

Policy Document

Brief Policy Description

This plan offers cover to individuals with Type 2 Diabetes Mellitus, Impaired Fasting Glucose (IFG) and Impaired Glucose Tolerance (IGT). The cover is offered against six Critical Illnesses along with a life insurance cover.

- a) **Company** means ICICI Prudential Life Insurance Company Limited.
- b) **Policyholder** means the Proposer shown in the Policy certificate or the owner of the Policy at any point of time.
- c) **Life Assured** means the person who has been insured by us under this policy.
- d) **Policy issue date** is the date on which this policy is issued i.e. the date of the first premium receipt.
- e) **Policy contract:** This policy is a legal contract between the Policyholder and ICICI Prudential Life Insurance Company Ltd (the Company), which has been issued on the basis of the Proposal form and the documents evidencing the insurability of the Life Assured. The Policy Contract comprises the above forms, statements, declarations, reports of medical check-ups and documents, Policy certificate and the Terms and Conditions (this booklet). The Company agrees to provide the benefits set out in the Policy in consideration of the premiums paid by the Policyholder, and subject to the conditions mentioned herein.

The Company relies upon the information given by the Proposer and/or the Life Assured in the proposal form, and in any document(s) and statements called for by the Company and submitted by the Proposer and / or the Life Assured and statements made to the Medical Examiner. The Policy is declared void in case the information given is incomplete or inaccurate or untrue or in case it is found that the policy was issued on the basis of fake / tampered documents / proofs.

The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Indian laws.

Free look period: a period of 15 days is available to the Policyholder to review the Policy. If the terms and conditions of the Policy are not acceptable by the Proposer / Life Assured, this booklet should be returned within 15 days from the day it is received by the Policyholder.

The Company will then return the premiums paid by the Policyholder after deduction of expenses as follows:

- 1) Proportionate premium for the period of cover.
- 2) Insurance stamp duty on Policy.
- 3) Any expenses borne by the Company on the medicals.

1) Definitions:

In the Policy Document, unless the context otherwise requires:

- a) **"Diabetes Mellitus"** is a metabolic-cum-vascular syndrome of multiple etiologies characterized by chronic hyperglycaemia with disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action or both. This disorder is frequently associated with long-term damage, which can often lead to failure of organs like eyes, kidneys, nerves, heart and blood vessels, etc.
- b) **Type 1 Diabetes** also called juvenile or insulin-dependent diabetes indicates a condition in which Beta cell of pancreas are destroyed wherein insulin is required for survival.
- c) **Type 2 Diabetes** also called maturity onset diabetes indicates a condition which is characterized by either insulin resistance or relative deficiency of insulin secretion. Both are usually present at the time that this type of diabetes is clinically manifested.
- d) **"Impaired Fasting Glucose (IFG)"** is impaired level of glucose, a condition under which a person has a plasma glucose values between 110 and 125 mg/dl after overnight fasting.
- e) **"Impaired Glucose Tolerance (IGT)"** is a condition under which a person, after overnight fasting, has a plasma glucose value between 110 & 125 and 2 hours after 75gm glucose tolerance test, the value is between 140 & 199 mg/dl.
- f) **"Diagnosis"** shall mean diagnosis made by a physician based on such specific evidence as referred to in the definition of the particular Critical Illness concerned or, in the absence of such specified reference, based upon but not limited to radiological, clinical, histological or laboratory tests acceptable to the Company.
- g) **"Physician"** shall mean qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, registered with the Medical Council of India, acting within his scope of license, and who is not a Life Assured / Proposer himself or related to the Life Assured / Proposer by blood or marriage. The term Physician would include Specialist, Anaesthetist, Ophthalmologist and Surgeon.
- h) **"Ophthalmologist"** shall mean the physician who studies, diagnoses and treat eye diseases and disorders.
- i) **"Treating Ophthalmologist"** shall mean an ophthalmologist of the Life Assured who has given the required treatment based on the findings.
- j) **"Illness"** means sickness, disease, ailment or unhealthy condition of mind or body.
- k) **"Diabetic retinopathy"** shall mean retinal changes occurring in diabetics characterised by neo-vascularisation, microaneurysms, punctuate hemorrhages, sharply defined waxy exudates and scarring.
- l) **"Limb"**: limbs are upper limb and lower limb.

"Upper limb": (also referred to as upper extremity) is known as the arm, that is, the region of the shoulder to the fingertips.

"Lower limb": (also referred as Lower extremity) is known as the leg that is, the region of the hip to the tip of the toes.

2) Benefits Payable Subject to the Policy being In Force

a) Critical Illness Benefit

The Company shall pay full Sum Assured in the event of the Life Assured being diagnosed to be suffering from any one of the Critical Illnesses as mentioned in **Clause (3)** below, where the diagnosis of the said illnesses is one year after the Policy Issue Date. The Policy shall terminate on payment of the Critical Illness Benefit.

Half of the sum assured shall be payable in the event of the life assured being diagnosed to be suffering from any one of the critical illnesses as mentioned in **Clause (3)** below, where the diagnosis is after six months and within a year from the policy issuance date and the policy shall terminate.

In the event of Life Assured being diagnosed of or where the symptoms have occurred or for which care, treatment, or medical advice was recommended by or received, or which first manifested itself or was contracted within six months from the Policy Issue Date or for which a claim has or could have been made under any earlier policy on the life of the Life Assured, the premiums paid shall be refunded (without interest) and the policy shall terminate.

The maximum critical illness benefit payable under all the policies taken on the life of the same life assured under Diabetes Care (Critical Illness Insurance) and Diabetes Care Plus (Critical Illness + Life Insurance) plans of insurance would be restricted to Rs. 10,00,000/-.

b) Death Benefit

In case of death of the Life Assured during the term of the policy, the Company shall pay the Death Benefit in lump sum and the policy shall terminate. In case the death occurs while the critical illness claim is under consideration, the sum assured under policy shall be payable.

In case of a death claim where it is established that the Life Assured was diagnosed during the first policy year to have any one of the covered critical illnesses for which a claim could have been made, the benefit applicable on the date of diagnosis of critical illness shall be payable.

In case the Life Assured, whether sane or insane commits suicide within a year from the policy issue date, the Death Benefit shall not be payable. The Premiums paid under the Policy will be refunded after deducting the expenses incurred by the Company towards the issuance of the Policy.

The Policy shall stand automatically terminated on the survival of the Life Assured to the Maturity Date and no benefits shall be payable under this policy.

The maximum Death Benefit payable under all the policies taken on the life of the same life assured under this plan of insurance shall be restricted to Rs. 10,00,000/-

c) Wellness Programme

- i) After the policy is issued the Company shall have the medical check up of the Life Assured done at the intervals specified below every policy year.
- ii) It is mandatory for the Life Assured to undergo all the medical check ups as mentioned in the below table
- iii) The medical check ups shall be conducted by company's empanelled medical centre and the cost of the same shall be borne by the company.
- iv) No alternative cash benefit is available in lieu of the medical check-ups. If the life assured does not undergo any of the periodical checkups the costs will not be refunded.

- v) The Company shall obtain and retain the medical reports of the Life Assured. A copy of the medical check up reports shall be provided to the Policyholder.
- vi) The company reserves the right to modify the nature of tests and the interval at which the same should be conducted. The policy holder shall be notified about the same accordingly.
- vii) For travel outside India, prior approval of the company should be sought to avail the benefit of wellness programme.

| | |
|---|--|
| Every 4-month and 8-month check-up (during every policy year) | HbA1c, Blood Pressure and Pulse Rate |
| Annual check-up (12 month); except in the fifth policy year | Glycosylated Haemoglobin (HbA1c), Routine Urine Analysis (RUA), Sequential Medical Analysis of 12 Tests (SMA 12), Urine Test for Microalbuminuria, ECG, Medical Examination. |

d) Additional Features

- i) On the completion of all the medical check ups as stated in Clause 2 (c) during the policy year and based on the findings of the same and in accordance to the underwriting norms of the Company applicable at that point in time, the company shall decide to:

- (1) continue with the base premium, or
- (2) offer a reduction in the base premium, or
- (3) charge a higher premium over the base premium

Where base premium means the premium stated in the policy certificate.

This revised premium would be applicable for the following policy year.

- ii) The reduced or the higher premium shall be applicable from the second policy year onwards and shall be reassessed at the end of each policy year.
- iii) Where the decision of the Company is to offer reduced premiums or charge a higher premium, the Company shall decide the appropriate level of premium reduction/higher premiums, as per the below table, which shall be applicable to the Policyholder. The decision of the Company in this regard shall be final and binding on the policyholder.

| | Age at Entry | | |
|--|-------------------------------------|---------|---------|
| | 25 – 35 | 36 – 50 | 51 – 60 |
| Base Premium | As stated in the Policy Certificate | | |
| Premium Reduction – Level 1 (% of Base Premium) | 5% | 10% | 15% |
| Premium Reduction – Level 2 (% of Base Premium) | 10% | 20% | 30% |
| Premium Reduction – Level 3 (% of Base Premium) | 15% | 25% | 35% |
| Higher Premium (% of base premium) | 10% | 20% | 25% |

- iv) In case the life assured fails to complete the medical check-ups as stated in Clause 2 (c), the company shall charge the **higher premium** as per the above table for the following policy year. The decision of the company in this regard shall be final and binding on the policy holder.

3) Critical Illnesses

A "Critical Illness" for the purpose of benefit, shall mean any one of the following illnesses which first occurs / first manifests itself / first diagnosed as defined hereunder after six months from the issue date of this policy.

a) Heart attack (Myocardial Infarction):

The first occurrence of Heart Attack or myocardial infarction which means death of a heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- i) Typical clinical symptoms (for example, characteristic chest pain)
- ii) New characteristic electrocardiographic changes.
- iii) The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
 - (1) Troponin T > 1.0 ng / ml
 - (2) Accu Tnl > 0.5ng/ml or equivalent with other Troponin I methods.
- iv) The evidence must show a definite acute myocardial infarction.

The following are not covered:

- i. Other Acute Coronary Syndromes, for example myocyte necrosis.
- ii. Any type of angina.

Diagnosis must be confirmed by a consultant cardiologist.

b) Cancer:

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed. The term cancer includes leukaemia but the following cancers are excluded;

- i) All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
- ii) All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
- iii) Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
- iv) Any skin cancer other than invasive malignant melanoma;
- v) All tumour of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- vi) T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter.

c) Stroke:

Defined as a cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted for not less than 3 months. Infarction of brain tissue, haemorrhage and embolisation from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist.

Specifically Excluded are cerebral symptoms due to Transient ischemic attacks (TIA), any reversible ischemic neurological deficit, vertebrobasilar ischemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.

d) Coronary Artery By-Pass Graft Surgery (CABGS):

The undergoing of open heart surgery on the advice of consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Angiographic evidence to support the necessity of the surgery will be required. Balloon angioplasty, laser or any catheter-based procedures are not covered.

e) Kidney/Renal failure:

End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end stage kidney disease must be provided and the requirement for dialysis or transplantation must be confirmed by a consultant physician.

f) Major Organ Transplant:

The receipt of a transplant of:

- i) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- ii) One of the following human organs; heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

4) Other Conditions (Applicable to Critical Illness Benefit and Diabetes Enhanced Benefit Rider):

- a) Written Notice of a claim must be given to the Company within 60 days of diagnosis.
- b) The admission of any claim shall be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any Critical Illness / has undergone any treatment specifically stated under Diabetes Enhanced Benefit rider, as the Company may reasonably require.
- c) In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the Life Assured on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the Company and the opinion of such Specialist as to such diagnosis shall be considered binding on both the Life Assured and the Company.

5) Exclusions

- a) Individuals suffering from Type 1 Diabetes are excluded
- b) For Critical Illness and Diabetes Enhanced Benefit Rider:
 - i) No benefits shall be paid for the following services, conditions /tests / treatments:
 - (1) If the individual is found to have Pre-existing conditions or any Illness, complication or ailment arising out of or connected to the pre-existing illness other than Type 2 Diabetes Mellitus or IFG or IGT. "Pre-existing Illness" means any condition including any Illness or Bodily Injury (whether chronic, recurring or congenital condition(s)) existing before the policy issue date, with the knowledge of the Life Assured, whether or not if the same has been treated, or for which medical advice, diagnosis, care or treatment has been sought before the commencement of this Policy.

- (2) Existence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV), self inflicted injury, use of intoxicating drugs/alcohol, failure to follow medical advice, war-whether declared or not, civil commotion, pregnancy, breach of law.
- (3) Treatment for injury or illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- (4) Aviation other than as a fare paying passenger in a commercial licenced aircraft (being a multi-engined aircraft).
- (5) Any treatment of a donor for the replacement of an organ;
- (6) Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy /western medicines.

ii) No Benefit is payable on survival of the Assured to the maturity date shown in the Policy Certificate.

6) Payment of premiums

- a) Premiums are payable on the due dates and at the amount mentioned in the Policy Certificate or at such altered rate as is payable in terms of Condition 2(d) above and / or 1(b) of the General Conditions of this Policy Document. However, a grace period of not more than 30 days, is allowed. In the event of the claim, the benefits payable under this policy will be paid after deduction of the premium falling due during the then current policy year.
- b) Premiums are payable on the due dates mentioned in the Policy Certificate or within the grace period allowed without any obligation on the Company to notify the Policyholder of the due dates. If the premiums are not paid on the due dates or even during the grace period, the policy lapses and no benefits shall be payable.
- c) Premiums are payable through any of the following modes:
 - i) Cash*
 - ii) Cheques
 - iii) Demand Drafts
 - iv) Pay Orders
 - v) Bankers Cheque
 - vi) Internet facility as approved by the Company from time to time
 - vii) Credit Cards
 - viii) Electronic Clearing System (ECS)
 - ix) Direct Debit
- * Amount and Modalities will be subject to Company Rules and relevant legislation/regulations
- d) If the Policyholder suspends payment of premium for any reason whatsoever, the Company shall not be held liable and the benefits, if any will be available only in accordance to the policy conditions.
- e) Premium shall be construed to be received only when the same is received at any of the Company's office.
- f) If the premiums are paid in advance then the same shall be applied to the contract / Policy only on the respective due dates.

7. Force majeure:

If the performance by ICICI Prudential of any of its obligations herein shall be in any way prevented or hindered in consequence of any act of God or State, Strike, Lock out, Legislation or restriction of any Government or other authority or any other circumstances beyond the anticipation or control of the parties, the performance of this contract shall be wholly or partially suspended during the continuance of the contract.

ANNEXURE 1

Diabetes Enhanced Benefit Rider

The benefit under this rider shall be applicable only if opted for.

The benefit under this rider shall be payable only once and only upon occurrence of either of the below mentioned conditions (1 & 2) after one year of Policy Issue Date. The benefit payable shall be the rider sum assured as specified in the policy certificate. After the payment of the benefit the rider shall terminate. The cover under the rider shall stay in force only as long as the policy is in force.

Half of the rider sum assured shall be payable upon either of the below mentioned conditions occurring after six month and within one year from the policy issuance date and the rider shall terminate.

Please note: the rider premium under the policy shall remain the same as specified in the policy certificate throughout the term of the policy

In the event of Life Assured being diagnosed of or where the symptoms have occurred or for which care, treatment, or medical advice was recommended by or received, or which first manifested itself or was contracted within six months from the Policy Issue Date or for which a claim has or could have been made under any earlier policy on the life of the Life Assured, the premiums paid towards this rider benefit cover shall be refunded (without interest) and the rider benefit shall cease to exist and the base policy would continue.

1) LASER Treatment for Diabetic Retinopathy

The benefit shall be payable only on the actual receiving of LASER treatment for diabetic retinopathy. The need to undergo LASER treatment must be established by treating ophthalmologist's certificate along with supportive Fluorescent Fundus Angiography (FFA) report.

2) Limb Amputation

The benefit shall be payable on actual amputation of a limb or a part of the limb as a result of complications of diabetes. The diagnosis, need and treatment must be confirmed by the treating surgeon with supportive hospital records. Life Assured shall also be required to submit a post amputation X-ray of the affected limb.

Exclusions: Any amputation due to accident is not entitled for the above benefit.

The rider benefit under all policies taken on the life of the same life assured under the Diabetes Care (Critical Illness Insurance) and Diabetes Care Plus (Critical Illness + Life Insurance) plans of insurance shall not exceed Rs.1,00,000/-.

Before payment of any claim under this rider, the Company shall require the following documents establishing the right of the claimant to receive payment in addition to the documents mentioned in clause 7 of the General Conditions:

1) LASER Treatment for Diabetic Retinopathy:

- a) FFA report by an ophthalmologist stating the changes in the retina.
- b) Life Assured's Treating ophthalmologist's statement attesting the need for "LASER Treatment" and certifying that the LASER treatment has been performed as required.

2) Limb Amputation

- a) Life Assured's treating surgeon's statement attesting the diagnosis, the need for amputation and certifying that the amputation of the limb or a part of a limb has been carried out, together with supporting hospital records.
- b) Post amputation X-ray of the affected limb.

GENERAL CONDITIONS**1) Age:**

- a) The premium payable under the policy has been calculated on the basis of the age of the Life Assured as declared in the Proposal. In case the age of the Life Assured has not been admitted by the Company, the Policyholder shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.
- b) In the event the age so admitted ("the correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken:
 - i) If the correct age is such as would have made the Life Assured uninsurable under the plan of assurance specified in the Policy Certificate, the plan of assurance shall be altered to such plan of assurance as is generally granted by the Company for the correct age of the Life Assured, subject to the terms and conditions as are applicable to that plan of assurance. If the Policyholder does not wish to opt for altered Plan or if it is not possible for the Company to grant any other plan of assurance, the policy shall stand cancelled from the date of issue of the policy and the premium paid shall be refunded subject to deduction of the expenses incurred by the Company on the policy.
 - ii) If the correct age is higher than the age declared in the Proposal, the premium payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the policy and the Policyholder shall pay to the Company the accumulated difference between the corrected premium and the original premium from the commencement of the policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Policyholder fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the Policy. Where the life assured is not found insurable, then the company shall return the premiums (excluding extra premiums, if any) paid under the policy and the policy shall be terminated.
 - iii) If the correct age of the Life Assured is lower than the age declared in the Proposal, the premium payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the policy and the Company shall refund without interest, the accumulated difference between the original premium paid and the corrected premium.

2) Revival of the policy:

A policy, which has lapsed for non-payment of premium within the days of grace may be revived subject to the following conditions:

- a) The application for revival is made within 1 year from the date of the first unpaid premium and before the termination date of policy;
- b) The applicant being the Policyholder furnishes satisfactory evidence of the health of the Life Assured as specified by the company. The cost of the medical examinations, if any shall be borne by the customer.
- c) the arrears of premiums together with interest at such rate as the company may charge for late payment of premia are paid;

- d) The revival of the policy shall be dependant on the then underwriting norms of the company and may be on terms different from those applicable to the policy before it lapsed; and
- e) The revival will take effect only on it being specifically communicated by the Company to the applicant.

3) Assignment and Nomination

- i) An assignment of this policy may be made by an endorsement upon the policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the Life Assured or the Proposer. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company recording the assignment in its books. Assignment will not be permitted where policy is under the Married Women's Property Act, 1874. Section 38 of the Insurance act, 1938 may be referred to for the complete provision.
- ii) The Life Assured, where he is the holder of the policy, (on his own life) may, at any time before the termination date of policy, make a nomination for the purpose of payment of the moneys secured by the policy in the event of his death. Where the nominee is a minor, he may also appoint a person to receive the money during the minority of the nominee. Nomination may be made by an endorsement on the policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected before the termination date of policy shall also be communicated to the Company. Section 39 of the Insurance act, 1938 may be referred to for the complete provision.

The Company does not express itself upon the validity or accept any responsibility on the assignment or nomination in recording the assignment or registering the nomination or change in nomination.

4) Special Provisions

Any other special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

5) Incontestability

In accordance to the Section 45 of the Insurance Act, 1938, no Policy of life insurance shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal of insurance or any report of a medical officer, or a referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statements was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in the 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.

The Company would declare the Policy void in case of suppression / mis-statement / mis-representation of facts and this would lead to forfeiture of the premiums received under this policy.

6) Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, facsimile or e-mail to:

In case of the Policy holder/ Nominee: As per the details specified by the policy holder/nominee in the Proposal Form / Change of Address intimation submitted by him.

In case of the Company:

Address : Customer Service Desk
 ICICI Prudential Life Insurance Company Limited
 ICICI PruLife Towers,
 1089, Appasaheb Marathe Marg, Prabhadevi,
 Mumbai- 400 025

Facsimile : 022-67100803 / 805

E-mail : lifeline@iciciprulife.com

Notice and instructions sent by the Company to Policyholders will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail. It is very important that the Policyholder immediately informs the Company about the change in the address or the nominee particulars to enable the company to service him effectively.

7) Payment of Claim

Before payment of any claim under the Policy, the Company shall require the delivery of the original of this Policy document along with Written Intimation and the following documents establishing the right of the claimant or claimants to receive payment. Claim payments are made only in Indian currency.

- a. Claimant's Statement Form
- b. Treating Doctor's Certificate
- c. Medical evidences in form of diagnostic reports (if applicable)
- d. Hospital Discharge Card / Summary (if applicable)
- e. Death certificate issued by the local and medical authority (if applicable)
- f. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

8) Legislative Changes

The terms and conditions including the premium and the benefits payable under this policy are subject to variation in accordance with the relevant legislation. This policy including the premiums (including the rider premiums, if applicable) and the benefits under the policy will be subject to the taxes and other statutory levies as may be applicable from time to time, and such taxes, levies etc. will be recovered, directly and completely from the Policyholder.

9) Electronic Transactions

The Customer shall adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

10) Customer Service

- a) For any clarification or assistance, the policyholder may contact our advisor or call our Customer Service Representative at Telephone Numbers listed below during office hours (9.00 a.m. to 9.00 p.m.).

You may communicate with us on the following numbers:

North

| State | New Number |
|--|------------|
| Delhi | 9818177766 |
| Haryana | 9896177766 |
| Punjab | 9815977766 |
| Rajasthan | 9829277766 |
| Uttranchal | 9897307766 |
| Uttar Pradesh : (Kanpur Lucknow) | 9935277766 |
| Uttar Pradesh (Rest) | 9897307766 |

West

| State | New Number |
|---------------------------|------------|
| Chattisgarh | 9893127766 |
| Goa | 9890447766 |
| Gujarat | 9898277766 |
| Madhya Pradesh | 9893127766 |
| Maharashtra : (Mumbai) | 9892577766 |
| Maharashtra (Rest) | 9890447766 |

South

| State | New Number |
|---------------------------|------------|
| Andhra Pradesh | 9849577766 |
| Karnataka | 9845577766 |
| Kerala | 9895477766 |
| Tamil Nadu : (Chennai) | 52107766 |
| TamilNadu (Rest) | 9894477766 |

East

| State | New Number |
|-------------|------------|
| Bihar | 1800222020 |
| Jharkhand | 1800222020 |
| Orissa | 1800222020 |
| West Bengal | 9831377766 |

All India Toll Free Number : 1800 22 2020 from your MTNL or BSNL line

Alternatively you may communicate with us:

Address : Customer Service Desk
ICICI Prudential Life Insurance Company Limited
ICICI PruLife Towers,
1089, Appasaheb Marathe Marg, Prabhadevi,
Mumbai- 400 025

Facsimile : 022- 67100803 / 805

E-mail : lifeline@iciciprulife.com

The update in the contact details would be available on the Company Web Portal.

b) Grievance Redressal Committee:

The Company has a grievance redressal mechanism for resolution of any dispute and any grievance or complaint in respect of this policy may be addressed to:

ICICI Prudential Life Insurance Company Limited
ICICI PruLife Towers,
1089, Appasaheb Marathe Marg,
Prabhadevi,
Mumbai- 400 025

c) Ombudsman:

The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies.

"The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the Company and shall together form a single contract" (Ver T13:1)