

2 Life stage protection

The policy has to be in force at the time of availing this feature. This feature needs to be exercised within 6 months from the date of the event and only if no claim for any benefit under the policy has been admitted. This feature is available to the Life Assured underwritten as a standard life at the time of inception of the policy. The insured life has to be less than 50 years of age at the time of opting for this feature. This feature is available for Regular Pay policies only. Such increase in sum assured is only applicable to base death benefit. The ACI Sum Assured and ADB Sum Assured will remain unchanged. Total Sum Assured that can be increased under this feature cannot exceed the maximum additional sum assured mentioned in the table above.

3 Terminal Illness

A Life Assured shall be regarded as Terminally Ill only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners' specializing in treatment of such illness, is highly likely to lead to death within 6 months. The terminal illness must be diagnosed and confirmed by medical practitioners' registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment.

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage.

4 Permanent Disability (PD) due to accident

On occurrence of PD due to accident, while the policy is in force, all future premiums for all benefits under the policy are waived. PD will be triggered if the Life Assured is unable to perform 3 out of the 6 following Activities of Daily Work:

- Mobility:** The ability to walk a distance of 200 meters on flat ground.
- Bending:** The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
- Climbing:** The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- Lifting:** The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- Writing:** The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
- Blindness** – permanent and irreversible - Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

For the purpose of PD, the following conditions shall apply:

- The disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by a Company empanelled medical practitioner. In the event of death of the insured within the above period, the policy shall terminate on payment of applicable benefits and all rights, benefits and interests under the policy shall stand extinguished.
- PD due to accident should not be caused by the following:
 - Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or
 - Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
 - The Life Assured with criminal intent, committing any breach of law; or
 - Due to war, whether declared or not or civil commotion; or
 - Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off site skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

3. PD due to accident must be caused by violent, external and visible means.
4. The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the PD of the Life Assured. In the event of PD of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit.
5. The policy must be in-force at the time of accident.
6. The Company shall not be liable to pay this benefit in case PD of the Life Assured occurs on or after the date of maturity of the policy.

5

Accidental Death Benefit

For the purpose of Accidental Death Benefit payable on accident the following conditions shall apply:

- a. Death due to accident should not be caused by the following:
 - Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or
 - Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
 - Death due to war, whether declared or not or civil commotion; or
 - Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off site skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- b. Death due to accident must be caused by violent, external and visible means.
- c. The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the death of the Life Assured before the expiry of the Accidental Death Benefit cover. In the event of the death of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit.
- d. The policy must be in-force at the time of accident.

6

Critical Illnesses definitions and exclusions

1. Cancer of Specified Severity:

A malignant tumor characterized by the uncontrolled growth and

spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

1. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
 2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 3. Malignant melanoma that has not caused invasion beyond the epidermis;
 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
 5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 6. Chronic lymphocytic leukemia less than RAI stage 3
 7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 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;
2. **Open Chest CABG:**

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.

Excluded are:

1. Angioplasty and/or any other intra-arterial procedures
3. **Myocardial Infarction (First Heart Attack of Specified Severity):**
- 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:
1. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 2. New characteristic electrocardiogram changes
 3. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

1. Other acute Coronary Syndromes
2. Any type of angina pectoris

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.

4. Heart Valve Surgery (Open Heart Replacement or Repair of Heart Valves):

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of 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. Surgery to 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.

6. Cardiomyopathy

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

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.

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 echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

7. Primary (Idiopathic) Pulmonary hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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.

8. Angioplasty

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).

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

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

9. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- corrected visual acuity being 3/60 or less in both eyes or ;
- the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

10. End stage Lung Failure (Chronic Lung Disease):

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- Dyspnea at rest.

11. End stage Liver Failure (Chronic Liver Disease):

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

12. Kidney Failure Requiring Regular Dialysis:

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

13. Major Organ / Bone Marrow Transplant

I. The actual undergoing of a transplant of:

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

- II. The following are excluded:
- Other stem-cell transplants
 - Where only islets of langerhans are transplanted

14. Apallic Syndrome:

Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

The definition of approved hospital will be in line with Guidelines on Standardization in Health Insurance. and as defined below:

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and make these accessible to the insurance company's authorized personnel.

15. Benign Brain Tumour:

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

16. Brain Surgery

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

17. Coma of Specified Severity:

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

18. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

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

The following are excluded:

- Spinal cord injury;

19. Permanent Paralysis of limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

20. Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as

well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

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

21. Alzheimer's Disease

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.

The following conditions are however not covered:

- a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease
- b. alcohol related brain damage; and
- c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available

22. Motor Neurone Disease with permanent symptoms

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be

progressive degeneration of corticospinal tracts and anteriorhorn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

23. Multiple Sclerosis with persisting symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

1. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE are excluded.

24. Muscular Dystrophy

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

- (a) Family history of other affected individuals;
- (b) Clinical presentation including absence of sensory disturbance, normal cerebro - spinal fluid and mild tendon reflex reduction;
- (c) Characteristic electromyogram; or
- (d) Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months.

25. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:

- (a) Cannot be controlled with medication;
- (b) Shows signs of progressive impairment; and
- (c) Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

Drug-induced or toxic causes of Parkinson's disease are excluded.

26. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause and is proved by Stool Analysis,
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

27. Loss of Independent Existence

The insured person is physically incapable of performing at least three (3) of the "Activities of Daily Living" as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and

technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor Who is a specialist.

Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness .

Activities of Daily Living:

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

28. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

29. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

30. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist.

31. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- a) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- b) clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- c) the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.

32. Systematic lupus Eryth. with Renal Involvement

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various

self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

Class I - Minimal mesangial lupus nephritis

Class II - Mesangial proliferative lupus nephritis

Class III - Focal lupus nephritis

Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis

Class V - Membranous lupus nephritis

Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

33. Third degree burns (Major Burns):

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

34. Aplastic Anaemia

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

- (a) Blood product transfusion;
- (b) Marrow stimulating agents;
- (c) Immunosuppressive agents; or
- (d) Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

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

Waiting period for Critical Illness Benefit:

1. The benefit shall not apply or be payable in respect of 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 during the first six months from the date of commencement of risk or 3 months from the policy revival date where the policy has lapsed for more than 3 months.
2. In the event of occurrence of any of the scenarios mentioned above, or in case of a death claim, where it is established that the Life Assured was diagnosed to have any one of the covered critical illness during the waiting period for which a critical illness claim could have been made, the Company will refund

the premiums corresponding to the ACI Benefit from date of commencement of risk or from the date of revival as applicable and the ACI Benefit will terminate with immediate effect.

3. No waiting period applies where Critical Illness is due to accident.

Exclusions for Accelerated Critical Illness Benefit: No ACI benefit will be payable in respect of any listed condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

- Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. Pre-existing Disease means any condition, ailment, injury or disease:
- ii. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Company or its revival or
- ii. For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy or its revival.
- Existence of any Sexually Transmitted Disease (STD) and its related complications.
- Self-inflicted injury, suicide, insanity and deliberate participation of the life insured in an illegal or criminal act with criminal intent.
- Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
- Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft.
- Taking part in any act of a criminal nature with criminal intent.
- Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- Radioactive contamination due to nuclear accident.
- Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- Any treatment of a donor for the replacement of an organ.
- Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains age 17.

7

Death benefit payout options

The monthly income will only be payable electronically.

8

Tax benefits

Tax benefits may be available as per prevailing tax laws. Tax benefits under the policy are subject to prevailing conditions and provisions of the Income Tax Act, 1961. Goods and Services Tax and Cesses, if any, will be charged extra as per applicable rates. The tax laws are subject to amendments made thereto from time to time. Please consult your tax advisor for details, before acting on above.

9

Suicide clause

If the Life Assured, whether sane or insane, commits suicide within 12 months from the date of commencement of risk of this Policy, the Company will refund higher of 80% of the total premiums paid if any till the date of death or unexpired risk premium value as available on date of death, provided the policy is in force.

In the case of a revived Policy, if the Life Assured, whether sane or insane, commits suicide within 12 months of the date of revival of the Policy, higher of 80% of the total premiums paid, if any till date of death or unexpired risk premium value as available on date of death will be payable by the Company.

The Policy will terminate on making such a payment and all rights, benefits and interests under the Policy will stand extinguished.

10

Grace period

A grace period for payment of premium of 15 days applies for monthly premium payment mode and 30 days for other modes of premium payment, commencing from the premium due date, without any penalty or late fee, during which time the policy is considered to be in-force with the risk cover without any interruption, as per the terms and conditions of the policy. In case of Death or diagnosis of terminal illness of Life Assured during the grace period, the Company will pay the applicable Death Benefit. If the premium is not paid within the grace period, the policy shall lapse and cover will cease.

For Life Plus Option and All-in-one Option, in case of death of Life Assured due to accident during the grace period, applicable Accidental Death Benefit will be also payable. For Life & Health Option and All-in-one Option, in case of diagnosis of critical illness of Life Assured during the grace period, applicable Accelerated Critical Illness benefit will be payable.

Grace period is applicable for Regular Pay and Limited Pay only.

11

Limited pay option

Premiums need to be paid only for the chosen premium payment term. Once premiums have been paid for the premium payment term, the policy benefits will continue for the term of the policy.

12 Premium discontinuance

If the premium is not paid either on the premium due date or within the grace period, all benefits under this policy will cease.

13 Surrender

On policy surrender, Surrender Value equal to Unexpired risk premium value will be payable:

- i) Limited Pay
 - If one full year's premium is not paid, Unexpired risk premium value = 0.
 - If one full year's premium has been paid, then the Unexpired risk premium value = $25\% \times [\text{Number of months for which premiums are paid} / (\text{Premium Payment Term} \times 12)] \times [1 - (\text{Policy Month of surrender} - 1) / (\text{Policy Term} \times 12)] \times \text{Total Premiums Paid}$.
- ii) Regular Pay
Unexpired risk premium value = 0

14 Lapse:

If any premium instalment is not paid within the grace period, then the policy shall lapse, and the cover will cease. If the policy is not revived within the revival period, then the surrender value (if applicable, computed as on date of premium discontinuance), if any, shall become payable on the earliest of the following events:

- Event of death or diagnosis of terminal illness (whichever happens first) of the Life Assured within the revival period,
- End of the revival period, and
- Date of Maturity.

Post payment of such surrender value (if any), then the policy shall foreclose and all rights and benefits under the policy shall stand extinguished.

15 Policy revival

A policy which has discontinued payment of premium may be revived subject to underwriting and the following conditions:

- The application for revival is made within 5 years from the due date of the first unpaid premium and before the date of maturity of the policy. Revival will be based on the prevailing Board approved underwriting policy.
- The Policyholder furnishes, at his own expense, satisfactory evidence of health of the Life Assured as required by the prevailing Board approved underwriting policy.
- The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are

paid. Revival interest rates will be set monthly and is equal to 1.50% plus the prevailing yield on 10 year Government Securities. The yield on 10 year Government Securities will be sourced from www.bloomberg.com. The revival interest rate applicable in July 2024 is 8.49% p.a. compounded half yearly. The revival interest rate will be reviewed on the 15th day of every month by the company based on the 10-year G-Sec yield of one day prior to such review. The revival of the policy may be on terms different from those applicable to the policy before premiums were discontinued; for example, extra mortality premiums or charges may be applicable.

- The Company reserves the right to not revive the policy. The revival will take effect only if it is specifically communicated by the Company to the Policyholder. For ACI Benefit, a waiting period of 3 months will be applicable for any revivals after 3 months from the due date of the first unpaid premium. No waiting period will be applicable for any revival within 3 months of the due date of the first unpaid premium. Any change in revival conditions will be subject to prior approval from IRDAI and will be disclosed to policyholders.
- On revival of a lapsed policy, the lower of the Sum Assured as applicable on the date of premium discontinuance or as approved during revival (following Board Approved Underwriting policy) shall be restored.

16. No loans are allowed under this policy.

17 Modal loadings

Loadings for various modes of premium payment are given below

Mode of Premium Payment	Loading (as a % of Premium)
Monthly	2.5%
Semi-Annual	1.25%
Annual	NA

18. The bases for computing unexpired risk premium value factors will be reviewed from time to time and the factors applicable to existing business may be revised subject to the prior approval of the IRDAI.
19. If the Policyholder and Life assured are different then upon death of the Policyholder and subsequent intimation of the death with the Company, the policy shall vest on the Life Assured. Thereafter, the Life Assured shall become the Policyholder and will be entitled to all benefits and subject to all liabilities as per the terms and conditions of the policy. The Life Assured cum Policyholder can register due nomination as per Section 39 of the Insurance Act, 1938 as amended from time to time.

20 Nomination Requirements

Nomination in the Policy will be governed by Section 39 of the

Insurance Act, 1938 as amended from time to time. For more details on this section, please refer to our website.

21 Assignment Requirements

Assignment in the Policy will be governed by Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on this section, please refer to our website.

22 Section 41

In accordance to the Section 41 of the Insurance Act 1938, as amended from time to time, no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

22 Section 45 of the Insurance Act, 1938, as amended from time to time:

1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact

material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

24. The product is also available for sale through online mode.

25. Policy Servicing and Grievance Handling Mechanism: For any clarification or assistance, You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: www.icicprulife.com. For updated contact details, We request You to regularly check Our website. If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at gro@icicprulife.com or 1800-2660.

Address:

ICICI Prudential Life Insurance Company Limited,
Ground Floor & Upper Basement, Unit No. 1A & 2A,
Raheja Tipco Plaza Rani Sati Marg, Malad (East) Mumbai-400097.

For more details, please refer to the "Grievance Redressal" section on www.icicprulife.com. If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may escalate the matter to Our internal grievance redressal committee at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.
Ground Floor & Upper Basement Unit No. 1A & 2A,
Raheja Tipco Plaza, Rani Sati Marg,
Malad (East), Mumbai- 40009, Maharashtra.

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach Policyholders' Protection and Grievance Redressal Department, the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA)

155255 (or) 1800 4254 732 | Email ID: complaints@irdai.gov.in

Address for communication for complaints by fax/paper:

Policyholders' Protection and Grievance Redressal Department – Grievance Redressal Cell

Insurance Regulatory and Development Authority of India
Survey No. 115/1, Financial District, Nanakramguda, Gachibowli,
Hyderabad, Telangana State – 500032

You can also register your complaint online at bimabharosa.irdai.gov.in.

About ICICI Prudential Life Insurance

ICICI Prudential Life Insurance Company Limited is a joint venture between ICICI Bank Limited and Prudential Corporation Holdings Limited, a part of the Prudential group. ICICI Prudential began its operations in Fiscal 2001 after receiving approval from Insurance Regulatory Development Authority of India (IRDAI) in November 2000.

ICICI Prudential Life Insurance has maintained its focus on offering a wide range of savings and protection products that meet the different life stage requirements of customers.



For more information:

Customers calling from any where in India, please dial **1800 2660**

Do not prefix this number with “+” or “91” or “00”

Call Centre Timings: 10.00 am to 7.00 pm

Monday to Saturday, except National Holidays.

To know more, please visit **www.iciciprulife.com**

ICICI Prudential Life Insurance Company Limited. IRDAI Regn. No. 105. CIN: L66010MH2000PLC127837.

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BEWARE OF SPURIOUS / FRAUD PHONE CALLS!

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.