

# Policy Document - Terms and Conditions of your policy

## ICICI Pru Pinnacle Super

In this Policy, the investment risk in investment portfolio is borne by the Policyholder. Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

**UIN number: ICICI Pru Pinnacle Super : 105L121V03**

ICICI Pru Pinnacle Super is a new unit linked product that will be offered for a policy term of 10 years. You have the flexibility to select either of the two available Premium Payment Options and can either opt for one pay or five pay.

In this document, "you" or "your" will refer to the Policyholder i.e. the owner of this policy and "we", "us", "our", "insurer" or the "Company" will refer to ICICI Prudential Life Insurance Company Limited or any of its successors.

Premium Payment Term	One Pay: 1 year, Five Pay: 5 years		
Premium Payment Mode	One Pay: Single Premium, Five Pay: Yearly		
Minimum basic Sum Assured	<b>Age at entry in complete years</b>	<b>One Pay</b>	<b>Five Pay</b>
	All ages	125% of premium	10 times annualized premium
Maximum basic Sum Assured	Age at entry <60 years	500% of single premium	As per maximum Sum Assured multiples, (For details please refer to clause 9.4 Annexure IV)
	Age at entry >=60 years	125% of single premium	
Top up Minimum Sum Assured	< 45 years	125% of Single Premium	
	>=45 years	125% of Single Premium	
Top up Maximum Sum Assured	< 60 years	500% of single Premium	
	>=60 years	125% of single Premium	
Age at entry	<b>Premium payment option</b>	<b>One Pay</b>	<b>Five Pay</b>
	Minimum	8 years	8 years
	Maximum	70 years	65 years
Age at maturity	Minimum	18 years	18 years
	Maximum	80 years	75 years

## Charge Structure

Premium Allocation Charge	The premium allocation charge depends on the premium payment option chosen. Premiums will be allocated in the chosen funds after deducting the premium allocation charge.		
	<b>Single Premium (₹)</b>	<b>Charge (% of single premium)</b>	
	< Rs. 500,000	5%	
	>= Rs. 500,000	4%	
Policy Administration Charge	• One pay option		
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3-5</b>
	6%	5%	3%
	All Top up premiums are subject to an allocation charge of 2%.		
Policy Administration Charge	• For the One Pay option: The policy administration charge is a percentage of the single premium amount and will be charged for the first five years, subject to a maximum of ₹500 per month		
	<b>Policy Administration Charge per month (% of single premium)</b>		
	Year 1 to Year 5	0.12%	
	Year 6 to Year 10	NIL	
Policy Administration Charge	• For the Five Pay option: The policy administration charge is a percentage of the annual premium and will be charged throughout the term of the policy, subject to a maximum of ₹500 per month:		
	<b>Policy Administration Charge per month (% of annual premium)</b>		
	Year 1 to Year 5	0.25%	
	Year 6 to Year 10	0.10%	
	This charge will be made by redemption of units.		
Fund Management Charge (as % per annum of the unit fund, charged daily)	Highest NAV Fund A*, Highest NAV Fund B*, Highest NAV Fund C*, Multi Cap Growth Fund, Multi Cap Balanced Fund, Maximiser V, Bluechip Fund, Opportunities Fund, Income Fund, Dynamic P/E Fund, Smart Trigger Equity Fund, Smart Trigger Debt Fund	Return Guarantee Fund*	Money Market Fund
	1.35%	1.25%	0.75%
	*There will be an additional charge for the investment guarantee made by adjustment to the NAV for the funds below:		
	• Highest NAV Fund A: 0.50% p.a.		
	• Highest NAV Fund B: 0.50% p.a.		
	• Highest NAV Fund C: 0.50% p.a.		
	• Return Guarantee Fund: 0.25% p.a.		
	Both the Fund Management Charge and charge of investment guarantee will be charged by adjustment to NAV.		

Premium Discontinuance Charge	Year in which premium is discontinued	Premium Discontinuance Charge*	
		Annual Premium ≤ 25,000	Annual Premium > 25,000
	2	15% of lower of (AP or FV), subject to a maximum of ₹2000	4% of lower of (AP or FV), subject to a maximum of ₹ 5000
	3	10% of lower of (AP or FV), subject to a maximum of ₹1500	3% of lower of (AP or FV), subject to a maximum of ₹ 4000
	4	5% of lower of (AP or FV), subject to a maximum of ₹1000	2% of lower of (AP or FV), subject to a maximum of ₹ 2000
	5 and onwards	Nil	Nil
	*AP: Annualised Premium FV: Fund Value on the date of discontinuance This section is applicable only for Five Pay Premium Discontinuance Charge is not applicable for One Pay		
Mortality Charges	Mortality Charges will be calculated based on the Sum at Risk. One Pay: Sum at Risk = Max {Sum Assured (reduced by applicable partial withdrawals), Fund Value, Minimum Death Benefit} – Fund Value Five Pay: Sum at Risk = Max {Sum Assured + Fund Value including Top up Fund Value, Minimum Death Benefit} – Fund Value This will be deducted on monthly basis by cancellation of units. Mortality charges are given in clause 9.3, Annexure III		
Miscellaneous Charges	Currently the Miscellaneous Charge for each Policy alteration made during the term of the Policy is ₹250/-		
Switching Charge	Four free switches are allowed in each policy year. Thereafter, additional switches will be charged at ₹100 per switch by redemption of units. Any unutilized switch can not be carried forward.		
Partial Withdrawal Charge	NIL		

Some of the charges may be revised from time to time. For details, please refer to clause 9.2 Annexure II.

## 1. Freelook Period (15/30 days Refund Policy)

You have an option to review the policy post receipt of the policy document. If you are not satisfied with the terms and conditions of this policy, please return the policy document to the Company for cancellation within • 15 days from the date you received it, if your policy is not sourced through Distance marketing\* • 30 days from the date you received it, if your policy is sourced through Distance marketing\* We will cancel the policy and return the premium adjusted for fluctuation in NAV, if any, with the following deductions: a) Stamp duty under the policy b) Expenses borne by the Company on medical examination, if any, The policy will terminate on payment of this amount and all rights, benefits and interests under this policy will stand extinguished.

\*Distance marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

## 2. Key Benefits

**2.1 Death Benefit** i. The policy has to be in force as on the date of death of the Life Assured. ii. In case of death of the Life Assured during the term of the policy, we will pay the following: a) In case of One pay option: Higher of i. Sum Assured (reduced by applicable partial withdrawals, if any) ii. Fund Value including Top up Fund Value, if any iii. Minimum Death Benefit as mentioned in clause 9.1.g. b) In case of Five pay option: Higher of i. Sum of Sum Assured plus Fund Value including Top up Fund Value, if any ii. Minimum Death Benefit as mentioned in clause 9.1.g. iii. Guaranteed NAV, as described in clause 2.2.ii, will not be applicable in case of death. iv. Partial Withdrawals shall have an impact on Death Benefit as stated in clause 5.3.(vi). v. Death benefit may be taxable as per the prevailing tax laws. vi. The policy will terminate on payment of the death benefit.

**2.2 Maturity Benefit** i. The policy has to be in force as on the date of maturity of the policy. ii. For Highest NAV Fund A, Highest NAV Fund B, Highest NAV Fund C and Return Guarantee Fund, maturity Fund Value is the higher of the Fund Value and Guaranteed Value, where • Fund Value = Prevailing NAV on the day of maturity X Units at maturity • Guaranteed Value = Applicable Guaranteed NAV X Units at maturity. The Guaranteed NAV will be as per the fund option & series chosen and is as detailed below: a) If Units are allocated in a series of Highest NAV Fund A, the Guaranteed NAV will be the highest NAV recorded within the first seven years of the launch of the series, subject to a minimum of ₹10. b) If Units are allocated in a series of Highest NAV Fund B, the Guaranteed NAV will be 110% of the highest NAV recorded within the first seven years of the launch of the series, subject to a minimum of ₹11. c) If Units are allocated in a series of Highest NAV Fund C, the Guaranteed NAV will be the highest NAV recorded within the first seven years of the launch of the series, subject to a minimum of ₹15. d) If Units are allocated in RGF, the Guaranteed NAV will be as declared at the beginning of the subscription period of the applicable tranche. iii. Maturity Fund Value is equal to the Fund Value for the following Funds: Multi Cap Growth Fund, Multi Cap Balanced Fund, Maximiser V, Bluechip Fund, Opportunities Fund, Income Fund, Money Market Fund and Dynamic P/E Fund. iv. Maturity benefit is the applicable maturity Fund Value along with loyalty addition. Loyalty addition is described in clause 2.3. v. The maturity benefit may be taxable as per prevailing tax laws. vi. The policy will terminate on payment of the maturity benefit.

**2.3 Loyalty Addition** i. We will allocate loyalty addition to your policy on the date of maturity. ii. The loyalty addition will be calculated as 2% of the policy's Fund Value as on the date of maturity. iii. The calculation of the Fund Value for loyalty addition will be based on the prevailing NAV's and not on applicable Guaranteed NAV's, if any.

### 3. Premium Related Features

**3.1 Top up Premium** i. You have an option to pay Top up premiums to your Fund Value at any time during the term of the policy, except as mentioned in clause 3.1.iii. ii. This will be subject to underwriting and provided you have paid all the due premiums under the policy. iii. You cannot pay Top up premiums in the last five years before the date of maturity. iv. Currently, the minimum Top up premium is ₹2,000/- and we may change the same from time to time with prior approval of the Regulator. v. There will be an increase in Sum Assured on payment of Top up premium. The increase in Sum Assured will depend on the age of the Life Assured at the time of payment of Top up premium as mentioned below:

Age	Increase in Sum Assured
< 60 years	125% or 500% of Top up premium
>= 60 years	125% of Top up premium

vi. For the purpose of partial withdrawals, there is a lock in period of five years from the date of payment of the Top up premium. We may change the lock in period from time to time subject to the approval from the Regulator. vii. Top up premium cannot be allocated to the guaranteed Funds namely Highest NAV Fund A, Highest NAV Fund B, Highest NAV Fund C and Return Guarantee Fund.

**3.2 Premium Redirection** i. You have an option to specify the manner in which the future premiums are to be invested at the inception of the policy by specifying the proportion to be invested in Smart Trigger Portfolio Strategy and Fixed Portfolio Strategy. ii. If you want to invest in Fixed Portfolio Strategy then you must also specify the name of the Funds and the corresponding proportion to be invested in each of the Funds. iii. Premium redirection will not be allowed into any of the guarantee Funds namely Highest NAV Fund A, Highest NAV Fund B, Highest NAV Fund C and Return Guarantee Fund. iv. At the time of payment of subsequent premiums, the split may be changed without any charge. This will not count as a switch. v. This benefit is not applicable for One Pay.

**3.3 Increase or Decrease in Premium** No increase or decrease in premium is allowed under this policy.

### 4. Cover Related Features

**4.1 Increase of Sum Assured** i. Increase in Sum Assured will be allowed only on a policy anniversary during the policy term. ii. No increase in Sum Assured will be allowed if the Life Assured has attained age 60 last birthday. iii. Any increase in the Sum Assured will be subject to underwriting. The cost of medical report(s) and test(s), if any, will be borne by you. iv. We will recover costs and increased mortality charges through cancellation of Units. v. For One Pay, the Sum Assured may be increased from 125% to 500% of the single premium paid. vi. For Five Pay, increase in Sum Assured will be allowed provided all due premiums till date have been paid. An increase in the Sum Assured will be allowed only in multiples of ₹1,000, subject to the maximum Sum Assured limit applicable as specified in clause 9.4 Annexure IV. The multiple of ₹1,000 referred above may be changed from time to time as per the rules of the Company, subject to prior approval from the Regulator.

**4.2 Decrease of Sum Assured** i. Decrease in Sum Assured will be allowed only on a policy anniversary during the policy term. ii. Once you opt for decrease in the Sum Assured, any subsequent request for increase of Sum Assured will be subject to the conditions as mentioned in clause 4.1 above. iii. For One Pay, you may decrease the Sum Assured from 500% to 125% of the single premium paid. iv. For Five Pay, you may decrease the Sum Assured, subject to the minimum Sum Assured applicable under the product. Decrease in the Sum Assured will be allowed in multiples of ₹1,000. The multiple of ₹1,000 referred above may be changed from time to time as per the rules of the Company, subject to prior approval from the Regulator.

**4.3 Riders** ICICI Pru Waiver of Premium on Critical Illness Rider (UIN: 105C024V01) is offered with this plan as a supplementary benefit. For further details and terms and conditions of the rider please refer to clause 9.5 Annexure V.

### 5. Withdrawals and Discontinuance

**5.1 Surrender** i. Surrender means voluntary termination of the policy by you. ii. The policy can be surrendered only after completion of five policy years. iii. The surrender value will be payable at the time of surrender or after completion of five policy years, whichever is later. iv. On surrender, we will pay the Fund Value including the Top up Fund Value, if any. v. No surrender penalty will be levied after the fifth policy year. vi. No guarantee will be applicable on surrender. vii. In case you surrender the policy before the termination of a tranche of the Return Guarantee Fund that you are invested in, the Units will be redeemed at the prevailing NAV. viii. The policy will terminate on payment of the surrender value. ix. Surrender will extinguish all rights, benefits and interests under the policy. x. Surrender value may be taxable as per prevailing tax laws.

**5.2 Premium Discontinuance** i. Premium discontinuance is applicable from the date on which you intimate us about discontinuance of the policy or on the completion of the Extended Period or 75 days from the end of the grace period as defined in clause 9.1.b, whichever is earliest. Premium discontinuance is applicable only in case of five pay. If the policy is not revived within the period as described in clause 8.10, the life insurance cover and rider cover, if any, shall cease. At the end of the period, the Fund Value shall be transferred to the discontinued policy fund (SFIN: ULIF 100 01/07/10 LDiscont 105) after deduction of applicable discontinuance charge as described in "Charge Structure". Thereafter, no other charges shall be deducted other than the Fund Management Charge of 0.5% p.a. of the discontinued policy fund except in case of revival. In case of death before the end of the fifth policy year, the discontinued policy fund value shall be paid. At the end of the fifth policy year, the discontinued policy fund value shall be paid to you. The interest credited, during the discontinued period, is that earned by the discontinued policy fund, subject to a minimum of the interest applicable to

savings bank accounts of State Bank of India or other rate that the Regulator declares from time to time. In case of revival of policy, discontinuance charges, if any, deducted at the time of policy discontinuance will be added to the Fund Value of the Policy. Any premium allocation charge and policy administration charges applicable during the discontinuance period will be deducted by redemption of units. The net monies will be invested in the applicable funds in the proportion as at the date of discontinuance. In case you surrender the policy or discontinue the premium payment before the termination of a tranche of the RGF that you are invested in, the Units will be redeemed at the prevailing NAV.

**5.3 Partial Withdrawal** i. After five policy years, you have an option to make a partial withdrawal once every policy year. ii. Currently, the minimum amount that you can withdraw is ₹2,000/- and the maximum amount is 20% of the Fund Value as on the date of partial withdrawal. iii. We reserve the right to change the minimum and maximum amounts of partial withdrawal from time to time subject to prior approval of the Regulator. iv. There would be no charge for this withdrawal. v. Partial withdrawal will reduce the Minimum Death Benefit as mentioned in clause 9.1.g. vi. If the Five Pay option is selected, partial withdrawals will have no impact on the Sum Assured. However, if the One Pay option is selected the Sum Assured will be reduced by: a) the amount of partial withdrawals made during the two years immediately preceding the date of death of Life Assured where death occurs before or at age 60 last birthday; b) the amount of all partial withdrawals made after attaining age 58 last birthday where the death of Life Assured occurs after age 60 last birthday. vii. No guarantee will be applicable on partial withdrawals. viii. There will be a five year lock in period (from the date of payment) on the Top up premiums for the purpose of partial withdrawal. ix. Any unused partial withdrawal cannot be carried forward. x. For policies issued on minor lives, we will allow partial withdrawals only after the Life Assured has completed 18 years of age.

**5.4 Loans** No policy loans are allowed under this plan.

### 6. Investment Related Features

**6.1 Switches** i. This feature is available only if you have opted for Fixed Portfolio Strategy at the time of switching. ii. You have an option to switch part or all of the allocated Units from one Fund to another at anytime during the term of the policy. This is done by redeeming Units from the first Fund and allocating the Units in the second Fund, based on the NAV of the relevant Funds. iii. The first four switches in any policy year are free of cost. iv. During the first five policy years, switches will not be allowed unless all due premiums have been paid. v. Currently, the minimum amount per switch is ₹2,000/-. We may change this amount from time to time subject to the Regulator's approval. vi. You cannot switch into RGF if subscription to RGF is not open at the time of request or if the remaining term of the policy is less than the term of the RGF tranche open for subscription at that time. vii. Switches into the Highest NAV Fund A, Highest NAV Fund B and Highest NAV Fund C will not be allowed. viii. Any unutilized switch can not be carried forward.

**6.2 Automatic Transfer Strategy** i. This option is available if you have opted for Fixed Portfolio Strategy. ii. You may opt for an automatic monthly transfer of a pre-defined amount from your investments in the Money Market Fund, into any one of the following Funds available under the plan: Bluechip Fund, Multi Cap Growth Fund, Opportunities Fund, Maximiser V Fund or Dynamic P/E Fund. iii. You may opt for a transfer date of either the 1st or the 15th of every month. iv. If you have not specified the transfer date, then the transfer will occur on the 1st of every month. v. If the 1st or the 15th of the month is not a Valuation Date, as defined in clause 7.5, then the next working day's NAV will be applicable. vi. At the time of transfer, we will redeem the required number of Units from the Money Market Fund at the applicable Unit Value and create new Units in the chosen destination Fund. vii. The minimum transfer amount is ₹2,000/-. This value is subject to change from time to time as per the rules of the Company and subject to prior approval of the Regulator from time to time. viii. We will continue to process the request till you notify us to discontinue it through a written communication. ix. The Automatic Transfer Strategy will not be applicable if the source Fund Value is less than the amount nominated for transfer. x. There would be no additional charge for selecting this strategy.

**6.3 Portfolio Strategies** You have an option to invest your funds in any of the two asset allocation strategies viz. a Smart Trigger Portfolio Strategy and a Fixed Portfolio Strategy. You may distribute your investments between the two portfolio strategies in the proportion of your choice. You may opt into or out of a Portfolio Strategy during the policy term. i. Smart Trigger Portfolio Strategy. Under this strategy, your investments will initially be distributed between two Funds – Smart Trigger Equity Fund, an equity oriented Fund and Smart Trigger Debt Fund, a debt oriented Fund – in a 75%:25% proportion. This allocation may subsequently change on account of market movements. We will rebalance the Funds in the portfolio on the occurrence of a trigger event. Working of the strategy: a. A trigger event is defined as a 10% upward or downward movement in NAV of Smart Trigger Equity Fund, since the previous rebalancing. For determining the first trigger event, the movement of 10% in NAV of Smart Trigger Equity Fund will be measured vis-à-vis the NAV on the date of allocation of Units at the inception as reference. b. On the occurrence of the trigger event, any value of Units in Smart Trigger Equity Fund which is in excess of three times the value of Units in Smart Trigger Debt Fund is considered as gains and will be redeemed and invested according to the reinvestment option selected by you. As such, the ratio between Smart Trigger Equity Fund and Smart Trigger Debt Fund will be reset to re-establish 75%:25% split. In case there are no such gains to be capitalized, Units in Smart Trigger Equity Fund and Smart Trigger Debt Fund are redistributed to re-establish a 75%:25% split. c. You can choose either to invest those gains back into the Smart Trigger Portfolio Strategy under the reinvestment option or in any one of the Funds available with the Fixed Portfolio Strategy; except the Highest NAV Fund A, Highest NAV Fund B, Highest NAV Fund C and Return Guarantee Fund. d. Change in reinvestment option: You have the flexibility to change the reinvestment option selected for Smart Trigger Portfolio Strategy. This option can be exercised once every policy year. This facility is provided free of cost. ii. Fixed Portfolio Strategy.

You may choose to invest your money in any of the Funds offered and in proportions of your choice. These funds have been described in clause 7.

**6.4 Transfer in Portfolio Strategy (TIPS)** i. You have the flexibility to transfer part or all of your Funds from one portfolio strategy to the other. This facility is provided once every policy year and is free of cost. Any unutilized. This facility cannot be carried forward to the next policy year. ii. You have an option to transfer funds into RGF in case a tranche is open for new business at that time. In case the remaining term of the policy is less than the term of the RGF tranche open for new business at that time, you cannot invest in the RGF. iii. Transfer of funds as part of TIPS into the Highest NAV Fund A, Highest NAV Fund B and Highest NAV Fund C will not be allowed.

Fund Name, Objective and SFIN	Asset Allocation	% (Min)	% (Max)	Risk Profile
<b>Highest NAV Fund A<sup>1</sup></b> To generate optimal returns through equity exposure while using debt instruments to manage the guarantee. Investments will be in fixed income instruments as well as equity in appropriate proportions depending on market conditions prevalent from time to time. SFIN: ULIF 115 15/03/11 LHighNavA 105	Equity & equity related securities Debt instruments and derivatives Money market & Cash	0% 0% 0%	100% 100% 100%	Moderate

<sup>1</sup>The first series will not be numbered. Subsequent series will be suffixed II, III, IV, etc. Equity and fixed income derivatives will be used as permitted by the Regulator. The investment strategy is designed to ensure that the guaranteed Unit Value is achieved at maturity irrespective of the market movements, by dynamically allocating the portfolio between risk-free and risky assets. This is ensured through at least daily monitoring of the Unit Value and the present value of the guarantee. The higher the distance between the two (assuming that the Unit Value is greater than the present value of the guarantee), the higher is the ability to take exposure to risky assets. As the distance decreases investments will be switched into debt of suitable duration to ensure that the NAV at maturity is the guaranteed value. At some stage, it is possible that the entire fund gets invested in debt. To ensure smooth execution for movement between equity and debt assets, the investments would be made in a well diversified mix of highly liquid assets.

Fund Name, Objective and SFIN	Asset Allocation	% (Min)	% (Max)	Risk Profile
<b>Highest NAV Fund B<sup>1</sup></b> To generate optimal returns through equity exposure while using debt instruments to manage the guarantee. Investments will be in fixed income instruments as well as equity in appropriate proportions depending on market conditions prevalent from time to time. SFIN: ULIF 116 15/03/11 LHighNavB 105	Equity & equity related securities Debt instruments and derivatives Money market & Cash	0% 0% 0%	100% 100% 100%	Moderate
<b>Highest NAV Fund C<sup>1</sup></b> To generate optimal returns through equity exposure while using debt instruments to manage the guarantee. Investments will be in fixed income instruments as well as equity in appropriate proportions depending on market conditions prevalent from time to time. SFIN: ULIF 117 15/03/11 LHighNavC 105	Equity & equity related securities Debt instruments and derivatives Money market & Cash	0% 0% 0%	100% 100% 100%	Moderate

The Highest NAV Fund A, Highest NAV Fund B and Highest NAV Fund C will consist of a number of closed ended series and will be offered for new business sales for a limited period of time. Each series will continue to accept the renewal premiums of any business that has already contributed to it. The period for which a series will remain open to new business will be advertised at the time of its launch. Only one of the above Highest NAV Funds will be available to the Policyholder at Policy inception. You may allocate renewal premiums only to the Highest NAV fund chosen at inception or any other non Highest NAV fund.

Fund Name, Objective and SFIN	Asset Allocation	% (Min)	% (Max)	Risk Profile
<b>Multi Cap Growth Fund:</b> To generate superior long-term returns from a diversified portfolio of equity and equity related instruments of large, mid and small cap companies. SFIN: ULIF 085 24/11/09 LMCapGro 105	Equity & equity related securities Debt, Money market & Cash	80% 0%	100% 20%	High
<b>Multi Cap Balanced Fund:</b> To achieve a balance between capital appreciation and stable returns by investing in a mix of equity and equity related instruments of large, mid and small cap companies and debt and debt related instruments. SFIN: ULIF 088 24/11/09 LMCapBal 105	Equity & Equity Related Securities Debt, Money Market & Cash	0% 40%	60% 100%	Moderate
<b>Maximiser V:</b> To achieve long-term capital appreciation through investments primarily in equity and equity-related instruments. SFIN: ULIF 114 15/03/11 LMaximis5 105	Equity & Equity Related Securities Debt, Money Market & Cash	75% 0%	100% 25%	High

Fund Name, Objective and SFIN	Asset Allocation	% (Min)	% (Max)	Risk Profile
<b>Bluechip Fund:</b> To provide long-term capital appreciation from equity portfolio predominantly invested in large cap stocks. SFIN: ULIF 087 24/11/09 LBluChip 105	Equity & Equity Related Securities Debt, Money Market & Cash	80% 0%	100% 20%	High
<b>Opportunities Fund:</b> To generate superior long-term returns from a diversified portfolio of equity and equity related instruments of companies operating in four important types of industries viz., Resources, Investment-related, Consumption-related and Human Capital leveraged industries. SFIN: ULIF 086 24/11/09 LOpport 105	Equity & Equity Related Securities Debt, Money Market & Cash	80% 0%	100% 20%	High
<b>Income Fund:</b> To provide accumulation of income through investment in various fixed income securities. The fund seeks to provide capital appreciation while maintaining a suitable balance between return, safety and liquidity. SFIN: ULIF 089 24/11/09 LIncome 105	Debt Instruments, Money market & Cash	100%	100%	Low
<b>Money Market Fund:</b> To provide suitable returns through low risk investments in debt and money market instruments while attempting to protect the capital deployed in the fund. SFIN: ULIF 090 24/11/09 LMoneyMkt 105	Debt Instruments Money market & Cash	0% 50%	50% 100%	Low
<b>Return Guarantee Fund (RGF):</b> To provide guaranteed returns through investment in a diversified portfolio of high quality fixed income instruments. SFIN <sup>2</sup> : 5 year tranche: ULIF 139 10/09/11 LRGF(T12) 105 10 year tranche: ULIF 140 10/09/11 LRGF(S5) 105	Debt, Money Market and Cash	100%	100%	Low

Fund Name, Objective and SFIN	P/E Range	Allocation in	Risk Profile
<b>Dynamic P/E Fund:</b> To provide long term capital appreciation through dynamic asset allocation between equity and debt. The allocation in equity and equity related securities is determined by reference to the P/E multiple of a basket of 50 large cap stocks <sup>1</sup> ; the remainder is to be invested in debt instruments, money market and cash. SFIN: ULIF 097 11/01/10 LDynmicPE 105	<14 14 to 16 16 to 18 18 to 20 >20	90% to 100% 80% to 100% 60% to 100% 40% to 80% 0% to 40%	High

<sup>1</sup>Return Guarantee Fund (RGF) consists of closed ended tranches of terms 5 and 10 years. They are intended to provide returns over a specified period, subject to a guarantee. The Fund is offered in tranches, each of which is open for subscription for a brief period of time and terminates on a specified date. The NAV applicable at the termination of each tranche is higher of the guaranteed NAV and the then prevailing NAV.

<sup>2</sup>Source: Based on prices and consensus earnings estimates from Bloomberg.

<sup>3</sup>The SFIN for RGF tranches shall be determined at the time of launch of each RGF tranche and shall be represented as:

For 5 year tranche: ULIF XXX dd/mm/yy LRGF(TX) 105

For 10 year tranche: ULIF XXX dd/mm/yy LRGF(SX) 105

ii. We will declare the guaranteed NAV at the beginning of the subscription period. We shall guarantee the NAV only at termination of each tranche. You may withdraw money or switch Units from a tranche before its termination at the then prevailing NAV by redemption of units. The guaranteed NAV will continue to apply on the remaining units, if any, in the Fund. iii. You have an option to opt for RGF Fund in case a tranche is open for subscription at that time. iv. If you opt for RGF at inception, only your first premium instalment will be invested in this Fund. Subsequent premiums are allocated to the other Funds in a proportion specified by you at the time of inception. v. You cannot invest in RGF if the remaining term of the policy is less than the term of the RGF tranche open for subscription at that time. vi. On termination of the RGF tranche, we will allocate the proceeds into the other Funds either in the proportion as chosen by you at inception of the policy or in the proportion of the Fund portfolio held at that time. vii. In the exceptional case of the entire Fund being invested in RGF at the time of termination of the tranche, we will allocate the proceeds to the Funds as opted for at inception. viii. The investments in this fund will be in fixed income (debt) instruments and we may use fixed income derivatives as allowed by the Regulator from time to time. The expected returns achievable on the fund will be known at the outset. The following Funds will be offered under smart Trigger Portfolio Strategy:

Fund Name, Objective and SFIN	Asset Allocation	% (Min)	% (Max)	Risk Profile
<b>Smart Trigger Equity Fund<sup>3</sup></b> To provide long-term returns from an equity portfolio of large, mid and small cap companies <b>SFIN:</b> ULIF 118 15/03/11 LSTEquity 105	Equity & Equity Related Securities Debt, Money Market & Cash	80% 0%	100% 20%	High
<b>Smart Trigger Debt Fund<sup>3</sup></b> To provide accumulation of income through investment in various fixed income securities. The fund seeks to provide capital appreciation while maintaining a suitable balance between return, safety and liquidity. <b>SFIN:</b> ULIF 119 15/03/11 LSTDebt 105	Debt, Money Market & Cash	100%	100%	Low
<b>Discontinued Policy Fund:</b> To provide the minimum guarantee as declared by the Regulator from time to time. <b>SFIN:</b> ULIF 100 01/07/10 LDIscont 105	Debt, Money Market & Cash	100%	100%	Low

<sup>3</sup>These funds can only be invested in by selecting Smart Trigger Portfolio Strategy.

**7.2 Units** The nominal value of the Units is ₹10 each. We allocate the Units in the manner described below and the allocations may be made up to 1/1000th of a Unit or such other fraction as we may decide at our sole discretion.

**7.3 NAV** The NAV for the different Segregated Funds (SFIN) shall be declared on a daily basis except on days on which the Banks, Exchange or our corporate office are closed or on account of political or economic 'Force Majeure' conditions. The NAV of each Segregated Fund shall be computed as set out below or by any other method as may be prescribed by regulation from time to time: [Market Value of investment held by the Fund plus Value of current assets less value of current liabilities and provisions] Divided by, Number of units existing under the Fund at valuation date, before any new units are created or redeemed

**7.4 Risks of investment in the Funds** i. Any investment in any of the Funds available under the policy is subject to market and other risks. ii. The investment risk in the investment portfolio is borne by you. iii. There is no assurance that the objectives of any of the Funds will be achieved. iv. The Unit Price of any of the Funds may increase or decrease as per the performance of financial markets. v. The past performance of any of the Funds does not indicate the future performance of these Funds. vi. The name of the product and the Funds do not in any manner indicate the quality or its future prospects or the returns that can be expected from these Funds.

**7.5 Valuation date** Valuation date is any date on which the NAV is declared by us. NAV for the different Funds is declared by us on daily basis except on days on which Banks or Exchanges are closed or on account of political or economic "Force Majeure" conditions. NAV computation will be as per unit linked guidelines issued by the Regulator from time to time.

**7.6 Valuation of the Funds** Valuation of Funds is the determination of the value of the underlying assets of the Funds. The valuation of the assets will be made as per the valuation norms prescribed by the Regulator and implemented by us.

**7.7 Investment of the Funds** We will select the investments, including derivatives and units of mutual funds, for each Fund at our sole discretion. This will be subject to the investment objectives of the respective Funds and the applicable regulations.

**7.8 Your rights with respect to the Funds** This policy enables you to participate only in the investment performance of the Funds, to the extent of allocated Units. It does not in any way confer any right whatsoever on you or on the Life Assured to 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. All assets relating to the Fund shall be and shall remain in the absolute beneficial ownership and control of the Company. There is no trust created, whether express or implied, by us in respect of the investments in favour of the Policyholder or assignee or nominee of the policy or any other person.

**7.9 Fund closure** All the Funds (other than the Return Guarantee Fund, Highest NAV Fund A, Highest NAV Fund B and Highest NAV Fund C) are open ended. We may at our sole discretion and subject to prior approval from the Regulator, completely close any of the Funds on the happening of any event which in the sole opinion of the Company requires the said Fund to be closed. You shall be given at least three months' prior written notice of our intention to close any of the Funds completely or partially except in 'Force Majeure' situations as stated in clause 8.5, where we may give a shorter notice. In case of complete closure of a Fund, on and from the date of such closure, we will cease to issue and cancel Units of the said Fund and cease to carry on activities in respect of the said Fund, except such acts as are required to complete the closure. In such an event we will switch the Units to the other Fund(s) as instructed by you. However if we do not receive your response within the stipulated time, we will switch all the Units at our own discretion subject to Regulator's approval. We will not charge you any fee for switching to another Fund or exiting from the policy in the event of complete closure of Funds.

**7.10 Foreclosure of the policy** For Five Pay, after five policy years have elapsed, if the Fund Value falls below 110% of one full year's premium then the policy will be terminated by paying the Fund Value without levying any charge. For One Pay, after five policy years have elapsed, if the Fund Value falls below ₹10,000 then the policy will be terminated by paying the Fund Value without levying any charge. A policy shall not be foreclosed before completion of five policy years. On termination of the policy all rights, benefits and interests under the policy will be extinguished.

**7.11 Applicability of NAV** i. The allocation and redemption of Units for various transactions will be at the NAV as described below:

Type of transaction	Applicable NAV (where transaction is received before cut-off time)
First premium deposit received by way of local cheque or pay order or demand drafts payable at par	NAV of the date of commencement of the policy

Type of transaction	Applicable NAV (where transaction is received before cut-off time)
First premium deposit received by way of outstation cheque or pay order or demand drafts	NAV of the date of commencement of policy or date of realization of the amount by the Company, whichever is later
Renewal premiums received by way of direct debit, ECS, credit card, etc.	NAV of the date of receipt of instruction or the due date, whichever is later
Renewal premiums received by way of local Cheque or pay order or demand draft payable at par	NAV of the date of receipt of instrument or the due date, whichever is later
Renewal premiums received by way of outstation cheque or pay order or demand draft	NAV of the date of receipt of instrument or the due date or date of realization of the amount by the Company, whichever is later
<ul style="list-style-type: none"> <li>Partial withdrawal</li> <li>Switch</li> <li>Transfer in Portfolio Strategy</li> <li>Surrender</li> </ul>	NAV of the date of receipt of the request
<ul style="list-style-type: none"> <li>Free look cancellation</li> <li>Death claim</li> </ul>	NAV of the date of receipt of the request or intimation of claim (Intimation for the purpose of claim must be in writing. The free look cancellation request must be in writing or in the electronic mode or in any other manner as decided by the Company from time to time)
Loyalty additions	NAV of the date of allocation
Automatic Transfer Strategy	NAV of the date of transfer
Top up	NAV of the date of realisation of monies
Transfer to the premium discontinued policy fund	NAV of the date of policy discontinuance

ii. Currently, the cut-off time is 3.00 p.m. The cut-off time may be changed as per the Regulator's prevailing guidelines. iii. If the transaction request is received after the cut-off time then the NAV of the next Valuation Date will be applicable. iv. In case of prepayment of renewal premium, NAV of the due date will be applicable. If the due date is not a Valuation Date then the NAV of the next Valuation Date will be applicable. v. In the event of the new applications or proposals received on the last day of the financial year, the NAV of that day would be applicable. The cut-off time will not be applicable for such transactions. vi. The Units allocated will be reversed in case of non realization of the premium amount. vii. We will follow the norms stated above for any transactions, which are not specifically mentioned herein but involve allocation and redemption of Units.

## 8. General Conditions

**8.1 To whom are the benefits payable** Benefits are payable to the Proposer or to the assignee(s) where a valid assignment (in accordance with Section 38 of the Insurance Act, 1938) or endorsement has been recorded, or to the nominee(s) where a valid nomination has been registered by the Company (in accordance with section 39 of the Insurance Act, 1938), or to the executors, administrators or other legal representatives who obtain representation to the estate of the Policyholder or to such person or persons as directed by a court of competent jurisdiction in India, limited at all times to the monies payable under this policy. The Company does hereby agree to pay the appropriate benefits under the policy subject to: i. the satisfaction of the Company of the benefits having become payable on the happening of an event as per the policy terms and conditions, ii. the title of the said person or persons claiming payment, iii. the correctness of the age of the Life Assured as stated in the proposal (if not previously admitted) and

**8.2 Death of the nominee** In the event of death of the nominee before the death of the Life Assured, you have an option to nominate some other person. This is applicable only where the Policyholder and the Life Assured are different.

**8.3 Premium payment** i. Only annual frequency is allowed for payment of premiums. ii. You are required to pay premiums on the due dates and for the amount mentioned in the policy certificate. iii. A grace period of not more than 30 days from the premium due date is allowed for the payment of premiums. iv. You are required to pay premiums for the entire premium payment term. v. We are not under any obligation to remind you about the premium due date, except as required by applicable regulations. vi. You may pay premium through any of the following modes: a. Cash b. Cheque c. Demand Draft d. Pay Order e. Banker's cheque f. Internet facility as approved by the Company from time to time g. Electronic Clearing System / Direct Debit h. Credit or Debit cards held in your name • Amount and modalities will be subject to our rules and relevant legislation or regulation • Any payment made towards First or Renewal premium is deemed to be received by the Company only when the same is received at any of our branch office or authorized collection point and after an official printed receipt is issued by the Company. • No person / individual / entity is authorized to collect cash / self cheque / bearer cheque on behalf of the Company. • You are advised not to hand over cash to any Advisor / employee of the Company. Handing over cash to any Advisor / employee is solely at your own risk and the Company shall in no way be held responsible for any loss in this regard. • Cheque / Demand Drafts must be drawn only in favor of ICICI Prudential Life Insurance Company Limited. • Please ensure that you mention Application No: for the first premium deposit and Policy No: for the renewal premiums on the Cheque / Demand Draft. vii. Premiums will be construed to be received by us only when received at any of our offices. viii. Where premiums have been remitted otherwise than in cash, the application of the premiums received will be conditional on the realization of the proceeds of the instrument of payment, including electronic mode. ix. If you suspend payment of premium for any reason whatsoever, we will not be held liable. In such an event, benefits, if any, will be available only in accordance with the policy terms and conditions. x. Where the premiums are paid in advance, we will allocate Units only on the premium due date. xi. In case the payment made towards the first premium / renewal premium is not realized by the Company due to any reason whatsoever, the company shall not be duty bound to intimate the same to the Policyholder. In such cases, the Policyholder shall be solely responsible for the verification of such realization and the consequences if the payment is not realized.

**8.4 Legislative Changes** This policy, including the premiums and the benefits under the policy, will be subject to the taxes and other statutory levies as may be

applicable from time to time. You will be required to pay service tax, education cess or any other form of taxes or charges or levies as per the prevailing laws, regulations and other financial enactments as may exist from time to time, wherever applicable. These will be deducted by redemption of Units, wherever applicable. All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time. All provisions stated in this Policy are subject to the current guidelines issued by the Regulator as on date. All future guidelines that may be issued by the Regulator from time to time may also be applicable to this Policy.

**8.5 Force Majeure** i. We may, in the general interest of the holders of unit linked policies and keeping in view unforeseen circumstances or unusual market conditions, limit the total number of Units that can be withdrawn on any day to 5% of the total number of Units then outstanding. ii. In exceptional circumstances such as unusually high volume of sale of investments within a short period, exceptional redemption, market conditions or political or economic "Force Majeure", we may, at our sole discretion, defer the partial withdrawal of Units and the surrender of the policy for a period not exceeding one month from the date of receipt of application. iii. Force Majeure consists of: a. When one or more stock exchanges which provide a basis for valuation for a substantial portion of the assets of the Fund are closed other than for ordinary holidays. b. When as a result of political, economic, monetary or any circumstances out of our control, the disposal of the assets of the unit Fund are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining unit holders. c. During periods of extreme volatility of markets during which surrenders and switches would, in our opinion, be detrimental to the interests of the existing unit holders of the Fund. d. In the case of natural calamities, strikes, war, civil unrest, riots and bandhs. e. In the event of any disaster that affects our normal functioning. f. If so directed by the Regulator.

**8.6 Age** i. We have calculated the mortality charge on the basis of the age of the Life Assured as declared in the Proposal. In case you have not provided proof of age of the Life Assured with the proposal, you shall furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. ii. In the event the age so admitted (the "correct age") during the policy term is found to be different from the age declared in the proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, we shall take one of the following actions: a. If the correct age of the Life Assured makes him ineligible for this product, we shall offer a suitable plan as per our underwriting norms. If you do not wish to opt for altered plan or if it is not possible for us to grant any other plan, the policy shall stand cancelled from the date of issuance and the Fund Value less premium discontinuance charge shall be returned and the policy shall terminate thereafter. b. If the correct age of the Life Assured is found to be higher or lower than the age declared in the proposal, we shall evaluate the same as per our underwriting norms. If the Life Assured is found insurable the revised mortality charge as per the correct age of the Life Assured will be recovered from the next policy anniversary date. Where the Life Assured is not found insurable, we would pay the Fund Value less premium discontinuance charge and terminate the policy. For the purpose of a and b clauses, the Fund Value less premium discontinuance charge shall be calculated by using the NAV of the date of cancellation or termination of the policy.

**8.7 Assignment and nomination** i. Assignment a. You may assign the policy and serve a written notice on the Company. The first assignment can be made only by the Policyholder. The assignment must be duly recorded in the Company's books to be effective as against the Company. b. Assignment can be made either by an endorsement on the policy or by way of a separate instrument. In either case, it must be signed by the assignor specifically stating the fact of assignment and must be duly attested. c. Assignment will automatically cancel the nomination except where the assignment is in favour of the Company. d. Assignment is not permitted where the policy is taken under the Married Women's Property Act, 1874. e. We do not express any opinion on the validity or legality of the assignment. f. Please refer to Section 38 of the Insurance Act, 1938 for complete details. ii. Nomination a. Where the Life Assured is the holder of the policy, he can make a nomination to receive the benefit payable under the policy in the event of death of the Life Assured. b. If the nominee is a minor, you can appoint an Appointee to receive the benefit on behalf of the nominee during the minority of the nominee. c. You need to inform us about change in nomination. d. We will not express any opinion on the validity or legality of the nomination. e. You may change the nomination anytime under the policy before the date of maturity. f. Please refer to Section 39 of the Insurance Act, 1938 for complete details.

**8.8 Suicide** If the Life Assured, whether sane or insane, commits suicide for any reason whatsoever, within one year from date of issuance of this policy, then the policy will be void. We will refund only the Fund value including Top up Fund Value, if any, under the policy. No other benefit will be paid under the policy. If the Life Assured, whether sane or insane, commits suicide within one year from the effective date of increase in the Sum Assured, then the amount of increase will not be considered in the calculation of the death benefit. The policy will terminate and all rights, benefits and interests under this policy will stand extinguished.

**8.9 Policy alterations** Policy alterations will be allowed after payment of at least one full year's premium subject to the rules of the Company and the applicable guidelines at that point in time.

**8.10 Revival** The Company shall, in accordance with applicable regulation, send a notice to you following expiry of grace period to exercise the following options: a) Revive the Policy; or b) Completely withdraw the policy without any risk cover If premium is discontinued during the first five policy years, you may revive the policy within two years from the date of discontinuance but not later than the expiry of any lock-in period or such other period as is prescribed by the Regulator. Currently the lock-in period is five years. If premium is discontinued after completion of the five policy year and you do not pay the premium within 75 days of the due date, it shall be deemed that you have completely withdrawn the policy without any risk cover. This is applicable only for the five pay option.

**8.11 Incontestability** a. Section 45 of the Insurance Act, 1938: No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance

shall after the expiry of two years from the date on which it was effected after the coming into force of this Act 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 were 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. b. We rely upon the information given by you in the proposal form and in any other document(s) submitted in support of the proposal form. We also rely upon your certification that the document(s) provided in support of the proposal form is or are genuine and bona fide. The policy is subject to the terms and conditions as mentioned in the policy document and is governed by the laws of India.

**8.12. Communication address** Our communication address is: Address **Customer Service Desk** ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravarthy Ashok Nagar, Ashok Road, Kandivali (East), Mumbai- 400 101. Facsimile : 022 67100803 / 805, E-mail : lifeline@icicprulife.com. The Company's website must be checked for the updated contact details. Notices and instructions sent by us to the Policyholders will be deemed served seven days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail. It is very important that you immediately inform us about any change in the address or the nominee particulars.

**8.13 Payment of claim** i. Before payment of any claim under the policy, we will require the following documents: a. Claimant's Statement b. Original policy document c. Death Certificate of the Life Assured issued by the local and medical authority d. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim ii. Claim payments are made only in Indian rupees. iii. The Company will repudiate the claim if there is any discrepancy found in the age of the Life Assured as declared in the proposal form submitted to the Company and as admitted under the policy.

**8.14 General Provisions** Where the Life Assured and Policyholder are same, in the event of death of the Life Assured, we will pay the death benefit and the Policy will terminate thereafter. Where the Life Assured and Policyholder are different, on death of the Policyholder while the Policy is in force, the legal heirs of the Policyholder have an option to either surrender or continue the Policy as per the Policy terms and conditions.

**8.15 Electronic Transactions** All transactions carried out by the Policyholder through Internet, 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 will be valid and legally binding on the Company as well as the Policyholder. This will be subject to the relevant guidelines and terms and conditions as may be made applicable by the Company. The Company reserves the sole right to terminate, stop or do away with all or any of the said facilities without any prior intimation to the Policyholder.

**8.16 Jurisdiction** i. The policy is subject to the terms and conditions as mentioned in the policy document and is governed by the laws of India. ii. Only the Courts, Judicial, Quasi Judicial and Regulatory bodies created under laws or regulations prevailing in India for the time being in force will have the jurisdiction to consider or adjudicate disputes, if any, under this policy. iii. All payments to or by us will be in accordance with the prevailing Exchange Control regulations and other relevant laws and regulations of India.

**8.17 Customer service (a) For any clarification or assistance**, the Policyholder may contact our advisor or call our Customer Service Representative (between 9.00 a.m. to 9.00 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. Alternatively the Policyholder may communicate with us at the Customer Service Desk whose details are mentioned in clause 8.11. For updated contact details, please check the Company's website. **(b) Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided is not satisfactory, the Policyholder may get in touch with our designated Grievance Redressal Officer (GRO). For GRO contact details please refer to the "Grievance Redressal" section on www.icicprulife.com. **(c) Senior Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided by the GRO is not satisfactory, the Policyholder may write to our Senior Grievance Redressal Officer (SGRO). For SGRO contact details please refer to the "Grievance Redressal" section on www.icicprulife.com. **(d) Grievance Redressal Committee:** In the event that any complaint / grievance addressed to the SGRO is not resolved, the Policyholder may escalate the same to the Grievance Redressal Committee at the address mentioned below: ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravarthy Ashok Road, Ashok Nagar, Kandivali (East), Mumbai - 400 101.

**8.18 Insurance Ombudsman:** i. The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. ii. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if: • The grievance has been rejected by the Grievance Redressal Machinery of the Insurance Company • Within a period of one year from the date of rejection by the Insurance Company • If any other Judicial authority has not been approached iii. In case if the Policyholder is not satisfied with the decision / resolution of the Company, the Policyholder may approach the Insurance Ombudsman at the address given below if the grievance pertains to • Any partial or total repudiation of claims or • The premium paid or payable in terms of the policy • Any claim related dispute on the legal construction of the policies in so far as such dispute relate to claims or • Delay in settlement of claims • Non-issue of policy document to customers after receipt of premiums iv. The complaint to the office of the Insurance Ombudsman should be made in writing duly signed by the complainant (Policyholder) or by his legal heirs

with full details of the complaint and the contact information of complainant. Given below are details of the ombudsman office considering address of the Policyholder mentioned in the application form. The Insurance Regulatory and Development Authority's or the Company's website must be checked for the updated contact details.

**1. Ahmedabad Centre:** 2<sup>nd</sup> floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. **Jurisdiction:** State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu. 079-27546150/139, 27546840, Fax: 079-27546142, E-mail: ins.omb@rediffmail.com

**2. Bhopal Centre:** Office of the Insurance Ombudsman, Janak Vihar Complex, 2<sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 003. **Jurisdiction:** States of Madhya Pradesh and Chattisgarh. Tel.: 0755-2769201/202, Fax: 0755-2769203, E-mail: bimalokpalbhopal@airtelmail.in

**3. Bhubneshwar Centre:** Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. **Jurisdiction:** State of Orissa. Tel.: 0674-2596461/2596455, Fax: 0674-2596429, E-mail: ioobbsr@dataone.in

**4. Chandigarh Centre:** Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2<sup>nd</sup> Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. **Jurisdiction:** States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh. Tel.: 0172-2706196/5861/6468, Fax: 0172-2708274, Email: ombchd@yahoo.co.in

**5. Chennai Centre:** Office of the Insurance Ombudsman, Fatima Akhtar Court, 4<sup>th</sup> Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. **Jurisdiction:** State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry). Tel.: 044-24333678/664/668, Fax:- 044-24333664, Email: chennaiinsuranceombudsman@gmail.com

**6. New Delhi Centre:** Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. **Jurisdiction:** States of Delhi and Rajasthan. Tel.: 011-23239611/7539/7532, 23239633, Fax:011-23230858, Email:-iobdelraj@rediffmail.com

**7. Guwahati Centre:** Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5<sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). **Jurisdiction:** SStates of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. Tel.: 0361-2132204/2131307/2132205, Fax: 0361-2732937, Email: ombudsmanghy@rediffmail.com

**8. Hyderabad Centre:** Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. **Jurisdiction:** States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry. Tel.: 040-23325325/23312122, 65504123, Fax:- 040-23376599, Email:-insombudhyd@gmail.com

**9. Kochi Centre:** Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. **Jurisdiction:** State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry. Tel.: 0484-2358734/759/9338, Fax: 0484-2359336, Email: iokochi@asianetindia.com

**10. Kolkata:** Insurance Ombudsman, Office of the Insurance Ombudsman, 4<sup>th</sup> Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkata – 700 072. **Jurisdiction:** West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands , Sikkim . Tel: 033 22124346/40, Fax: 033 22124341, Email:iombsbpa@bsnl.in

**11. Lucknow Centre:** Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. **Jurisdiction:** States of Uttar Pradesh and Uttaranchal. Tel.: 0522-2201188/31330/1, Fax: 0522-2231310, Email:-insombudsman@rediffmail.com

**12. Mumbai Centre:** Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. **Jurisdiction:** States of Maharashtra and Goa. Tel.: 022-26106928/360/6552/6960, Fax: 022-26106052, Email: ombudsmanmumbai@gmail.com

**Policy Certificate, terms and conditions of the policy and all the endorsements by the Company, if any, shall form integral part of this contract and shall be binding on the parties (Ver 2.0 : U93)**

## 9. Annexure

**9.1 Annexure I - Definitions** In the policy document, unless the context otherwise requires: **a.** Allocation is attachment of Units to your policy at the applicable NAV. **b.** Extended Period. On failure to pay a due premium within the grace period as described in clause 8.3.iii, we will send you a notice within a period of 15 days from the date of expiry of grace period. A period of 30 days will be given to you to intimate us of your choice from the following options: **i.** Revive the policy or **ii.** Complete withdrawal from the policy without any risk cover. The Extended Period will be co-terminous with this period of 30 days. In any case, if you do not exercise the option within 45 days of the end of the grace period, you will be deemed to have discontinued the policy without any risk cover. **c.** Fund is the pool of assets hypothecated to the unit-linked liabilities and invested to achieve the Fund's objective. The price of each Unit in a Fund depends on how the investments in the Fund perform. The Fund is managed by the Company. **d.** Fund Value is the value obtained by multiplying the number of Units allocated to your policy by their corresponding NAVs. **e.** Life Assured is the person on whose life the policy contract has been issued. **f.** Life Insurance Cover means the Sum Assured **g.** Minimum Death Benefit will be 105% of the total premiums (including Top up premiums) paid less: **a)** the amount of partial withdrawals made during the two years immediately preceding the date of death of Life Assured where death occurs before or at age 60 last birthday; **b)** the amount of all partial withdrawals made after attaining age 58 last birthday where the death of Life Assured occurs after age 60 last birthday. **h.** Net Asset Value (NAV) is the price of the Unit calculated in Rupees. **i.** Policyholder is the owner of the Policy at any point of time. **j.** Regulator is the authority that has regulatory jurisdiction and powers over the Company. **k.** Sum Assured is the fixed amount payable on the death of the Life Assured. **l.** Unit is a portion or a part of the Fund.

**9.2 Annexure II - Revision of charges** We reserve the right to revise the following charges at any time during the term of the policy. Any revision will be with prospective effect and will be subject to prior approval from the Regulator and if so permitted by the then prevailing rules, after giving a notice to the Policyholders. The following limits are applicable: • Fund management charge may be increased to a maximum of 2.50% per annum of the net assets for each of the plans. • Policy administration charge may be increased to a maximum of ₹1.50% of annual premium per month. • Switching charge may be increased to a maximum of Rs. 200 per switch. • Miscellaneous charge may be increased to a maximum of ₹500 per alteration. If you do not agree with an increase, you shall be allowed to cancel the units in the policy at the then prevailing Net Asset Value and terminate the

policy. The premium allocation charges, premium discontinuance charges and mortality charges are guaranteed for the term of the policy.

**9.3 Annexure III – Mortality charges** Standard Mortality charges per thousand life Insurance cover:

Age	Male	Female	Age	Male	Female	Age	Male	Female
8	0.72	0.72	33	1.59	1.49	58	11.83	10.23
9	0.75	0.72	34	1.66	1.53	59	12.93	10.93
10	0.77	0.72	35	1.75	1.59	60	14.21	11.83
11	0.85	0.75	36	1.86	1.66	61	15.69	12.93
12	0.96	0.77	37	1.98	1.75	62	17.37	14.21
13	1.02	0.85	38	2.12	1.86	63	19.25	15.69
14	1.08	0.96	39	2.30	1.98	64	21.32	17.37
15	1.13	1.02	40	2.48	2.12	65	22.42	19.25
16	1.17	1.08	41	2.65	2.30	66	25.30	21.32
17	1.22	1.13	42	2.82	2.48	67	28.51	22.42
18	1.26	1.17	43	3.04	2.65	68	32.09	25.30
19	1.29	1.22	44	3.31	2.82	69	36.08	28.51
20	1.33	1.26	45	3.62	3.04	70	40.51	32.09
21	1.35	1.29	46	3.98	3.31	71	45.44	36.08
22	1.38	1.33	47	4.39	3.62	72	50.92	40.51
23	1.40	1.35	48	4.85	3.98	73	57.00	45.44
24	1.42	1.38	49	5.35	4.39	74	63.75	50.92
25	1.43	1.40	50	5.91	4.85	75	71.25	57.00
26	1.45	1.42	51	6.51	5.35	76	79.58	63.75
27	1.45	1.43	52	7.15	5.91	77	88.81	71.25
28	1.46	1.45	53	7.85	6.51	78	99.06	79.58
29	1.46	1.45	54	8.60	7.15	79	110.44	88.81
30	1.46	1.46	55	9.39	7.85	80	123.07	99.06
31	1.49	1.46	56	10.23	8.60			
32	1.53	1.46	57	10.93	9.39			

## 9.4 Annexure IV – Sustainability matrix

Age band	Upto 20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65
SA multiple	85	75	65	50	30	20	15	10	10	10

## 9.5 Annexure V - ICICI Pru Waiver of Premium on Critical Illness Rider (Supplementary Benefit)

**Addendum: Policy Terms and Conditions**

## ICICI Pru Waiver of Premium on Critical Illness Rider

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

**UIN: ICICI Pru Waiver of Premium on Critical Illness Rider: 105C024V01**

- Benefits a.** The benefit under this rider shall become payable only if this rider is specifically opted for and premiums for it are duly paid. **b.** In the event the life assured is diagnosed with or undergoes any of the Critical Illnesses' covered under this rider during the term of the policy and subject to the rider being in force, the Company shall waive all future premiums payable during the remaining term of the base policy. **c.** The regular premiums to be waived under this rider will be restricted to the premium applicable for the base policy. In case the premium amount under the base policy changes due to change in the premium payment mode, the amount to be waived under this rider and the rider premium will change accordingly, subject to the adjustment of the rider premium. **d.** For the purpose of this rider, Critical Illnesses are the diseases / illnesses and procedures / surgeries specifically listed in clause 13(b). **e.** The premiums will be waived by the Company till the death of the Life Assured or end of the premium paying term, whichever is earlier. **f.** In the event of acceptance of claim, no further premiums shall be required to be paid for this rider. **g.** No benefits under this rider shall become payable in the event of surrender or during lapsed or on death of the Life Assured.
- Waiting period a.** There is a waiting period of six months from the date of issuance of this rider. **b.** The Company shall refund the premiums paid (without interest and excluding any extra premiums paid, if any) under this rider in respect of any of the specified Critical Illnesses, the symptoms of which have occurred or which have been diagnosed or for which the Life Assured received treatment, during the first six months from the rider issuance date. **c.** The rider shall terminate on this payment and no other benefit shall become payable under it.
- Addition of rider a.** This rider can be taken at inception of the policy or on any policy anniversary, subject to underwriting. **b.** This rider cannot be added during the last five policy years. **c.** On addition of this rider at a later date, the rider term should be equal to the remaining premium paying term of the base policy, subject to (i) maximum cover ceasing age of 75 years, (ii) minimum rider term of 5 years and (iii) maximum rider term of 30 years.
- Deletion of rider** The policyholder can choose to discontinue the rider any time during the term of the rider.
- Premium review** The premium is guaranteed for the first five policy years. The premium is reviewable after the first five policy years subject to prior approval from IRDA. The Company will give notice in writing about the change. The rider shall lapse in case you do not accept such change.
- Termination of rider** The rider shall stand automatically terminated on the survival of the Life Assured to the date of maturity as mentioned in the policy certificate. No benefit shall be payable under this policy on the date of maturity.
- Loans** No loans are available under this rider.
- Premium payment** Premium payment frequency will be same as that of the base policy.
- Others a.** Written notice of any claim for the rider benefit should be sent to the Company within 60 days from the date of diagnosis or surgery as the case may be. **b.** 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 policyholder and the Company.

**10. Suicide claim provisions** Not applicable.

**11. Surrender** This rider has no surrender value. No benefit shall become payable in the event of discontinuation of this rider by the Policyholder.

**12. Exclusions** The Company will not be liable to pay any benefit in respect of any Critical Illness as stated in clause 13 (b) arising directly or indirectly from, through, in consequence of or aggravated by any of the following: **a.** Pre-Existing conditions or conditions connected to a Pre-Existing condition unless such Pre-Existing condition is stated in the proposal form and specifically accepted by the Company and endorsed thereon **b.** Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV) **c.** Self inflicted injury **d.** Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner **e.** War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence **f.** Treatment for injury or illness caused by vocations or activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hang-gliding, ballooning, deliberate exposure to exceptional danger **g.** Aviation other than as a fare paying passenger in a commercial licensed aircraft **h.** Taking part in any act of a criminal nature **i.** Pregnancy or childbirth or complications arising there from **j.** Radioactive contamination due to nuclear accident **k.** Any treatment of a donor for the replacement of an organ **l.** Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy or western medicines **m.** Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Australia, Brunei, Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, UAE, USA, and countries of the European Union. The Company may review the above list of accepted foreign countries from time to time with approval of the Regulator. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated

**13. Coverage details** **a.** Critical Illnesses: **i.** For the purpose of this rider, Critical Illnesses are the diseases/illnesses and procedures/surgeries specifically listed in clause 13(b) **ii.** The benefit under this rider shall be payable only in respect of the Critical Illnesses as stated in clause 13(b) **iii.** In the event the Life Assured is diagnosed to be suffering from any of the Critical Illnesses as defined in clause 13(b)(i) or where the Life Assured actually undergoes any of the surgeries as specified in clause 13(b)(ii), the benefit payable shall be subject to the fulfilment of the conditions specified for each Critical Illness and subject to the policy being in force on the date of diagnosis or surgery, as the case may be **b.** Benefit under this rider shall become payable: **i.** On diagnosis of the following diseases / illnesses: **Diseases / Illnesses** **1.** Apallic syndrome **2.** Benign brain tumour **3.** Blindness **4.** Cancer of specified severity **5.** Chronic lung disease **6.** Coma of specified severity **7.** End stage liver disease **8.** Kidney failure requiring regular dialysis **9.** First heart attack of specified severity **10.** Loss of independent existence **11.** Loss of limbs **12.** Major burns **13.** Major head trauma **14.** analysis **15.** Stroke resulting in permanent symptoms **ii.** Only upon the Life Assured actually undergoing any one of the following procedures and not on diagnosis:

**Procedures / surgeries** **16.** Brain Surgery **17.** Open chest Coronary Artery Bypass Surgery (CABG) **18.** Open heart replacement or repair of heart valves **19.** Major organ / bone marrow transplant **20.** Surgery to aorta

Detailed description of each of the Critical Illnesses is given below: **i) Apallic Syndrome** - Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month. **ii) Benign Brain Tumour** - A Benign Tumour in the brain where all of the following conditions are met: **a.** It is life threatening; **b.** It has caused damage to the brain; **c.** It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and **d.** Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques Exclusions: **i.** Cysts **ii.** Granulomas; **iii.** Vascular malformations; **iv.** Haematomas; **v.** Calcification **vi.** Meningiomas **vii.** Tumours of the pituitary gland or spinal cord; and **viii.** Tumours of acoustic nerve (acoustic neuroma). **iii) Blindness** - Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an Ophthalmologist. **iv) Brain Surgery** - The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out. Exclusions: Burr hole and brain surgery as a result of an accident is excluded. **v) Cancer of specified severity** - A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded – **a.** Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3. **b.** Any skin cancer other than invasive malignant melanoma **c.** All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0. **d.** Papillary micro - carcinoma of the thyroid less than 1 cm in diameter **e.** Chronic lymphocytic leukaemia less than Rai stage 3 **f.** Microcarcinoma of the bladder **g.** All tumours in the presence of HIV infection. **vi) Chronic Lung Disease** - End Stage Respiratory Failure including Chronic Interstitial Lung Disease. The following criteria must be met: **a.** Requirement of permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre. (Forced Expiratory Volume during the first second of a forced exhalation) **b.** Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less **c.** Dyspnoea at rest **d.** This diagnosis must be

confirmed by a chest physician. **vii) 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: **a.** No response to external stimuli continuously for at least 96 hours; **b.** Life support measures are necessary to sustain life; and **c.** Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. **d.** The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded. **viii) Open Chest CABG** - The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. The following are excluded – **a.** Angioplasty and/or any other intra-arterial procedures **b.** Any key-hole or laser surgery **ix) End Stage Liver Disease** - End Stage Liver Disease means chronic end stage liver failure evidenced by all of the following: **a.** Uncontrollable Ascites **b.** Permanent Jaundice **c.** Oesophageal or Gastric Varices and Portal Hypertension **d.** Hepatic Encephalopathy Exclusion: Liver disease arising out of or secondary to alcohol or drug abuse is excluded. **x) First heart attack of specified severity** - The first occurrence of 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 this will be evidenced by all of the following criteria: **a.** A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) **b.** New characteristic electrocardiogram changes **c.** Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: **a.** Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; **b.** Other acute Coronary Syndromes **c.** Any type of angina pectoris **xi) Open heart replacement or repair of heart valves** - The actual undergoing of open-heart valve surgery 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. Exclusions: Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded. **xii) 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. **xiii) Loss of Independent Existence** - Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three 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. **a.** Activities of Daily Living: **b.** 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; **c.** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **d.** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; **e.** Mobility: the ability to move indoors from room to room on level surfaces; **f.** Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **g.** Feeding: the ability to feed oneself, once food has been prepared and made available. **xiv) Loss of Limbs** - The loss by severance of two or more limbs, at or above the wrist or ankle. Exclusions: Loss of Limbs resulting directly or indirectly from self inflicted injury, alcohol or drug abuse is excluded. **xv) Major Burns** - Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body. The condition should be confirmed by a Consultant Physician. Exclusions: Burns arising due to self infliction are excluded. **xvi) Major Head Trauma** - Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant Neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. **a.** 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. **b.** 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. **c.** The following are excluded: **i)** Spinal cord injury; and **ii)** Head injury due to any other causes. **xvii) Major organ/ bone marrow transplant** - The actual undergoing of a transplant of: **a.** One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or **b.** Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner. The following are excluded: **a.** Other stem-cell transplants **b.** Where only islets of langerhans are transplanted **xviii) 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. **xix) Stroke resulting in permanent**

**10. Suicide claim provisions** Not applicable.

**11. Surrender** This rider has no surrender value. No benefit shall become payable in the event of discontinuation of this rider by the Policyholder.

**12. Exclusions** The Company will not be liable to pay any benefit in respect of any Critical Illness as stated in clause 13 (b) arising directly or indirectly from, through, in consequence of or aggravated by any of the following: **a.** Pre-Existing conditions or conditions connected to a Pre-Existing condition unless such Pre-Existing condition is stated in the proposal form and specifically accepted by the Company and endorsed thereon **b.** Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV) **c.** Self inflicted injury **d.** Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner **e.** War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence **f.** Treatment for injury or illness caused by avocations or activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hang-gliding, ballooning, deliberate exposure to exceptional danger **g.** Aviation other than as a fare paying passenger in a commercial licensed aircraft **h.** Taking part in any act of a criminal nature **i.** Pregnancy or childbirth or complications arising there from **j.** Radioactive contamination due to nuclear accident **k.** Any treatment of a donor for the replacement of an organ **l.** Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnosis, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy or western medicines **m.** Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Australia, Brunei, Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, UAE, USA, and countries of the European Union. The Company may review the above list of accepted foreign countries from time to time with approval of the Regulator. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated

**13. Coverage details** **a.** Critical Illnesses: **i.** For the purpose of this rider, Critical Illnesses are the diseases/illnesses and procedures/surgeries specifically listed in clause 13(b) **ii.** The benefit under this rider shall be payable only in respect of the Critical Illnesses as stated in clause 13(b) **iii.** In the event the Life Assured is diagnosed to be suffering from any of the Critical Illnesses as defined in clause 13(b)(i) or where the Life Assured actually undergoes any of the surgeries as specified in clause 13(b)(ii), the benefit payable shall be subject to the fulfilment of the conditions specified for each Critical Illness and subject to the policy being in force on the date of diagnosis or surgery, as the case may be **b.** Benefit under this rider shall become payable: **i.** On diagnosis of the following diseases / illnesses:

**Diseases / Illnesses** **1.** Apallic syndrome **2.** Benign brain tumour **3.** Blindness **4.** Cancer of specified severity **5.** Chronic lung disease **6.** Coma of specified severity **7.** End stage liver disease **8.** Kidney failure requiring regular dialysis **9.** First heart attack of specified severity **10.** Loss of independent existence **11.** Loss of limbs **12.** Major burns **13.** Major head trauma **14.** analysis **15.** Stroke resulting in permanent symptoms

**ii.** Only upon the Life Assured actually undergoing any one of the following procedures and not on diagnosis:

**Procedures / surgeries** **17.** Open chest Coronary Artery Bypass Surgery (CABG) **18.** Open heart replacement or repair of heart valves **19.** Major organ / bone marrow transplant **20.** Surgery to aorta

Detailed description of each of the Critical Illnesses is given below: **i) Apallic Syndrome** - Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month. **ii) Benign Brain Tumour** - A Benign Tumour in the brain where all of the following conditions are met: **a.** It is life threatening; **b.** It has caused damage to the brain; **c.** It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and **d.** Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques Exclusions: **i.** Cysts **ii.** Granulomas; **iii.** Vascular malformations; **iv.** Haematomas; **v.** Calcification **vi.** Meningiomas **vii.** Tumours of the pituitary gland or spinal cord; and **viii.** Tumours of acoustic nerve (acoustic neuroma). **iii) Blindness** - Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an Ophthalmologist. **iv) Brain Surgery** - The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out. Exclusions: Burr hole and brain surgery as a result of an accident is excluded. **v) Cancer of specified severity** - A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded – **a.** Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3. **b.** Any skin cancer other than invasive malignant melanoma **c.** All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0. **d.** Papillary micro - carcinoma of the thyroid less than 1 cm in diameter **e.** Chronic lymphocytic leukaemia less than RAI stage 3 **f.** Microcarcinoma of the bladder **g.** All tumours in the presence of HIV infection. **vi) Chronic Lung Disease** - End Stage Respiratory Failure including Chronic Interstitial Lung Disease. The following criteria must be met: **a.** Requirement of permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre. (Forced Expiratory Volume during the first second of a forced exhalation) **b.** Arterial Blood Gas analysis with partial

“permanent”, shall mean beyond the scope of recovery with current medical knowledge and technology. **a.** Activities of Daily Living; **b.** 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; **c.** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **d.** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; **e.** Mobility: the ability to move indoors from room to room on level surfaces; **f.** Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **g.** Feeding: the ability to feed oneself, once food has been prepared and made available. **xiv) Loss of Limbs** - The loss by severance of two or more limbs, at or above the wrist or ankle. Exclusions: Loss of Limbs resulting directly or indirectly from self inflicted injury, alcohol or drug abuse is excluded. **xv) Major Burns** - Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body. The condition should be confirmed by a Consultant Physician. Exclusions: Burns arising due to self infliction are excluded. **xvi) Major Head Trauma** - Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant Neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. **a.** 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. **b.** 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. **c.** The following are excluded: **i)** Spinal cord injury; and **ii)** Head injury due to any other causes. **xvii) Major organ/ bone marrow transplant** - The actual undergoing of a transplant of: **a.** One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or **b.** Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner. The following are excluded: **a.** Other stem-cell transplants **b.** Where only islets of langerhans are transplanted **xviii) 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. **xix) Stroke resulting in permanent symptoms** - Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial 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: **a.** Transient ischemic attacks (TIA) **b.** Traumatic injury of the brain **c.** Vascular disease affecting only the eye or optic nerve or vestibular functions. **xx) Surgery to Aorta** - The actual undergoing of surgery via thoractomy or laparotomy for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term ‘Aorta’ means the Thoracic and Abdominal Aorta but not its branches. This document should be treated as part and parcel of the main (base) policy terms and conditions. The terms and conditions applicable for the base plan shall also be applicable for the rider.