

Investment Services Center  
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## Policy Document

### 1. Definitions

- (a) "Charges" means Insurance Charges, Fund Related Charges and Fixed Charges.
- (b) "Unit Fund" means the fund earmarked by the Company for the Unit linked business of the Company under the Insurance Regulatory and Development Authority (the "IRDA") regulations.
- (c) "Bonus Interest" means the incremental value added to the Guaranteed value of the Unit Fund at the rate declared by the Company at the end of every financial year of the Company. The bonus interest rate is a percentage yield on the time-weighted basis.
- (d) "Guaranteed value of the Unit Fund" means the total of allocated premiums, allocated top-up single premiums, the Bonus Interest credited and additional credits less all charges and the amount of withdrawals as respect to this Policy. In the event of a claim, the Bonus Interest so credited shall be till the valuation as on the last day of the financial year preceding the date of claim.
- (e) "Net Assets" means Market / Fair Value of Investments Fund plus Current Assets less Current Liabilities and Provisions pertaining to the Unit Fund.
- (f) "Net Asset Value" (NAV) is calculated as (Market/ Fair Value of the relevant Plan's Investments plus Current Assets less Current Liabilities and Provisions) / Number of units outstanding under the Unit Fund.
- (g) "Unit" means one undivided share in the assets under the Unit Fund, representing a measure of the interest in the assets under the Unit Fund.
- (h) "Monthly Due Date" means the date corresponding numerically with the date of the commencement of the Policy in each month subsequent to the month of issue of the Policy.
- (i) "Policyholder" means the Proposer under the Policy or the owner of the Policy at any point of time.
- (j) "Top-up Single Premium" means an additional Single Premium paid as provided in Clause 5.5.
- (k) "Premium" means the amount specified in the Policy (initial premium) and as increased/ decreased from time to time as provided in Clause 4.
- (l) "Sum Assured" means the cover under the Base Plan and Supplementary Benefits, if opted for, as specified in the Policy Certificate.

### 2. Policy Description

2.1 The policy is a regular premium unit linked Life insurance policy.

2.2 The policy enables the policyholder to participate only in the investment performance of the plan, to the extent of allocated units and does not in any way confer any right whatsoever on the policyholder to otherwise share in the profits or surplus of the business of the company in any manner whatsoever or make any claim in relation to the assets of the company.

### 3. Benefits payable subject to policy being inforce for the full Sum Assured.

#### 3.1 Death Benefit

On death of the Life Assured before the policy anniversary on which the life assured is age 7 nearer birthday

The amount payable shall be the higher of (a) the value of the Unit Fund or (b) Guaranteed value of the Unit Fund; where (a) is calculated by using the NAV of the day following the date of intimation.

On the death of the Life Assured after the policy anniversary on which the life assured is age 7 nearer birthday but before the date of maturity as specified in the Policy Certificate:

The amount payable shall be the Sum Assured together with the higher of (a) the value of Unit Fund or (b) Guaranteed value of the Unit Fund; where (a) is calculated by using the NAV of the day following the date of intimation.

#### 3.2 Maturity Benefit

On the survival of the Life Assured to the date of maturity, the amount payable shall be the higher of (a) the value of the Unit Fund or (b) the Guaranteed value of the Unit Fund; where (a) is calculated by using the NAV on the maturity date.

#### 3.3 Supplementary Benefits: If opted for and as specified in the Annexure

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**4. Increase / Decrease in the premium amount**

The Policyholder may choose to increase or decrease the premium under the Policy on more than one occasion. However, the decrease in the premium amount on each occasion shall not exceed 20% of the initial premium. In any case, the premium after the decrease shall not fall below 80% of the initial premium or below the minimum premium applicable under this Plan of insurance offered by the Company from time to time. The option to increase or decrease the premium can be effective from the Policy anniversary following the date of exercise of the option. Any increase or decrease in the Premium shall not lead to any increase or decrease in the Sum Assured respectively.

**5. Payment of Premiums****5.1**

(i) Premiums are payable on the due dates and at the rate mentioned in the Policy Certificate or at such increased / decreased rate as may be effected as per Clause 4. However, a grace period of not more than 30 days, where the mode of payment of premium is other than monthly, and not more than 15 days in the case of monthly mode is allowed. If a premium is not paid on the due date or during the days of grace, the policy shall lapse and no benefit shall be payable thereunder except to the extent indicated in Clause 7 below.

(ii) Premiums are payable without any obligation on the company to issue a notice for the same.

**5.2 Premiums are payable through any of the following modes:-**

Cash \*  
Cheques  
Demand Drafts  
Pay Orders  
Bankers Cheque  
Internet (Infinity / Bill Junction / Bill Desk)  
Electronic Clearing System

\* Subject to the Company Rules then in force

**5.3 Premium Allocation**

The Premiums paid shall be utilised for purchase of Units in the following manner:

Annual Premium (Rs)	Percentage of Premium utilised for purchase of units		
	Premium applicable for 1 <sup>st</sup> Policy year	Premium applicable for the 2 <sup>nd</sup> Policy year	Premium applicable for the 3 <sup>rd</sup> Policy year and onwards
Upto 14999	70%	90%	97%
15000 – 24999	72%	92%	97%
25000 – 49999	75%	92%	97%
50000 and above	77%	92%	97%

**5.4 Additional Credits:**

An additional credit of the annualised initial Premium shall be made on the Policy anniversary as mentioned below, subject to the payment of premiums till the date of allocation.

Additional credit will be made at end of following policy year	% Of the initial annual premium as additional credit
5 <sup>th</sup>	10%
10 <sup>th</sup>	15%
15 <sup>th</sup>	20%
20 <sup>th</sup>	25%
25 <sup>th</sup>	30%
30 <sup>th</sup>	35%

The additional credit will not be considered for the purpose of computation of bonus interest. Also, the additional credit will be payable only in the event of a death or maturity claim.

**5.5 Top-up Premiums**

The Policyholder may pay Top-Up Single premium(s) only where all the instalment premiums have been paid till date. Any payment in excess of the instalment premium shall be treated as top-up premium and shall be utilised for purchase of units.

In respect of Top-up Single premiums, 99% of the premium shall be utilised for purchase of units. The Top-up premiums cannot be paid during the last three Policy years.

Currently, the minimum Top up premium amount is Rs.2500/- and is subject to change as per the rules of the Company from time to time. The Payment of Top-up premiums shall not lead to any increase in the Sum Assured

**6. Withdrawal and Surrender****6.1 Partial withdrawal**

Provided all premiums have been paid for first five full years and after the five policy years have elapsed, partial withdrawal shall be allowed upto 10% of the Unit Fund with respect to this Policy. Partial withdrawal shall be permitted only once a policy year. An unutilized withdrawal cannot be carried forward.

**6.2 Continuation of Policy:**

- (a) If a premium has been paid atleast for the first full Policy year and any subsequent premium has not been paid on the due date or during the days of grace, the Sum Assured under the base plan and the Supplementary Benefits, if any, shall cease. However, higher of the Unit Fund or the guaranteed value of the unit fund shall be payable on the death of the Life Assured (NAV of the next day of the intimation date shall be used) or on the maturity date of the policy (NAV of the maturity date shall be used) or the Surrender Value specified in Clause 7 shall be payable on the surrender of the Policy, whichever is earlier.
- (b) Subject to the completion of three full policy years and payment of all premiums due till date the Policyholder can avail the facility to continue the Policy automatically for a period of maximum twelve months at a time from the date of last unpaid premium. This facility can be availed with effect from a Policy anniversary following the date of request. This facility, if availed for less than twelve months, the unutilised period cannot be carried forward.

During such continuation of the Policy, the applicable premium for the respective period shall be first recovered by the Company and then will be reallocated after deducting the necessary charges. This facility can be availed once only where the term of the Policy is less than 15 years and twice where the term of the policy is upto or greater than 15 years.

During the automatic premium payment period, the Policy shall be treated as In Force for all the purposes.

The Sum Assured under the Base Plan and for Supplementary Benefits, if any, shall cease immediately upon the value of the Unit Fund under the Policy becoming insufficient for recovering the charges.

**6.3 Bonus Interest**

Annual bonus interest credits will be on the premium allocated to the Unit Fund net of all charges and withdrawals plus bonus interest credits already made, on a time-weighted basis. The bonus interest will be declared on the basis of investment performance during the year. The difference between the bonus interest declared and the actual return earned on the Unit fund shall not exceed 1%.

Bonus interest credits will be made based on income obtained from the following classes net of fund related charges:

- (i) Investment Income (Such as interest, coupon payments)
- (ii) Rent
- (iii) Realised gains / losses
- (iv) Unrealised losses (Unrealised gains will not be considered while declaring bonus interest credit)

The total value of all the allocated premiums (net of charges and withdrawals) and declared bonus interest credits would remain guaranteed on death or maturity claim.

**Surrender of Policy**

The Policy acquires a Surrender Value after the Premiums are paid atleast for the first full policy year.

The Surrender Value shall be equal to the percentages as mentioned in the table.

No. of years for which premiums are paid	% of value of the Unit Fund
1	10%
2	20%
3	30%
4	40%
5	50%
6	60%
7	70%
8	80%
9	90%
10 years and above	95%

The surrender shall extinguish all the rights, benefits and interests under the Policy. For the purpose of the Surrender, the value of the Unit Fund shall be determined by using the NAV of the day immediately following the request for surrender.

## 8. Unit Fund

### 8.1 Investment Objective and Indicative Portfolio Allocation

Objective: The investment objective of the plan is to provide accumulation of income through investment in various fixed income securities, In addition to protecting the capital , the plan seeks to provide capital appreciation while maintaining suitable balance between return , safety and liquidity.

Indicative Portfolio Allocation :  
Debt, Money market and cash : Maximum 100%

### 8.2 Valuation Date

The Valuation Date shall be the date as determined by the Company from time to time but not less frequently than once a week, for the purposes of computing the NAV as provided in Clause 9

### 8.3 Investment

The Company shall decide the investment portfolio of the Unit Fund at its sole discretion subject to the investment objectives of the Unit Fund and the IRDA Regulations in that behalf. All assets relating to the Unit Fund shall be and shall remain in the absolute beneficial ownership of the Company. There is no trust created, whether express or implied, by the Company in respect of the investments in favour of the Proposer/Life Assured/ Assignee/ Nominee of the Policy or any other person.

### 8.4 Risks of Investment

The policy holder is aware that the investments in the Unit Fund is subject to the following risks and agrees that he is making the investment with full knowledge of the same.

- (i) Invest Shield Cash Policy is only the name of the Policy and does not in any way indicate the quality of the Policy, its future prospects or returns.
- (ii) Unit Fund is the name of the fund and do not in any manner indicate the quality of the fund, their future prospects or returns.
- (iii) The investments are subject to market and other risks and there can be no assurance that the objectives of the Fund will be achieved.
- (iv) The NAV of the Unit Fund can go up or down depending on the factors and forces affecting the financial and debt markets from time to time and may also be affected by changes in the general level of interest rates.
- (v) The past performance of other Plans of the Company is not necessarily indicative of the future performance of the Unit fund.
- (vi) All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time.

## 9. Units

9.1 The nominal NAV is Rs.10 each. The Units are allocated in the manner described below and such allocations may be made up to 1/1000th of a Unit or such other fraction as the Company may, in its sole discretion, decide.

### 9.2 Creation & cancellation of Units

- (a) If Premium or Top-up Premiums are received and accepted at the Company's Office during the business hours , the number of Units of the relevant Plan to be created will be computed using the NAV on the Valuation Date following the date of receipt of premiums or the date of underwriting decision , wherever applicable.

Notwithstanding anything contained in the above clause, where the policy is issued on the last day of the Financial Year of the Company and where the initial premium is received and accepted at the Company's office on the same day, the number of units of the relevant plan to be created will be computed using the NAV on the last day of Financial Year of the Company.

Notwithstanding anything contained in the above clause, where the subsequent premium /Top up premium is received and accepted at the Company's office on the last day of the Financial Year of the Company, the number of units of the relevant plan to be created will be computed using the NAV on the last day of the Financial Year of the Company

- (b) If a request for withdrawal is received at the Company's Office during the business hours, the number of Units of the relevant Plan to be withdrawn will be computed using the Unit Value on the Valuation Date following the date of such request.

Notwithstanding anything contained in the above clause, where the request for withdrawal of units is received and accepted at the Company's office on the last day of the Financial Year of the Company, the number of units of the relevant plan to be withdrawn will be computed using the unit value on the last day of the financial year.

Where (a) or (b) is received after the business hours, the Valuation date shall be the immediate next Valuation date following the Valuation date that would have been applicable if the premiums / requests were received during the business hours on the same day.

The Company may, at its sole discretion, change the time/date by which requests for (a) or (b) have to be received and accepted for the purpose of determining the Unit Value of units of the relevant Plan which

are to be used for calculating the number of Units provided that the same shall be intimated to the Policyholder. P.5 page string

### 9.3 Valuation of Unit Fund

The NAV shall be computed to three decimal places or any other fraction as the Company may decide at its sole discretion and the calculation by the Company in this regard would be final and binding for all purposes except in the case of manifest error. The valuation of the assets, of each Plan shall be made as per the valuation norms prescribed by the Company and the IRDA.

## 10. Charges

### 10.1 Insurance Charges

The Insurance charges shall vary depending on:

- (a) the Sum Assured under the basic plan and the Supplementary Benefits as the case may be;
- (b) the age nearer birthday of the Life Assured;
- (c) the gender of the Life Assured;
- (d) the occupation of the Life Assured; and
- (e) the health of the Life Assured.

### 10.2 Fixed Charges

A Fixed Charge of Rs.50/- shall be levied per month.

### 10.3 Fund Related Charges

The Fund Related Charges shall be at 1.25% of the net assets under management in the Unit Fund.

### 10.4 Recovery of Charges

- (a) The Fund Related charge shall be charged to the Unit Fund and will be priced in the NAV.
- (b) The Insurance Charges shall be recovered on the date of commencement of the Policy and on each Monthly Due Date whilst the Policy remains in force.
- (c) The Fixed charge shall be recovered on every Monthly Due Date
- (d) The charges in (b) and (c) shall be recovered by cancellation of units.

### 10.5 Revision / Introduction of Charges

The Company reserves the right to revise the Charges except the Insurance Charges towards the Sum Assured under the Base plan including the right to change the manner in which Charges are to be recovered.

The Company also reserves the right to introduce new charges. Any revision or introduction will be with prospective effect with approval from IRDA and after giving a notice to the Policyholders.

The Company reserves the right to revise the Fund Related charge at any time with prior approval from the IRDA upto a maximum of 1.75% per annum of the net assets.

The Company reserves the right to change the Fixed charge at any time with prior approval from the IRDA upto a maximum of Rs.100/- per month.

The policyholder who does not agree with the above, shall be allowed to terminate the policy, and the value of the Unit Fund shall be payable to the policyholder.

## 11. Loans

Within the surrender value acquired by this Policy, loans may be granted subject to the following terms and conditions

1. Loan may be granted on proof of title to the Policy
2. The Policy shall be assigned absolutely to and be held by the Company as security for repayment of the loan and the interest thereon
3. The loan shall carry interest at the rate specified by the Company at the time when the Loan is advanced and shall be compounded half yearly.
4. The Loan amount may be repaid at any time before a claim arises. However, interest shall be charged a minimum period of six months.
5. The first payment of interest shall fall due on half yearly policy anniversary following the date on which the loan is advanced and thereafter on every half yearly Policy anniversary.
6. In case the Policy results in claim/ withdrawal before the repayment of loan in full with interest, the Company shall be entitled to recover the outstanding loan and interest from any moneys payable under the Policy.
7. The Company shall terminate the policy where the outstanding loan amount together with interest is equal to the value of units under the policy at any point of time.
8. Partial withdrawal of units shall not be allowed till the loan together with the interest under the policy is repaid full

## 12. General Provisions

Where the policy has been issued on the life of a minor, the policy shall automatically vest in him on his attaining majority. However the policy shall continue to be vested in the proposer, if the policy is proposed by HUF on the life of a minor.

## POLICY DOCUMENT

### GENERAL CONDITIONS

#### 1 Age:

- (i) The "Insurance charges" payable under the policy have 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 Proposer/ Life Assured shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.
- (ii) 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:
  - a) 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 stand 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 it is not possible to grant any other plan of assurance, the policy shall stand cancelled from the date of issue of the policy and the value of units shall be refunded subject to the deduction of the expenses incurred by the Company on the policy.
  - b) If the correct age is higher than the age declared in the Proposal, the life insurance charges and charges for supplementary benefits payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected insurance charges") from the date of commencement of the policy and the Proposer/Life Assured shall be required to pay to the Company the accumulated difference between the corrected insurance charges and the original insurance charges from the commencement date 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 insurance charges. If the Life Assured fails to pay the difference of insurance charges with interest thereon as mentioned above, the same shall be treated as a debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the policy.
  - c) If the correct age of the Life Assured is lower than the age declared in the Proposal, the insurance charges payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected insurance charges") from the date of commencement of the policy and the Company may, at its discretion, refund without interest, the accumulated difference between the original insurance charges paid and the corrected insurance charges.

#### 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 5 years from the date of the first unpaid premium and before the Maturity Date of policy;
- (b) the applicant being the Proposer/Life Assured furnishes, at his own expense, satisfactory evidence of health of the Life Assured;
- (c) the payment of arrears of premiums;
- (d) the revival of the policy 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 Life Assured or 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 the policy is under the Married Women's Property Act, 1874, except where the assignment is in favour of the Company for availing a loan.
- (ii) The Life Assured, where he is the holder of the policy, may, at any time before the Maturity 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 Maturity Date of policy shall also be communicated to the Company.

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. Suicide

If the Life assured whether sane or insane commits suicide, within one year from the date of issue of this policy, the policy shall be void. The value of the Unit Fund under the Policy shall be payable.

## Special Provisions

Any 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.

## Incontestability

In case it is found that any untrue or incorrect statement is contained in the proposal/ personal statement, declaration and connected documents or any material information has been withheld then, but subject to the provision of Section 45 of the Insurance Act, 1938, the policy shall be void and no benefit shall be payable thereunder.

## 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 24376727

E-Mail : lifeline@iciciprulife.com

Notice and instructions 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/ her effectively.

## 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.

## Payment of Claim

Before payment of any claim under the Policy, the Company shall require the delivery of the original of this Policy document and the following documents establishing the right of the claimant or claimants to receive payment.

1. Original Insurance Policy
2. Claimant's statement

Death certificate issued by the local and medical authority in case of death claim

4. Medical evidence in case of health and disability rider claims.
5. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

## 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 that 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.

## Customer Service

- (a) If at any time you need any clarification or assistance, please contact our advisor or call our Customer Service Representative at the telephone numbers given below during office hours (9.00 a.m. to 9.00 p.m.)  
You may communicate with us on the following numbers:

## Customer Service Helpline

State	Number	State	Number
Andhra Pradesh	9849577766	MadhyaPradesh	9893127766
Bihar	1600-22-2020	Maharashtra (Mumbai)	9892577766
Chattisgarh	9893127766	Maharashtra (Rest)	9890447766
Delhi(Gurgaon, Noida, Rest)	98181777666	Orissa	1600-22-2020
Goa	9890447766	Punjab	9815977766
Gujarat (Jamnagar)	1600-22-2020	Rajasthan (Kota)	1600-22-2020
Gujarat(Rest)	9898277766	Rajasthan(Rest)	9829277766
Haryana	9896177766	Tamil Nadu (Chennai)	9840877766
Himachal Pradesh(Simla)	1600-22-2020	Tamil Nadu (Rest)	9894477766
Jharkhand	1600-22-2020	Uttar Pradesh (Varanasi)	95522-2294555
Karnataka	9845577766	Uttar Pradesh (Agra, Bareilly, Meerut)	9897307766
Kerala	9895477766	Uttar Pradesh (Kanpur, Lucknow)	9935277766
Kolkatta	9831377766	Uttaranchal	9897307766
<b>In Other Cities, You Can Dial Our Toll Free Number 1600-22-2020</b>			

Alternatively you may communicate with us:

By mail at

:

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

Facsimile

:

022 24376727

E-mail

:

lifeline@iciciprulife.com

(b) Grievance Redressal Mechanism :

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:-

Grievance Redressal Committee,  
Customer Service Desk,  
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. For details log on to our website [www.iciciprulife.com](http://www.iciciprulife.com) or contact our Customer Service Desk.



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**ANNEXURE**  
**Supplementary Benefits applicable if opted for**

**(A) Accident and Disability Benefit**

**(I) Accident Benefit:**

Subject to the conditions set out below, if whilst the policy is in force for the full Sum Assured, the Life Assured is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his death the Company agrees to pay the person/s to whom the benefits are payable under the Policy an amount equal to the Accident and Disability Benefit Sum Assured (hereinafter referred to as "accidental cover") under this supplementary benefit.

In the event of such death occurring while the Life Assured is using, as a fare paying passenger, authorised public mass surface transport namely bus or train, operating under terms of such authorisation, the additional amount payable under this benefit shall be enhanced to twice the amount of accidental cover under this supplementary benefit.

The conditions subject to which this benefit is payable, are:

- (a) the death due to accident must be caused by violent, external and visible means;
- (b) the death due to accident is not caused -
  - i) by 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; or
  - ii) by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft (being a multi-engined aircraft) operating on a regular scheduled route; or
  - iii) by the Life Assured committing any breach of law; or
  - iv) due to war, whether declared or not or civil commotion; or
  - v) by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- (c) the accident shall result in bodily injury or injuries to the Life Assured independently of any other means;
- (d) such injury or injuries shall, within 180 days of it's occurrence, directly and independently of any other means cause the death of the Life Assured; and
- (e) the death of the Life Assured shall occur before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier; However, if the period of 180 days from the occurrence of the accident is current on the policy anniversary on which the Life Assured attains age 65 nearer birthday, the accidental cover shall be payable on death during that period.

**(II) Disability Benefit:**

Subject to the conditions set out below, if whilst the policy is in force for the full Sum Assured, the Life Assured is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his total and permanent disablement, which will disable him to work or follow any occupation or profession, then with effect from and including the date of such disability ( hereinafter called "Disability Date" ) the Company agrees to provide the following benefit :-

1. Commencing from the first anniversary of the Disability Date and on each anniversary thereafter pay in ten annual installments, each equal to one-tenth of the amount of accidental cover under this Supplementary Benefit. In event of the policy resulting in a claim before the maturity or in the event of policy reaching the maturity date, then such installments, if any, remaining unpaid shall become payable along with the claim. The total benefit payable by way of installments as mentioned above shall not exceed 100 % of the Sum Assured under this supplementary benefit.

2. The conditions subject to which the benefits are payable, are:

- (a) the disability must be caused by violent, external and visible means;
- (b) the disability is not caused,
  - i) by 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; or
  - ii) by engaging in aerial flights ( including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft operating (being a multi engine aircraft) on a regular scheduled route; or
  - iii) by the Life Assured committing any breach of law: or
  - iv) due to war, whether declared or not or civil commotion :or
  - v) by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- (c) If there are any other benefits payable under this supplementary benefit, then all such benefits shall cease to be available on and after the Disability Date.
- (d) The Disability must result within 180 days from the date of occurrence of the accident.
- (e) Written notice of any claim for the benefit shall be served on the Company within 120 days of the Disability Date and the admission of any claim for Disability Benefit will be subject to such proof (at the expense of the Life Assured), as the Company may reasonably require, that the Life Assured has become totally and permanently disabled. Such proof shall be furnished to the Company along with the submission of the notice of the disability.
- (f) The Company reserves the right to call for such medical examinations as they may require and for this purpose, may advise the Life Assured to submit himself to one or more medical examinations conducted by medical practitioner/s appointed by the Company, the cost of which shall be borne by the company.
- (g) The payment of the Disability Benefit and the continuation thereof shall be subject to such proof, as the Company may require, that the Life Assured has been totally and permanently disabled and has continued to be totally and permanently disabled. If such proof is not furnished or if the Life Assured shall refuse or fail to submit for medical examination/s when required to do so, or if at any time the Company is satisfied that a claim for benefit under this clause has been wrongly admitted, the Life Assured shall be deemed to have ceased to be totally and permanently disabled immediately from the date on which the Company has requested for the supply of such proof or submission to medical examination/s or, as the case may be, from the date on which the Life Assured is communicated of wrongful admission of the claim, and thereafter the policy shall continue under such terms and conditions as the Company may decide.

For the purpose of this benefit, a person shall only be regarded as "Totally and Permanently Disabled" if that person, due to accident or injury has suffered a loss such as:

- \* the loss by physical separation of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation of one limb accompanied by the complete and irremediable loss of sight in one eye (where limb means an entire hand or foot), or
- \* has been continuously disabled for a period of six consecutive months and has been determined by the Company, after consideration of the reports and other information supplied by the Company's own medical practitioner, appointed to examine that person, to be incapacitated to such an extent as to render that person unlikely ever to resume work or to attend any gainful employment or occupation.

**(B) Critical Illness Benefit Rider**

Provided the policy is in force for the full Sum Assured, the Life Assured is diagnosed to be suffering from a Critical Illness (as defined below) after six months from the Date of issue of the Policy but before the policy anniversary on which he attains the age 65 years nearer birthday, or before the expiry of the period for which the premiums are payable, whichever is earlier, the Sum Assured under this supplementary benefit shall fail to be paid, subject to conditions set out below: -

- (1) The benefit shall not be payable in respect of any illness other than those defined as Critical Illness, nor shall it apply or be payable in respect of any of those said illnesses the symptoms of which have occurred or which has been diagnosed or for which the insured person received treatment, during the first 6 months from the date of issue of the policy.

- (2) The benefit shall be payable on the Life Assured surviving 28 days from such diagnosis.
- (3) The Critical Illness shall not have been caused by the existence of Acquired Immune Deficiency Syndrome or the presence of any Human Immuno-deficiency Virus Infection in the person of the Life Assured, self inflicted injury, drug abuse, failure to follow medical advice, war, whether declared or not and civil commotion, pregnancy, breach of law, aviation other than as a fare paying passenger in a commercial licenced aircraft (being a multi-engined aircraft), hazardous sports and pastimes;
- (4) Written Notice of any claim for the benefit must be given to the Company within 60 days of such diagnosis.
- (5) The admission of any claim for this benefit will be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any Critical Illness, as the Company may reasonably require.
- (6) The Critical Illness benefit shall automatically cease to be available when the policy is surrendered or converted into a paid-up policy.

Note 1: A "Critical Illness " shall mean anyone of the following illnesses as defined separately hereunder occurring after 6 months from the issue date of policy: -

- (a) Cancer: - A malignant tumour characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed. The term Cancer includes Leukaemia but excludes the following: -
- i) All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
  - ii) All forms of lymphoma in presence of any Human Immuno-deficiency Virus;
  - iii) Kaposi's Sarcoma in the presence of any Human Immuno-deficiency virus;
  - iv) Any Skin Cancer other than invasive malignant melanoma; and
  - v) Early Prostate Cancer which is histologically described as T1 (including T 1a and T 1 b ) or another equivalent or lesser classification.
- (b) Coronary Artery By-Pass Graft Surgery (CABGS) – the undergoing of open heart surgery on the advice of a 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.
- (c) Heart attack – The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiographic changes and by elevation of the cardiac enzymes. Diagnosis must be confirmed by a consultant physician.
- (d) Kidney 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.
- (e) Major Organ Transplant – The actual undergoing as a recipient of a transplant of heart, liver, lung, pancreas or bone marrow as a result of chronic irreversible failure. Evidence of end stage disease must be provided and the requirement for transplantation must be confirmed by a consultant physician.
- (f) Stroke – A cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.
- (g) Paralysis : Complete and permanent loss of the use of two or more limbs as a result of injury or disease of the brain or spinal cord. To establish permanence the paralysis must normally have persisted for at least 6 months.
- (h) Aorta-surgery: The actual undergoing of surgery (including key hole type) for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft
- (i) Heart valve replacement/surgery: The undergoing of open heart surgery, on the advice of a consultant cardiologist, to replace or repair one or more heart valves

Note 2:

"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 radiological, clinical, histological or laboratory tests acceptable to the Company.

In 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.

"Physician" shall mean any person registered with the Indian Medical Council to render medical or surgical services, but excluding a person who is the Life Assured himself or a blood relative of the Life Assured.

### (C) Waiver of Premium Rider

Subject to the conditions set out below, if whilst the policy is in force for the full Sum Assured, the Life Assured is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his total and permanent disablement, which will disable him to work or follow any occupation or profession, then with effect from and including the date of such disability (hereinafter called "Disability Date") the Company agrees to provide the following benefit :-

The premiums falling due on or after the Disability Date shall be waived till the end of the term of this supplementary benefit or till the death of the life assured whichever is earlier. The amount of premium to be waived shall be equal to the benefit under this rider as on date of event under the policy, in any case subject to the acceptance of the claim by the company. Further the benefit amount under this rider shall be revised as a result of increase or decrease in the premium amount subject to the rules of the company from time to time.

The conditions subject to which the benefit is allowed, are:

- (a) the disability must be caused by violent, external and visible means;
- (b) the disability is not caused,
  - (i) by 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; or
  - (ii) by engaging in aerial flights ( including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft operating (being a multi engine aircraft) on a regular scheduled route; or
  - (iii) by the Life Assured committing any breach of law; or
  - (iv) due to war, whether declared or not or civil commotion ; or
  - (v) by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- (c) The Disability must result within 180 days from the date of occurrence of the accident.
- (d) Written notice of any claim for the benefit shall be served on the Company within 120 days of the Disability Date and the admission of any claim for Waiver of Premium Benefit will be subject to such proof (at the expense of the Life Assured), as the Company may reasonably require, that the Life Assured has become totally and permanently disabled. Such proof shall be furnished to the Company along with the submission of the notice of the disability.
- (e) The Company reserves the right to call for such medical examinations as they may require and for this purpose, may advise the Life Assured to submit himself to one or more medical examinations conducted by medical practitioner/s appointed by the Company, the cost of which shall be borne by the company.
- (f) The admittance of this Benefit and the continuation thereof shall be subject to such proof, as the Company may require, that the Life Assured has been totally and permanently disabled and has continued to be totally and permanently disabled. If such proof is not furnished or if the Life Assured shall refuse or fail to submit for medical examination/s when required to do so, or if at any time the Company is satisfied that a claim for this supplementary benefit has been wrongly admitted, the Life Assured shall be deemed to have ceased to be totally and permanently disabled immediately from the date on which the Company has requested for the supply of such proof or submission to medical examination/s or, as the case may be, from the date on which the Life Assured is communicated of wrongful admission of the claim, and thereafter the policy shall continue under such terms and conditions as the Company may decide

For the purpose of this benefit, a person shall only be regarded as "Totally and Permanently Disabled" if that person, due to accident or injury has suffered a loss such as:

- \* the loss by physical separation of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation of one limb accompanied by the complete and irremediable loss of sight in one eye (where limb means an entire hand or foot), or
- \* has been continuously disabled for a period of six consecutive months and has been determined by the Company, after consideration of the reports and other information supplied by the Company's own medical practitioner, appointed to examine that person, to be incapacitated to such an extent as to render that person unlikely ever to resume work or to attend any gainful employment or occupation.

**The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herein including every endorsement by the Company and shall together form a single contract (Ver UL28:1.0)**