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Policy Document

Policy description:

This Policy offers specific cover if the Assured is diagnosed of Cancer.

Policyholder means the Proposer shown in the Policy certificate or the owner of the Policy at any point of time.

Assured: means the person who has been insured by us under this policy.

Policy contract: This policy is a legal contract between the Policyholder and ICICI Prudential Life Insurance Company Ltd (Company), which has been issued on the basis of the Proposal form and the documents evidencing the insurability of the Assured. The Policy contract comprises of the certificate and the Terms and Conditions (this booklet). The Company agrees to provide the benefits set out in the Policy in return of premiums paid by the Policyholder.

The Company relies upon the information given by the Proposer and/or the Assured in the proposal form and in any other document(s) or during the medical examination, if any. The Policy is declared void in case the information given is incomplete or inaccurate or untrue.

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

Free look period: A period of 15 days is available to the Policyholder to review the Policy. If the Policy is not suitable, this booklet should be returned within 15 days from the day it is received by the Policyholder.

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

- a. Proportionate premium for the period of cover.
- b. Insurance stamp duty on Policy
- c. Any expenses borne by the Company on the medicals.

Terms and Conditions

1. Benefits subject to the Policy being in force on the date of diagnosis or treatment as the case may be would be as follows.

This product is available to you in the form of units and benefits are payable on diagnosis / treatment of Early and Advanced Cancers. The Early and Advanced Cancers are defined in Sections 5 and 6 below.

The benefit structure for 1 unit of cover is as below:

(A) Early Cancers

Event	Benefit
Lumpsum Benefit on Diagnosis	Rs 10,000 /-
Lumpsum Benefit on Non-Surgical Oncological Treatments or Oncological Surgery	Rs 10,000 /-

(B) Advanced Cancers

Event	Benefit
Lump sum benefit upon diagnosis	Rs 55,000/- if lump sum benefit for diagnosis of Early Cancer has been previously claimed; else Rs 65,000 /-
Lumpsum Benefit on Non-Surgical Oncological Treatment	Rs 10,000 /- if treatment benefit for early cancer has been previously claimed; else Rs 15,000 /-
Lumpsum Benefit on Oncological Surgery	Rs 15,000 /- if treatment benefit for early cancer has been previously claimed; else Rs 20,000 /-

- (C) The insured can only claim once for any one benefit and only for the first- ever event.
- (D) Even after claims are made towards Diagnosis and Treatment of Early Cancers, the policy would continue to be in force with cover for advanced cancer benefits.
- Future premiums would continue to be payable after the early cancer claims.
- (E) After a claim for diagnosis of an Advanced Cancer is made, the policy would continue to be in force with cover for treatment and/or surgical benefits and this cover will continue for a maximum period of two years from the date of diagnosis of Advanced Cancer. After the expiry of two years from the date of diagnosis of Advanced Cancer, the policy will terminate, irrespective of whether any treatment and / or surgical claims have been made.
- Future premiums will be waived on diagnosis of an Advanced Cancer.
- (F) The policy would terminate once all allowable claims including treatment and surgical benefits are claimed.
- (G) The policyholder would be allowed to buy additional units during the policy term and this would be endorsed on the existing policy subject to a maximum of 25 units. This would be subject to the prevailing underwriting and waiting period norms. These additional Units can only be purchased when the remaining term of the policy is more than or equal to 10 years. The premium rates will be charged as applicable during that time. Each increase cannot be more than 50% of the original number of units. The total increase is limited to 200% of the original number of units taken at inception.

2. **Oncological Treatments and Surgery covered under both the benefits stated above**

- a. The non-surgical oncological treatments cover the following :
Radiotherapy, chemotherapy, immunotherapy, stereotactic radiotherapy, hormone therapy.
- b. Oncological surgery means undergoing any surgery subsequent to the diagnosis of cancer. Surgeries shall also include Bone Marrow Transplant, Stem cell transplant and medically necessary reconstructive surgeries.
- c. The cover for the Non-Surgical Oncological Treatments and Oncological Surgery shall continue for a maximum period of 2 years after diagnosis of cancer.

3. **Waiting period**

The waiting period is one year from the date of issue of this policy for Early Cancers and six months from the date of issue of this Policy for Advanced Cancers. During this period, if the signs/symptoms/diagnosis of cancer occur, no benefit is payable. However, the premiums paid till that point less extra premium charged (if any) will be refunded. No other benefit shall be payable and the Policy shall terminate thereafter.

4. **Survival Period**

The benefit on diagnosis under Early as well as Advanced cancer shall be payable provided the Assured has survived for a period of 28 days from the date of diagnosis. There is no survival period for **Lump sum benefit upon Non-Surgical Oncological Treatments and Oncological Surgery for Early and Advanced Cancers.**

5. **Cancer conditions covered under Early Cancer Benefit**

- a. Only carcinoma-in-situ of cervix and ducts of the female breast will be covered. Carcinoma-in-situ means focal autonomous new growth of carcinomatous cells that has not yet resulted in the invasion of normal tissues. "Invasion" means an infiltration and/or active destruction of tissue or surrounding tissue beyond the basement membrane of the cell.

(i) **Carcinoma -in- situ of Cervix**

The Carcinoma-in-situ stage covered by this policy is limited only to cervix uteri. The diagnosis of Carcinoma-in-situ must always be positively confirmed upon the basis of microscopic examination of fixed tissue additionally supported by a histological report of cone biopsy or colposcopy with cervical biopsy. Clinical, suspected or equivocal diagnosis is not covered under this policy.

Exclusions: Cervical intraepithelial Neoplasia (CIN) classification including CIN I, CIN II, and CIN III (Severe Dysplasia without carcinoma-in-situ) are specifically excluded.

(ii) **Intraductal non-invasive carcinoma of the breast or Ductal Carcinoma -in- Situ (DCIS)**

The disease of Carcinoma-in-situ covered by this policy is limited only to the ducts of the female breast. The diagnosis of Carcinoma-in-situ must always be positively diagnosed upon the basis of microscopic examination of fixed tissue additionally supported by a biopsy and a histopathological report. Clinical, suspected or equivocal diagnosis is not covered under this policy.

b. **Hodgkin's Disease - Stage 1**

Hodgkin's disease (also called Hodgkin's lymphoma) is a cancer of the lymphatic tissue including the lymph nodes and related organs that are part of the body's immune and blood forming systems. Hodgkin's disease Stage 1 is covered under this policy. Diagnosis must be confirmed based on the modified Ann Arbor staging system.

c. **Chronic Lymphocytic Leukaemia (CLL) – RAI stage I**

Chronic Lymphocytic Leukaemia is a malignancy (cancer) of the lymphocytes (white blood cells) characterized by a slow, progressive increase of these cells in the blood and the bone marrow. Diagnosis must be based on bone marrow study and not on peripheral smear picture, using the RAI staging system. RAI stage 0 is specifically excluded under this policy.

d. **Bowel – Dukes A adenocarcinoma or Dukes A Colorectal Cancer**

Colorectal cancer is a cancer of the colon or rectum. A report based on the Dukes classification alone will be accepted for the purpose of diagnosis of colorectal cancer.

e. **Bladder- Transitional Cell Carcinoma Stage 0 and 1**

Cancer of the urinary bladder. Stage 0 and 1 of this cancer is covered under this benefit.

6. **Cancer conditions covered under Advanced Cancer Benefit**

Advanced cancer is defined as the presence of a malignant tumour that is characterized by a progressive and uncontrolled growth, with spread of malignant cells and invasion and destruction of normal and surrounding tissue. Major interventionist treatment or major surgery must be considered necessary or palliative care must have been initiated. Cancer must be positively diagnosed with histopathological confirmation. The company has a right to review the tests required to claim benefit under any particular cancer.

The following are excluded under Advanced Cancer Benefit:

1. All conditions included under Early Cancer Benefit
2. Leukaemia in which there is no generalised dissemination of leukaemia cells in the blood-forming bone marrow
3. Tumours showing the malignant changes of carcinoma-in-situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as pre-malignant
4. All skin cancers, unless there is evidence of metastases or the tumour is a malignant melanoma of greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method
5. Non life-threatening cancers, such as prostate cancers which are histologically described as T1 under TNM Classification, or are of another equivalent or lesser classification
6. Papillary micro-carcinoma of the thyroid

7. General Exclusions (for both Early and Advanced Cancer Benefits)

No benefits will be payable under this Policy if a claim or event suffered by the Insured is directly or indirectly caused or exacerbated as a result of any of the following:

- Any pre-existing medical condition that can attribute to or increase the risk of a particular cancer such as HIV/AIDS.
- Unreasonable failure to seek or follow medical advice.
- An intentional or self-inflicted act.
- Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or taking of poison.
- Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation.
- Diagnosis and treatment of cancer outside India. This would be waived for following countries: USA, Canada, countries of the European Union, Switzerland, Japan, Hong Kong, Singapore, Brunei, Australia, New Zealand, UAE and Malaysia. ICICI Prudential may at its own discretion review the list of accepted countries from time to time. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise.
- Alternative treatment other than typical treatment by Western medicine standards (Allopathy) is not covered. This is applicable for the oncological treatment and surgery benefits.

8. Other Conditions

- a. Written Notice of a claim must be given to the Company within 60 days of the diagnosis or the commencement of treatment or having undergone the surgery as the case may be.
- b. The admission of any claim for this benefit will be subject to satisfactory proof that the Assured is diagnosed to be suffering from Cancer and / or has undergone the treatment / surgery as the Company may reasonably require.
- c. In event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the 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 Assured and the Company.
- d. "Diagnosis" shall mean diagnosis made by an **Oncologist** based on such specific evidence as referred to in the definition of the particular Cancer concerned or, in the absence of such specified reference, based upon but not limited to radiological, clinical, and histological or laboratory tests acceptable to the Company.
- e. "Oncologist": Oncologist is the physician who studies, diagnoses and treats cancer. The "Physician" shall mean qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, registered with the Medical Council of India, acting within his scope of license, and who is not an Assured himself or related to the Assured by blood or marriage.

9. No benefit is payable on death of the Assured during the Policy term or survival of the Assured to the termination date shown in the Policy certificate. The Policy shall terminate in such event.

10. The benefit payable under Early Cancer Benefit shall not be more than Rs 20,000 for 1 unit of cover and can be claimed only once. The maximum benefit payable under the policy for each unit would not be more than Rs 100,000. The Policy shall terminate when the entire benefit amount under the policy has been paid.

11. Payment of premiums

- (i) Premiums are payable on the due dates and at the amount mentioned in the Policy Certificate or at such altered rate as is payable in terms of Condition 1(ii) of the General Conditions of this Policy Document. However, a grace period of not more than 30 days, where the mode of payment of premium is other than monthly and not more than 15 days in the case of monthly mode is allowed. In the event of the claim, the benefits payable under this policy will be paid after deduction of the premium falling due during the then current policy year.

(ii) Premiums are payable without any obligation on the company to notify the Assured/policyholder of the due dates. If the premiums are not paid on the due dates or even during the grace period, the policy lapses and no benefits shall be payable except where the Premiums have been waived off as a result of claim under Advanced cancer Benefit.

(iii) Premiums are payable through any of the following modes:-

1. Cash *
2. Cheques
3. Demand Drafts
4. Pay Orders
5. Bankers Cheque
6. Internet facility as approved by the Company from time to time
7. Electronic Clearing System
8. Credit Cards (Only standing instruction) #

* Amount and Modalities will be subject to company Rules and relevant legislation/regulations
not allowed for Monthly modes

- (iv) Premium shall be construed to be received only when the same is received at any of the Company's offices.
- (v) If the premiums are paid in advance then the same shall be applied to the contract / Policy only on the respective due dates.
- (vi) If the Policyholder suspends payment of premium for any reason whatsoever, the Company shall not be held liable and the benefits, if any will be available only in accordance to the policy conditions.
- (vii) Where the policyholder has opted for monthly premium frequency and where the payment is made by any mode other than by way of Electronic Clearing System or Internet facility as approved by the Company, additional 5% of premium would be levied.
- (viii) Where the premium paying frequency is changed, there will be a revision in premium amount as per the then norms of the Company.

12. Premium Review

The premiums paid under the Policy are guaranteed for five years from the date of commencement of the Policy. Thereafter the Company may carry out a general review of the experience every year and reserves the right to change the premium as a result of such review. The Company will give notice in writing about the change. The Policyholder will have the option not to accept the revised premium. In such a situation, the benefit level would be adjusted (in multiples of 1 unit), so that the revised premium for the adjusted benefit level is closest to the previous premium level. This revised premium would then be payable thereafter.

13. Force majeure:

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

GENERAL CONDITIONS

1. Age:

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

2. Revival of the policy:

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

- (a) the application for revival is made within 2 years from the date of the first unpaid premium and before the termination date of policy;
- (b) the applicant being the Policyholder furnishes, at his own expense, satisfactory evidence of health of the Assured;
- (c) the arrears of premiums together with interest at such rate as the company may charge for late payment of premia are paid;
- (d) the revival of the policy may be on terms different from those applicable to the policy before it lapsed; and
- (e) The revival will take effect only on it being specifically communicated by the Company to the applicant.

3. Assignment and Nomination:

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

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

4. Special Provisions:

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

5. Incontestability:

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

Provided that nothing in the section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

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

6. Notices:

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

In case of the Policy holder/ Nominee:

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

In case of the Company:

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

Facsimile : 022 67100803 / 805

E-mail : lifeline@iciciprulife.com

Notice and instructions sent by the Company to Policyholders will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

.It is very important that the Policyholder immediately informs the Company about the change in the address or the nominee particulars to enable the company to service him effectively.

7. Payment of Claim:

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

1. Claimant's statement
2. Medical evidence
3. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

8. Legislative Changes:

All benefits payable under the Policy including the premiums (including the rider premiums, if applicable) are subject to prevailing tax laws and other financial enactments. Service tax, education cess and any other statutory levies as may be applicable will be charged as per the prevailing rates & regulations and will be recovered completely and directly from the policyholder.

9. Electronic Transactions:

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

10. Customer Service:

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

You may communicate with us on the following numbers:

Customer Service Helpline (Call Centre Timings :9.00 A.M. to 9.00 P.M., Monday to Saturday; excluding national holidays).

State	Number	State	Number
Andhra Pradesh	9849577766	Maharashtra (Mumbai)	9892577766
Chattisgarh	9893127766	Maharashtra (Rest)	9890447766
Delhi	9818177766	West Bengal (Kolkatta, Howrah)	9831377766
Goa	9890447766	Punjab	9815977766
Gujarat	9898277766	Rajasthan	9829277766
Haryana (Karnal)	9896177766	Tamil Nadu (Chennai)	9840877766
Haryana (Faridabad)	9818177766	Tamil Nadu (Rest)	9894477766
Karnataka	9845577766	Uttar Pradesh (Agra, Bareilly, Meerut, Varanasi)	9897307766
Kerala	9895477766	Uttar Pradesh (Kanpur, Lucknow)	9935277766
Madhya Pradesh	9893127766	Uttaranchal	9897307766

For all other cities, kindly call our Customer Service Toll Free Number 1800-22-2020 from your MTNL or BSNL line.

Alternatively you may communicate with us:

Address : **Customer Service Desk**
ICICI Prudential Life Insurance Company Ltd.
ICICI Prulife Towers,
1089, Appasaheb Marathe Marg, Prabhadevi,
Mumbai- 400 025

Facsimile : 022-67100803 / 805

E-mail : lifeline@iciciprulife.com

The update in the contact details would be available on the Company Website

(b) Grievance Redressal Committee:

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

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

(c) Ombudsman:

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

"The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the Company and shall together form a single contract" (Version T11:2)

GLOSSARY

T11P-9

The table below enlists the simplified terms for the medical conditions and the various methodologies for cancer grading as mentioned in the policy document. This information is provided in an easy to understand form and intended for your knowledge only. For all purposes, the terms and conditions of Cancer Care will apply.

Commonly used Terms in the Policy Document	
Carcinoma	Cancer
Malignancy	Cancer
Carcinoma-in-situ	Earliest form of localized cancer
Cervix	Lower part of the uterus
Biopsy	Removal of a lump (or part of it), for the purpose of tissue diagnosis
Colposcopy	The diagnostic examination of the cervix
Histology	Study of the microscopic structure of tissue
Dysplasia	The term "plasia" means growth. Dysplasia means disordered growth
Leukaemia	Leukaemia is a cancer of the blood or bone marrow characterized by an abnormal proliferation of white blood cells
Tumor	Is an abnormal growth of tissue
Metastasis	Is the spread of cancer from its primary site to other places in the body
Lymphocyte	A type of white blood cell involved in the human body's immune system

Methodologies used to grade the various types of cancer as mentioned in the policy document	
Ann Arbor staging	To classify Hodgkin's disease
RAI classification	To determine the various stages of Chronic Lymphocytic leukaemia
Dukes classification	To classify Bowel cancer
Breslow method	To determine the various stages of skin cancer

" The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the company and shall together form a single contract"(Version T11:2)