

# Policy Document - Terms and Conditions of your policy

## ICICI Pru iProtect Return of Premium

A Non-Linked Non Participating Individual Life Insurance Savings product

### PART-B

#### Definitions

1. **Age** means age at last birthday. 2. **Accident** means an event or contiguous series of events, which are violent, unforeseen, involuntary, external and visible in nature, which causes Bodily Injury. 3. **Accidental Death Benefit Term** is the coverage period of Accidental Death Benefit. 4. **Assignment** is the process of transferring the rights and benefits to an "assignee". Assignment should be in accordance with the provisions of Section 38 of Insurance Act, 1938 as amended from time to time. 5. **Assignee** is the person to whom the rights and benefits are transferred by virtue of an Assignment. 6. **Basic Sum Assured** means the sum assured chosen at inception and stated in Your Policy Schedule. 7. **Critical Illness Benefit (CI Benefit)** means the benefit, which is payable upon the Life Assured being diagnosed on first occurrence of any of the covered 64 critical illness. It is available only with 'Life and Health' and 'All in one' benefit options. 8. **Annualized Premium** means the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any. 9. **Appointee** means the person appointed by You to receive the benefits payable under the Policy till Your Nominee is a minor. 10. **Death Benefit** means the benefit, which is payable on death of Life Assured as specified in the Policy Schedule. 11. **Death Benefit Payout Option** is the manner in which the Claimant receives the Death Benefit payable under the Policy. 12. **Claimant** means the person entitled to receive the Policy benefits and includes You, the nominee, the assignee, the legal heir, the legal representative(s) or the holder(s) of succession certificate as the case may be. 13. **Date of commencement of risk** is later of Policy Issue Date or Policy Acceptance Date. 14. **Date of Maturity** means the date specified in the Policy Schedule on which the term of the Policy ends with all rights and benefits and maturity benefit, if applicable, is payable to You. 15. **Distance Marketing** means 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 and magazine inserts and (v) solicitation through any means of communication other than in person. 16. **Grace Period** means the time granted by Us from the due date for the payment of premium, without any penalty / late fee, during which time the policy continues with risk cover without interruption, as per the terms of the policy. 17. **Hospital A hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under: i) has qualified nursing staff under its employment round the clock; ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; iii) has qualified medical practitioner(s) in charge round the clock; iv) has a fully equipped operation theatre of its own where surgical procedures are carried out; v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel; 18. **Insured event** is the event on the happening of which, benefits under Your policy become payable. 19. **Life Assured** means the person named in the Policy Schedule on whose life the Policy has been issued. 20. **Limited Pay** means premiums need to be paid regularly for a limited portion of the Policy Term. 21. **Maturity Benefit** means the benefit payable to You, at the end of the policy term as per the plan option selected, provided the life assured has survived till the end of the policy term. 22. **Medical Practitioner** means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured. 23. **Nominee** means the person(s) named in the Policy Schedule who has been nominated by You to receive benefits in respect of this Policy. Nomination is applicable only where Policyholder is the same as Life Assured. 24. **Optional Benefits** refer to Accidental Death Benefit and Critical Illness Benefit for which additional premium shall be charged by the Us on selection of the same by the Policyholder. 25. **Paid-up policy** is a policy wherein premium payment has been discontinued after acquiring a surrender value. 26. **Policy** means the contract of Insurance entered into between You and Us as evidenced by the "Policy document". 27. **Policy Acceptance Date** means the date as specified in the Policy Schedule, from which the policy was effected. 28. **Policy document** means this document, the Proposal Form, the Policy Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form, and any endorsement issued by Us. 29. **Policy Issue Date** means the date as specified in the Policy Schedule. 30. **Policyholder or the Proposer or You or Your** means the owner of the Policy at any point of time. 31. **Policy Term** means the period between the Policy Acceptance Date and the Date of Maturity specified in the Policy Schedule. 32. **Policy Schedule** means the policy schedule and any endorsements attached to and forming part of this Policy. 33. **Premium** means the instalment premium in case of Regular Pay and Limited Pay or single premium in case of Single Pay specified in the Policy Schedule which is payable/has been received under the Policy. For the purpose of this policy, the premium does not include any extra premium due to underwriting or riders (if any). 34. **Premium Payment Term** means the period specified in the Policy Schedule during which Premium is payable. 35. **Proposal Form** means a form to be completed by You for availing

an insurance policy, and to furnish all Material information required by Us to assess risk and to decline or to undertake the risk, and in the event of acceptance of risk, to determine the rates, advantages, terms and conditions of a cover to be granted. Explanation: "Material" shall mean and include all important, essential and relevant information that enables Us to take an informed decision while underwriting the risk. 36. **Regulator** means the authority that has regulatory jurisdiction and powers over Us. Currently the Regulator is the Insurance Regulatory and Development Authority of India (IRDAI). 37. **Regular Pay** means premiums need to be paid regularly throughout the Policy Term. 38. **Revival of the Policy** means restoration of Policy benefits which has lapsed or has acquired paid-up status due to non-payment of due premiums. 39. **Revival period** means the period of five consecutive years from the due date of the first unpaid premium and before the termination date of the Policy, during which period You are entitled to revive the policy. 40. **Single Premium** means the lump sum premium amount payable at the inception of the policy by Policyholder, excluding taxes, rider premiums, underwriting extra premium and loadings for modal premium, if any. 41. **Surrender** means complete withdrawal/termination of the Policy by You. 42. **Surrender Value** means an amount, if any, that becomes payable in case of surrender in accordance with the terms and conditions of the Policy. 43. **Survival Benefit** means the benefit which is payable as per the policy terms and conditions on survival of the Life Assured till a specific age. The amount payable as survival benefit shall depend on the plan opted by You at inception. 44. **Total Premiums Paid** means the total of all premiums received, excluding any extra premium, any rider premium and taxes. 45. **We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited

### PART-C

1. **Plan options available under this policy:** Under this policy the following Plans are available to You which shall have to be selected at inception. Once chosen, the Plan option cannot be changed anytime during the policy term. The benefits payable under this policy shall depend on the plan chosen and the terms and conditions applicable.

#### 1.1 Return of Premium Plan: 1.1(a) Death Benefit

**Life Insurance Cover:** In the event of death of the Life Assured, We shall pay the Death Benefit as per the Death Benefit Payout Option selected by You and stated on Your Policy Schedule provided the Policy is in force as on the date of death of the Life Assured. Death Benefit would be as per the below table:

Premium Payment Option	Death Benefit
Single Pay	Death Benefit will be the highest of: <ul style="list-style-type: none"> <li>Sum Assured on Death</li> <li>Basic Sum Assured to be paid on death</li> </ul>
Regular Pay and Limited Pay	Death Benefit will be the highest of: <ul style="list-style-type: none"> <li>Sum Assured on Death</li> <li>105% of the Total Premiums Paid till the date of death</li> <li>Basic Sum Assured to be paid on death</li> </ul>

#### Where Sum Assured on Death is:

- 7 X Annualised Premium for regular pay and limited pay;
- 1.25 X Single Premium for single pay;

The Policy shall terminate on payment of the Death Benefit and all rights, benefits and interests under the Policy shall stand extinguished. The death benefit amount may be taxable as per the prevailing tax laws.

#### 1.1(b) Survival Benefit: No Survival Benefit is payable during policy term.

**1.1(c) Maturity Benefit:** On survival of the Life Assured till the end of the policy term, for a fully paid policy, 105% of Total Premiums Paid excluding premiums for Optional Benefits is payable as Maturity Benefit to You. On payment of the Maturity Benefit, the policy shall terminate and all rights, benefits and interests under the Policy shall stand extinguished.

#### 1.2 Income Benefit Plan 1.2(a) Death Benefit

**Life Insurance Cover:** In the event of death of the Life Assured, We shall pay the Death Benefit as per the Death Benefit Payout Option selected by You and stated on Your Policy Schedule, provided the Policy is in force as on the date of death of the Life Assured. Death Benefit would be as per the below table:

Premium Payment Option	Death Benefit
Limited Pay	Death Benefit will be the highest of: <ul style="list-style-type: none"> <li>Sum Assured on Death</li> <li>105% of the Total Premiums Paid till the date of death</li> <li>Basic Sum Assured to be paid on death, less total Survival Benefit paid till date of death. Please note that the Death Benefit shall not be less than 10 times the annualised premium.</li> </ul>

Where, **Sum Assured on Death** is 10X Annualised Premium.

The Policy shall terminate on payment of the Death Benefit and all rights, benefits and interests under the Policy shall stand extinguished. The benefit amount may be taxable as per the prevailing tax laws.

**1.2(b) Survival Benefit:** Survival benefit is payable monthly as regular income equal to 0.1%, 0.2% or 0.3% of Basic Sum Assured as chosen by You at inception and as stated in the Policy Schedule. Once chosen, it cannot be changed anytime during the policy term. This benefit is payable at the end of each month starting from the policy anniversary after the Life Assured attaining 60 years of age till the end of policy term.

**1.2(c) Maturity Benefit:** No benefits are payable on maturity. The Policy shall terminate

on the Date of Maturity and all rights, benefits and interests under the Policy shall stand extinguished. The benefit amount may be taxable as per the prevailing tax laws.

### 1.3 Return of Premium with Life-stage Cover Plan

#### 1.3(a) Death Benefit

**Life Insurance Cover:** In the event of death of the Life Assured, we shall pay the Death Benefit as per the Death Benefit Payout Option selected by You at inception and stated on Your Policy Schedule, provided the Policy is in force as on the date of death of the Life Assured.

Death Benefit would be as per the below table:

Premium Payment Option	Death Benefit
Limited Pay	Death Benefit will be the highest of <ul style="list-style-type: none"> <li>Sum Assured on Death</li> <li>105% of the Total premiums paid till the date of death</li> <li>Absolute amount assured to be paid on death</li> </ul>

Where **Sum Assured on Death** is 7 X Annualised Premium.

**Absolute amount assured to be paid on death** will be based on age of the Life Assured as provided below. i. In the first policy year, Absolute amount assured to be paid on death will be the same as Basic Sum Assured as chosen by You at inception. ii. From the second policy year till the policy anniversary after the Life Assured attains age 55, 5% of Basic Sum Assured gets added on every policy anniversary to the Basic Sum Assured. This amount cumulatively shall be the Absolute amount assured to be paid on death. The Absolute amount assured to be paid on death remains constant till the next policy anniversary. In case the Absolute amount assured to be paid on death becomes twice the Basic Sum Assured during this period of increment, it stays constant at that level, till the policy anniversary after the Life Assured attains age of 56 years. iii. On the policy anniversary after the Life Assured attains 56 years of age, the Absolute amount assured to be paid on death shall revert back to Basic SA. This will continue till the policy anniversary after the Life Assured attains 60 years of age. iv. On the policy anniversary after the Life Assured attains 60 years of age, the absolute amount assured to be paid on death shall be 50% of Basic Sum Assured and continues at the same level till end of the policy term. The Policy shall terminate on payment of the Death Benefit and all rights, benefits and interests under the Policy shall stand extinguished. The benefit amount may be taxable as per the prevailing tax laws.

**1.3(b) Survival Benefit:** No Survival Benefit is payable during policy term.

#### 1.3 (c) Maturity Benefit:

On survival of the Life Assured till the end of the policy term, for a fully paid policy, 105% of Total premiums paid excluding premiums for Optional benefits is payable as Maturity Benefit to the You. On payment of the Maturity Benefit, the policy shall terminate and all rights, benefits and interests under the Policy shall stand extinguished.

### 1.4 Early Return of Premium with Life-stage Cover Plan

#### 1.4(a) Death Benefit

**Life Insurance Cover:** In the event of death of the Life Assured, we shall pay the Death Benefit as per the Death Benefit Payout Option selected by You at inception and stated on Your Policy Schedule, provided the Policy is in force as on the date of death of the Life Assured.

Death Benefit would be as per the below table:

Premium Payment Option	Death Benefit
Limited Pay	Death Benefit will be the highest of <ul style="list-style-type: none"> <li>Sum Assured on Death</li> <li>105% of the Total Premiums Paid till the date of death</li> <li>Absolute amount assured to be paid on death</li> </ul>

Where **Sum Assured on Death** is 7 X Annualised Premium.

**Absolute amount assured to be paid on death** will be based on age of the Life Assured as provided below: i. In the first policy year, Absolute amount assured to be paid on death will be the same as Basic Sum Assured as chosen by You at inception. ii. From the second policy year till the policy anniversary after the Life Assured attains age 55, 5% of Basic Sum Assured gets added on every policy anniversary to the Basic Sum Assured. This amount cumulatively shall be the Absolute amount assured to be paid on death. The Absolute amount assured to be paid on death remains constant till the next policy anniversary. In case the Absolute amount assured to be paid on death becomes twice the Basic Sum Assured during this period of increment, it stays constant at that level, till the policy anniversary after the Life Assured attains age of 56 years. iii. On the policy anniversary after the Life Assured attains 56 years of age, the absolute amount assured to be paid on death shall revert back to Basic SA. This will continue till the policy anniversary after the Life Assured attains 60 years of age. v. On the policy anniversary after the Life Assured attains 60 years of age, the absolute amount assured to be paid on death shall be 50% of Basic Sum Assured and continues at the same level till end of the policy term. The Policy shall terminate on payment of the Death Benefit and all rights, benefits and interests under the Policy shall stand extinguished. The benefit amount may be taxable as per the prevailing tax laws.

**1.4(b) Survival Benefit:** Survival Benefit payable is 105% of Total premiums paid, excluding premiums for optional benefits, on the policy anniversary after attainment of age 60 or 70 years by the Life Assured, as chosen by You at inception. Once chosen, the Survival Benefit date can't be changed.

**1.4 (c) Maturity Benefit:** No benefits are payable on maturity. The Policy shall terminate on the Date of Maturity and all rights, benefits and interests under the Policy shall stand extinguished.

**2. Benefits Options available under each of the Plan options:** Accidental Death Benefit ("ADB") and Critical Illness ("CI") Benefit are add-on options available under the policy. Based on the add-on chosen, the Benefit Option will be classified as mentioned below.

**2.1** The Benefit Option has to be chosen at inception and once chosen cannot be removed. Only the benefits as per the Benefit Option selected by You and as mentioned in Policy Schedule shall apply for You.

**2.1(a) Life Option:** Is the same as the Plan Option chosen by You. Under this benefit option no ADB or CI benefits are payable

**2.1(b) Life Plus Option:** Under this benefit option, in addition to the Plan Opted by You, You are also entitled to receive the ADB benefit

**2.1 (c) Life and Health Option:** Under this benefit option, in addition to the Plan Opted by You, You are also entitled to receive the CI benefit.

**2.1(d) All-In-One Option:** Under this benefit option, in addition to the Plan Opted by You, You are also entitled to receive both the CI and ADB benefits.

#### 2.2 Benefits in details:

**2.2(a) Accidental Death Benefit (ADB)** In the event of the Life Assured's death due to an Accident, where Accident occurs during the Accidental Death Benefit Term and death occurs within 180 days from the date of accident, the Accidental Death Benefit as mentioned on the Policy Schedule will be payable by Us forthwith as a lump sum subject to the terms and conditions below. This is an additional optional benefit and will be applicable only if the Benefit Option chosen by You at inception includes the same or if the Accidental Death Benefit has been added in the policy during the policy term. This benefit will be paid in addition to the Death Benefit. i. Accidental Death shall mean death which is caused by Bodily Injury resulting from an Accident and which occurs due to the said Bodily Injury solely, directly and independently of any other causes and which occurs within 180 days of the occurrence of such Accident. ii. Death due to accident must be caused by violent, external and visible means. iii. ADB is available for the policy term or till the age of 80 years, whichever is lower. iv. For Return of Premium Plan and Income Benefit Plan, ADB can be less than or equal to the Basic Sum Assured as per plan option v. For Return of Premium with Life-stage Cover Plan and Early Return of Premium with Life-stage Cover Plan, ADB can be less than or equal to the 50% of the Basic Sum Assured chosen at inception. vi. The maximum ADB amount will be as per the Board Approved Underwriting Policy, subject to a minimum of Rs. 1,00,000. vii. The Company shall not be liable to pay this benefit in case the accident occurs after the Accidental Death Benefit term. viii. In case accident does not occur within the AD benefit term, then AD benefit will terminate and all rights, benefits and interests under the AD benefit will stand extinguished. ix. For a regular pay policy, in case ADB term is less than the policy term, premiums for all other benefits are required to be paid to keep the policy in force after completion of ADB term. x. ADB cannot be altered during the policy term xi. ADB is a pure risk benefit and does not have Survival or Maturity Benefit. Premiums paid corresponding to ADB shall be excluded from Survival or Maturity Benefit. xii. For policies sourced as POS Product, ADB can be chosen at inception only and cannot be altered during the policy term. ADB sum assured will be equal to the Sum Assured chosen at inception, subject to a maximum limit as per the Board Approved Underwriting Policy. xiii. The AD Benefit must be in-force at the time of accident. The Policy shall terminate on payment of the benefit and all rights, benefits and interests under the Policy shall stand extinguished. The benefit amount may be taxable as per the prevailing laws. **For Regular Pay policies:** i. You have an option to add ADB anytime during the policy term except in last 5 years and it is applicable only for Regular Pay Policies. The addition of ADB shall be with effect from the next policy anniversary. ii. The policy must be in-force at the time of adding this Benefit iii. There must not have been any claim in the policy till the time of opting of ADB iv. The availability of the ADB will be subject to underwriting, as per the prevailing board approved underwriting policy v. The ADB will commence from subsequent policy anniversary for the remaining policy term or till age 80, whichever is lower. You will have to pay an additional premium for the ADB Sum Assured for the outstanding premium payment term of the policy. vi. Life Assured's then age must be less than or equal to 55 years (age last birthday) vii. ADB once added, cannot be removed.

#### 2.2 (b) Critical Illness Benefit (CI Benefit)

CI Benefit is an additional optional benefit chosen at inception. CI Benefit will be triggered on Life Assured being diagnosed for the first ever occurrence of any of the covered 60 major and 4 minor Critical Illnesses. This benefit will be applicable only if Benefit Option chosen by You at inception includes the same. We shall pay the CI Sum Assured as a lump sum upon the Life Assured being diagnosed on first occurrence of any of the covered 60 major Critical Illnesses within CI Benefit term. This benefit is a fixed benefit and is payable irrespective of the actual expenses incurred by You. We shall pay 25% of the CI Sum Assured or INR 500,000.00 whichever is lower as a lump sum upon the Life Assured being diagnosed on first occurrence of any of the covered 4 minor Critical Illnesses within CI Benefit term. The 4 minor conditions are: Angioplasty, Carcinoma-in-situ, Brain Aneurysm Surgery and Small Bowel Transplant. This benefit is a fixed benefit and is payable irrespective of the actual expenses incurred by You. In case no CI Benefit is triggered within the CI Benefit term, then the CI Benefit will terminate and corresponding future premiums towards CI Benefit will not be payable. However, You would be required to pay premiums for all other benefits to keep the policy in force. In case CI benefit is triggered, the following conditions will apply: • **If it is a major CI claim:** there can only be one claim for any of the major CIs, as the residual CI Sum Assured gets paid out and CI benefit is terminated. • **If it is a minor CI claim:** the benefit applicable in case of a minor CI will be paid out and the CI Benefit shall continue. The CI sum assured and premium will be proportionately reduced. The policy will continue for all other benefits and premiums corresponding to the benefits will be payable.

**Terms & conditions:** • CI Benefit is available for Single Pay and Limited Pay with maximum benefit term of 15 years. For regular pay, the maximum term under CI benefit is

40 years subject to maximum cover ceasing age of 85 years. • The premium rate under CI benefit is guaranteed for a period of 15 years after which they can be revised for every block of three years, with prior approval of IRDAL. • The maximum CI Benefit amount will be as per the Board Approved Underwriting Policy, subject to a minimum of ₹1,00,000. • CI Benefit can be less than or equal to the Basic Sum Assured chosen by You at inception for Return of Premium Plan and Income Benefit Plan. • CI Benefit can be less than or equal to 50% of the Basic Sum Assured chosen at inception for Return of Premium with Life-stage Cover Plan and Early Return of Premium with Life-stage Cover Plan • The maximum CI benefit Sum Assured that can be chosen is subjected to the premium for CI benefit not exceeding 100% of the premium for Basic Sum Assured chosen as per the plan option. • The total claims paid under minor and major critical illnesses will not be more than 100% of CI benefit Sum Assured. Multiple claims for unique minor critical illnesses under CI benefit can be made till CI Sum Assured gets exhausted. • Once a claim has been paid for a specific minor CI, there can't be another claim for the same minor CI in future. • This benefit is not available with policies sourced as POS products. • CI Benefit is a pure risk benefit and does not have Survival or Maturity Benefit. Premiums paid corresponding to CI Benefit shall be excluded from Survival or Maturity Benefit.

**Waiting Period for Critical Illness Benefit** 1. For Angioplasty, Carcinoma-in-situ, Brain Aneurysm Surgery and Small Bowel Transplant an initial waiting period of 180 days applies from the date of commencement of risk, or policy revival date where the due premium has not been paid for more than 180 days. 2. For conditions other than Angioplasty, Carcinoma-in-situ, Brain Aneurysm Surgery and Small Bowel Transplant, there is a waiting period of 90 days from the date of commencement of risk, or policy revival date where the due premium has not been paid for more than 90 days. 3. In case of a CI claim, where it was established that Life Assured was diagnosed to have any of the covered critical illnesses during the waiting period for which a critical illness claim could have been made, no benefit shall be payable. However, 100% of the Critical Illness premiums will be refunded and the CI benefit will terminate. 4. No waiting period applies for Critical Illness claims arising solely due to an accident

**Survival Period for Critical Illness Benefit:** In respect of all the benefits payable under Critical Illness benefit, a 7-day survival period is applicable. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid. Please note that claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive (i.e. a claim would not be admitted if the diagnosis is made post-mortem). For the purpose of the CI Benefit, "Critical Illness" means any of the illnesses/procedures mention in clause 9 of Part D.

### 3. Death Benefit Payout Options:

There are three Death Benefit Payout options, payable in the event of Death. The Benefit payable in the event of Death will be as per the Plan Option chosen by you. The option is chosen by You at policy inception and cannot be changed during the policy term: i. Lump Sum Option – Entire Death Benefit amount is payable as lump sum to the Claimant. ii. Income Option – 20% of the Death Benefit amount is payable every year for 5 years to the claimant. This will be payable in equal monthly instalments in advance at the rate of 1.66667% of Death Benefit amount. The Claimant can also advance the first year's income as a lump sum. The monthly income will then continue from the subsequent month for next 4 years advance at the rate of 1.34% of Death Benefit amount. In case this option is chosen, discount factor of 5% will be applicable on all premiums corresponding to the chosen Plan Option. iii. Lump sum and Income Option– The part of the Death Benefit amount to be paid out as lump sum is chosen at inception by You. The balance Death Benefit amount will be paid out in equal monthly instalments in advance at the rate of 1.66667% per month over 5 years to the claimant. In case this option is chosen, discount factor of 5% will be applicable on premiums corresponding to the chosen Plan Option in the same proportion as that of the Income chosen. For options ii and iii, Claimant as the case may be, will have the option to convert the outstanding monthly income into lump sum pay out and the policy will terminate after the lump sum payout and all rights, benefits and interest shall be extinguished. The lump sum amount will be the present value of future payouts calculated at a discounted rate of 2% p.a. For policies sourced as POS products, Death Benefit Payout option of Lump Sum will only be available.

4. **Premium payment:** i. You are required to pay Premiums on the due dates and for the amount mentioned in the Policy Schedule. ii. Any change in premium payment frequency will be allowed during the Premium Payment Term only on policy anniversary. iii. If any premium instalment is not paid within the grace period, then the Policy shall lapse and all benefits under the Policy will cease. 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. The loading based on premium paying modes are mentioned below:

Premium frequency	Loading as a % of Premium
Yearly	NA
Half-yearly	1.25%
Monthly	2.50%

vii. You may pay Premium through any of the following modes: a) Cheque b) Demand Draft c) Pay Order d) Banker's cheque e) Internet facility as approved by the Company from time to time f) Electronic Clearing System / Direct Debit g) Credit or Debit cards held in your name viii. Amount and modalities will be subject to our rules and relevant legislation or regulation ix. Any payment made towards first or renewal premium is deemed to be received by Us only when it is received at any of Our branch offices or authorized collection points and after an official printed receipt is issued by Us. x. No person or individual or entity is authorized to collect cash or self-cheque or bearer cheque on Our behalf. xi. Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited. xii. Please ensure that You mention the policy number for the renewal

premiums on the cheque or demand draft. xiii. 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. xiv. 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. xv. Premiums need to be paid only for the chosen premium payment term. Once premiums have been paid for the premium payment term, the policy benefits will continue for the term of the policy.

6. **Grace Period:** A grace period for payment of premium of 15 days applies for monthly premium payment mode and 30 days for other modes of premium payment, without any penalty or late fee, during which time the policy is considered to be in-force with the risk cover without any interruption, as per the terms and conditions of the policy. In case of Death of Life Assured during the grace period, the Company will pay the applicable Death Benefit. If the premium is not paid within the grace period before the policy acquires a surrender value, the policy shall lapse and cover will cease. However, if the premium is not paid after the Surrender value has acquired, then the paid up benefits shall become applicable as provided in the Paid Up clause above.

7. **Advance Premium:** i. Collection of advance premium shall be allowed, provided the premium is collected within the same financial year. However, where the premium due in one financial year is being collected in advance in earlier financial year, insurers may collect the same for a maximum period of three months in advance of the due date of the premium. ii. The premium so collected in advance shall only be adjusted on the due date of the premium. iii. The commission shall only be paid on the premium due date.

## PART D

### 1. Free look Period (15/30 days refund policy)

You have an option to review the policy within 15 days from the date you receive it, 30 days in case of electronic policies or policies sourced through Distance Marketing. In this period, if you are not satisfied with the policy terms and conditions, you can return the policy to us with reasons for cancellation. We will refund the premium paid after deduction of Stamp duty, proportionate risk premium for the period of cover and the expenses borne by us on medical tests, if any. The Policy shall terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

### 2. Surrender

The Policy will acquire a Surrender Value on payment of at least 2 full years' premium for Regular and Limited Pay policies and immediately on payment of single premium for Single Pay policies. i. On policy surrender, we will pay the Surrender Value equal to the higher of the following: a. Guaranteed Surrender Value (GSV) b. Special Surrender Value (SSV) ii. On payment of Surrender Value the policy will terminate and all rights, benefits and interests under the policy will stand extinguished. iii. Surrender value may be taxable as per prevailing tax laws.

#### A. Guaranteed Surrender Value

##### For Return of Premium Plan

If Regular Pay and Limited Pay, GSV will be calculated as follows:

GSV = GSV factor X Total premiums paid, excluding premiums for optional benefits

If Single Pay, GSV will be calculated as follows:

GSV = GSV factor for Single Pay X Single Premium excluding premiums for optional benefits

##### For Income Benefit Plan

GSV will be calculated as follows:

GSV = GSV factor X Total premiums paid excluding premiums for optional benefits, less the total Income paid as Survival Benefit, if any, with a minimum of zero

##### For Return of Premium with Life-stage cover Plan

GSV will be calculated as follows:

GSV = GSV factor X Total premiums paid excluding premiums for optional benefits

##### Early Return of Premium with Life-stage cover Plan

GSV will be calculated as follows:

GSV = GSV factor X Total premiums paid excluding premiums for optional benefits, less Survival Benefit paid as return of premium, with a minimum of zero

GSV factors are given in Appendix I.

All the factors applicable to GSV calculation are guaranteed throughout the policy term.

#### B. Special Surrender Value

SSV for policies surrendering before premium payment of four full policy years will be GSV.

SSV for policies surrendering after premium payment of four full policy years will be calculated as follows:

##### For Return of Premium Plan

If Regular Pay or Limited Pay, SSV = SSV factor X Paid up Maturity Benefit

If Single Pay, SSV = SSV factor X 105% X Single Premium, excluding premiums for optional benefits.

##### For Income Benefit Plan

SSV = SSV factor X Paid-up Survival Benefit

less Survival Benefit paid as Income during the year of surrender

##### For Return of Premium with Life-stage cover Plan

SSV = SSV factor X Paid up Maturity Benefit

##### For Early Return of Premium with Life-stage cover Plan

SSV = SSV factor X Paid up Survival Benefit

less Survival Benefit paid as return of premium, with a minimum of zero

SSV payable after the payment of Survival Benefit: Nil

Paid up Maturity Benefit and Paid up Survival Benefit for premium paying or fully paid policies will be calculated as defined for Paid-up policies in Part D, Clause 3.

These SSV factors are given in Appendix II. The final SSV will be calculated after applying surrender timing factors as set out in Appendix III.

The bases for computing the Special Surrender value factors as well as the surrender timing factors applicable for SSV will be reviewed from time to time and the factors applicable to existing business may be revised subject to the prior approval of the IRDAI.

### 3. Paid-up Value

If premium payment is discontinued, before the end of the PPT but after the policy has acquired a surrender value, the policy can continue as a paid-up policy with reduced benefits as described below. Single pay policies will not be eligible for paid-up benefits.

#### A. Death Benefit

On death of the Life Assured during the policy term, the Paid-Up Death Benefit will be payable:

##### For Return of Premium Plan

Paid-Up Death Benefit is higher of

• Paid-Up Sum Assured on Death • Paid-Up Basic Sum Assured

Where: Paid-up Sum Assured on Death = Sum Assured on Death X {number of months for which premiums are paid / (12 X Premium Payment Term)}

Paid-Up Basic Sum Assured = Basic Sum Assured X {number of months for which premiums are paid / (12 X Premium Payment Term)}

On payment of Paid-up Death Benefit, the policy will terminate and all rights, benefits and interests under the policy will stand extinguished.

##### For Income Benefit Plan

Paid-Up Death Benefit is higher of • Paid-Up Sum Assured on Death • Paid-Up Basic Sum Assured, less total Paid-up Survival Benefit paid till date of death

Where:

Paid-up Sum Assured on Death = Sum Assured on Death X {number of months for which premiums are paid / (12 X Premium Payment Term)}

Paid-Up Basic Sum Assured = Basic Sum Assured X {number of months for which premiums are paid / (12 X Premium Payment Term)}

On payment of Paid-up Death Benefit, the policy will terminate and all rights, benefits and interests under the policy will stand extinguished.

##### For Return of Premium with Life-stage Cover Plan

Paid-Up Death Benefit is higher of • Paid-Up Sum Assured on Death • Paid-Up Absolute amount assured to be paid on death

Where:

Paid-up Sum Assured on Death = Sum Assured on Death X {number of months for which premiums are paid / (12 X Premium Payment Term)}

Paid-Up Absolute amount assured to be paid on death = Absolute amount assured to be paid on death X {number of months for which premiums are paid / (12 X Premium Payment Term)}

If the policy is not revived by You by the end of the revival period, Surrender Value will be paid and the policy will terminate.

On payment of Paid-up Death Benefit, the policy will terminate and all rights, benefits and interests under the policy will stand extinguished.

##### For Early Return of Premium with Life-stage Cover Plan

Paid-Up Death Benefit is higher of • Paid-Up Sum Assured on Death • Paid-Up Absolute amount assured to be paid on death

Where:

Paid-up Sum Assured on Death = Sum Assured on Death X {number of months for which premiums are paid / (12 X Premium Payment Term)}

Paid-Up Absolute amount assured to be paid on death = Absolute amount assured to be paid on death X {number of months for which premiums are paid / (12 X Premium Payment Term)}

If the policy is not revived by You by the end of the revival period, Surrender Value will be paid and the policy will terminate.

On payment of Paid-up Death Benefit, the policy will terminate and all rights, benefits and interests under the policy will stand extinguished.

#### B. Survival Benefit

##### For Return of Premium Plan

No benefits are payable during the survival period.

##### For Income Benefit Plan

On survival of the Life Assured, Paid-up survival benefit will be payable at the end of each month starting from policy anniversary after attainment of age 60 years of the Life Assured till the end of policy term.

Where Paid-up Survival Benefit = Survival Benefit X {number of months for which premiums are paid / (12 X Premium Payment Term)}

##### For Return of Premium with Life-stage Cover Plan

No benefits are payable during the survival period.

##### For Early Return of Premium with Life-stage Cover plan

On survival of the Life Assured, Paid-up Survival Benefit will be payable on policy anniversary after attainment of age 60 or 70 years by the Life Assured, as chosen by You at inception.

Where Paid-up Survival Benefit = 105% X Total premiums paid, excluding premiums for optional benefits till date policy become paid up paid.

#### C. Maturity Benefit

##### For Return of Premium Plan

On survival of the Life Assured till the end of the policy term, the paid-up Maturity benefit will be payable at maturity.

Where Paid-up Maturity Benefit = 105% X Total premiums paid, excluding premiums for optional benefits till date policy become paid up

##### For Income Benefit Plan

No benefits are payable at the end of policy term

##### For Return of Premium with Life-stage Cover Plan

On survival of the Life Assured till the end of the policy term, the paid-up Maturity benefit will be payable at maturity.

Where Paid-up Maturity Benefit = 105% X Total premiums paid, excluding premiums for optional benefits till date policy become paid up

##### For Early Return of Premium with Life-stage Cover Plan

No benefits are payable at the end of policy term

### 4. Exclusions

#### 4.1 For Accidental Death Benefit the following exclusions apply:

1. We will not be liable to pay the Accidental Death Benefit if the Accident is directly or indirectly due to or caused, occasioned, accelerated or aggravated by, any one of the following: i. Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or ii. Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger and crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or iii. The Life Assured with criminal intent, committing any breach of law; or Due to war, whether declared or not or civil commotion; or iv. Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport. v. Participation by the insured person in a criminal or unlawful act with illegal or criminal intent; vi. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping; vii. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature 2. Death due to accident must be caused by violent, external and visible means. 3. Accidental Death arising out of a Pre-existing Diseases or any complication arising therefrom. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability: i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement; or ii. For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer. 4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family. 5. Congenital external diseases, defects or anomalies or in consequence thereof. 6. Death caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound). 7. Benefit under Accidental Death arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident. 8. Death resulting from or caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any death resulting due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 9. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities. 10. Any physical, medical condition or treatment or service that is specifically excluded in the Policy. 11. The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the death of the Life Assured. In the event of the death of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. 12. Accidental Death Benefit will be payable even if death occurs after the Accidental Death Benefit term but within 180 days from the date of accident, provided Accident had occurred during the Accidental Death Benefit term. 13. The AD Benefit must be in-force at the time of accident.

4.2 For Critical Illness Benefit, the following exclusions apply: We shall not be liable to make any payment under this Policy towards a covered Critical Illness caused by, based on, arising out of or howsoever attributable to any of the following: 1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy. 2. Pre-existing Disease means any condition, ailment, injury or disease / critical illness disability: a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement; or b. For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer. 3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse Or any addictive condition and consequences thereof. 4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner. 5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane. 6. Any Critical Illness, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. 7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. 8. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel. 9. Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured. 10. Any Critical

Illness directly or indirectly caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving and selfie accident. 11. Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable. 12. Any Critical Illness, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness directly or indirectly due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 13. Any Critical Illness, caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. 14. Any Critical Illness based on certification/ diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for. 15. Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex. 16. Any Critical Illness, caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. 17. Any Critical Illness, caused due to surgical treatment of obesity that does not fulfil all the below conditions: a. Surgery to be conducted is upon the advice of the Doctor b. The Surgery / Procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI): • greater than or equal to 40 or • greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes despite optimal therapy 18. Any Critical Illness, caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason. 19. Any Critical Illness, caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 20. In the event of the death of the Insured Person within the stipulated survival period as set out above. 21. Any Critical Illness, caused by sterility and infertility. This includes: a. Any type of contraception, sterilization b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization

**5. Waiting period for Death Benefit:**

i. Waiting period for Death Benefit is only applicable for policies sourced as POS products. ii. The Death Benefit shall not apply or be payable in respect of any death other than death due to accident during the first 90 days from the Date of Commencement of Risk iii. In case of a death claim during the waiting period, the Company will refund all premiums paid (including modal loading but excluding Goods and Services Tax and Cesses, if any) and the policy will terminate with immediate effect. iv. No waiting period applies where death is due to accident.

**6. Loan:**

i. Loans would be available under this policy only if the policy has acquired a surrender value. ii. You can avail loan up to 80% of the surrender value. iii. For other than in-force and fully paid-up policies, if the outstanding loan amount including interest exceeds the surrender value, the policy will be foreclosed after giving intimation and reasonable opportunity to You to continue the policy. iv. Loans may be granted on proof of title to the Policy. v. The policy shall be assigned conditionally to and be held by us as security for repayment of the loan and interest thereon. vi. Before any Benefits are paid out, loan outstanding together with the interest thereon if any will be deducted and the balance amount will be payable. vii. Applicable interest rate will be equal to 1.50% in addition to prevailing yield on 10-year Government Securities. The yield on 10-year Government Securities will be sourced from www.bloomberg.com. The applicable loan interest rate in May 2021 is 5.97% p.a. compounded semi-annually. The basis for computing loan interest will be reviewed from time to time and may be revised subject to the prior approval of the IRDAI. viii. In the event of failure to repay by the required date, the policy will be foreclosed, the policy will terminate, and all rights, benefits and interests under the policy will stand extinguished. An in-force and fully paid-up policy will not be foreclosed.

**7. Riders**

Riders may be offered subject to prior approval of the Regulator.

**8. Revival**

A policy which has discontinued payment of premium may be revived subject to underwriting and the following conditions: i. The application for revival is made within 5 years from the due date of the first unpaid premium and before the termination date of the policy. Revival will be based on the prevailing Board approved underwriting policy. ii. You furnish, at Your own expense, satisfactory evidence of health as required by Us. iii. The arrears of premiums together with interest at such rate as We may charge for late payment of premiums are paid. Revival interest rates will be set monthly based on the prevailing yield on 10-year Government Securities and is equal to 1.50% over the yield. The yield on 10-year Government Securities will be sourced from www.bloomberg.com. The current rate is 5.97% p.a. compounded semi-annually. iv. The revival of the policy may be on terms different from those applicable to the policy before premiums were discontinued; for example, extra mortality premiums or charges may be applicable. v. We reserve the right to refuse to revive the policy. The revival will take effect only if it is specifically communicated by Us to You. a) Waiting period for Angioplasty, Carcinoma-

in-situ, Brain Aneurysm Surgery and Small Bowel Transplant illness under Critical Illness benefit of 180 days will be applicable for any revivals after 180 days from the due date of the first unpaid premium and no waiting period will be applicable for any revival within 180 days of the due date of the first unpaid premium. For other than Angioplasty, Carcinoma-in-situ, Brain Aneurysm Surgery and Small Bowel Transplant illnesses under Critical Illness benefit, waiting period of 90 days will be applicable for any revivals after 90 days from the due date of the first unpaid premium and no waiting period will be applicable for any revival within 90 days of the due date of the first unpaid premium. Any change in revival conditions will be subject to prior approval from IRDAI and will be disclosed to policyholders.

**Revival in case of paid-up policies**

On revival of a paid-up policy, the paid-up benefits will be restored to the benefits applicable at the time of premium discontinuance. In addition, on revival of a paid-up policy under Income Benefit plan, the difference between the Paid-up Survival Benefit already paid out during the revival period and the survival benefit for a fully paid policy will also be payable to the policyholder.

**9. To whom benefits are payable**

Benefits are payable to the Policyholder or to the assignee(s) where an endorsement has been recorded in accordance with Section 38 of the Insurance Act, 1938 and as amended from time to time. In case of death of the Policyholder or assignee(s) as mentioned above, benefits are payable either to the nominee(s) where a valid nomination has been registered by the Company (in accordance with Section 39 of the Insurance Act, 1938 and as amended from time to time), 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. We hereby agree to pay the appropriate benefits under the Policy subject to: a) Our satisfaction of the benefits having become payable on the happening of an event as per the Policy terms and conditions, b) The title of the said person or persons claiming payment.

**10. List of Critical Illnesses covered**

Sr. No.	Illnesses	Definition	Major/ Minor
1	Cancer of Specified Severity	A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded – 1. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3. 2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; 3. Malignant melanoma that has not caused invasion beyond the epidermis; 4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; 6. Chronic lymphocytic leukaemia less than RAI stage 3 7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, 8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;	Major

Sr. No.	Illnesses	Definition	Major/Minor
2	Myocardial Infarction (First Heart Attack of Specified Severity)	The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: 1. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) 2. New characteristic electrocardiogram changes 3. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: 1. Other acute Coronary Syndromes 2. Any type of angina pectoris 3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.	Major
3	Open Chest CABG	The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.  Excluded are: Angioplasty and/or any other intra-arterial procedures	Major
4	Open Heart Replacement or Repair of Heart Valves	The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.	Major
5	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: i. No response to external stimuli continuously for at least 96 hours; ii. Life support measures are necessary to sustain life; and iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting from alcohol or drug abuse is excluded.	Major
6	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	Major
7	Stroke resulting in permanent symptoms	Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an 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: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.	Major
8	Major Organ / Bone Marrow Transplant	The actual undergoing of a transplant of: i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or ii. 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: i. Other stem-cell transplants ii. Where only Islets of Langerhans are transplanted	Major

Sr. No.	Illnesses	Definition	Major/Minor
9	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.	Major
10	Motor Neuron Disease with Permanent Symptoms	Motor neuron disease diagnosed by a Specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.	Major
11	Multiple Sclerosis with Persisting Symptoms	The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. Other causes of neurological damage such as SLE is excluded	Major
12	Benign Brain Tumor	Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist: i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or ii. Undergone surgical resection or radiation therapy to treat the brain tumor. The following conditions are excluded: a. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.	Major
13	Blindness	Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by: i. corrected visual acuity being 3/60 or less in both eyes or; ii. the field of vision being less than 10 degrees in both eyes. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.	Major
14	Deafness	Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.	Major
15	End stage lung Failure	End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following: i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and iv. Dyspnea at rest.	Major
16	End stage liver failure	Permanent and irreversible failure of liver function that has resulted in all three of the following: i. Permanent jaundice; and ii. Ascites; and iii. Hepatic encephalopathy. Liver failure secondary to drug or alcohol abuse is excluded.	Major
17	Loss of Speech	Total and irrecoverable loss of the ability to speak as a result of injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist.	Major

Sr. No.	Illnesses	Definition	Major/Minor
18	Loss of Limbs	The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.	Major
19	Major Head Trauma	Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. The Activities of Daily Living are: 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. The following are excluded: 1. Spinal cord injury;	Major
20	Primary (Idiopathic) Pulmonary hypertension	An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment. The NYHA Classification of Cardiac Impairment are as follows: I Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.	Major
21	Third degree burns	There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.	Major
22	Aorta Graft Surgery	The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches. The Insured Person understands and agrees that we will not cover: • Surgery performed using only minimally invasive or intra arterial techniques. • Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures. Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.	Major

Sr. No.	Illnesses	Definition	Major/Minor
23	Apallic Syndrome or Persistent Vegetative State (PVS)	Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.	Major
24	Alzheimer's Disease	Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner. The disease must result in a permanent inability to perform three or more Activities of daily living with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days. The following conditions are however not covered: a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease b. alcohol related brain damage; and c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease. The Activities of Daily Living are: i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces; v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available.	Major
25	Brain Surgery	The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuro-radiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Doctor who is a qualified specialist.	Major
26	Parkinson's disease	The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us. The diagnosis must be supported by all of the following conditions: • the disease cannot be controlled with medication; • signs of progressive impairment; and • inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months: 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. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.	Major

Sr. No.	Illnesses	Definition	Major/Minor
27	Aplastic Anaemia	Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following: a. Blood product transfusion. b. Marrow stimulating agents. c. Immunosuppressive agents; or d. Bone marrow transplantation. The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following: a. Absolute neutrophil count of less than 500/mm <sup>3</sup> or less b. Platelets count less than 20,000/mm <sup>3</sup> or less c. Reticulocyte count of less than 20,000/mm <sup>3</sup> or less Temporary or reversible Aplastic Anaemia is excluded.	Major
28	Cardiomyopathy	An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association (NYHA) Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria: • NYHA Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.	Major
29	Medullary Cystic Disease	Medullary Cystic Disease where the following criteria are met: • the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis • clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and • the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.	Major
30	Muscular Dystrophy	A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months. Activities of daily living are: <ul style="list-style-type: none"> <li>• 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;</li> <li>• Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>• Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>• Mobility: the ability to move indoors from room to room on level surfaces;</li> <li>• Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>• Feeding: the ability to feed oneself once food has been prepared and made available.</li> </ul>	Major
31	Poliomyelitis	The occurrence of Poliomyelitis where the following conditions are met: i. Poliovirus is identified as the cause ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.	Major
32	Systemic Lupus Erythematosus with Lupus Nephritis	A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in Rheumatology and Immunology. The WHO Classification of Lupus Nephritis: <ul style="list-style-type: none"> <li>Class I Minimal Change Lupus Glomerulonephritis</li> <li>Class II Mesangial Lupus Glomerulonephritis</li> <li>Class III Focal Segmental Proliferative Lupus Glomerulonephritis</li> <li>Class IV Diffuse Proliferative Lupus Glomerulonephritis</li> <li>Class V Membranous Lupus Glomerulonephritis</li> </ul>	Major

Sr. No.	Illnesses	Definition	Major/Minor
33	Bacterial Meningitis	Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of daily Living. This diagnosis must be confirmed by: a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and b. A consultant neurologist. The Activities of Daily Living are: <ul style="list-style-type: none"> <li>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;</li> <li>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;</li> <li>iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>iv. Mobility: the ability to move indoors from room to room on level surfaces;</li> <li>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;</li> <li>vi. Feeding: the ability to feed oneself once food has been prepared and made available.</li> </ul>	Major
34	Chronic Adrenal Insufficiency (Addison's Disease)	An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Doctor who is a specialist in endocrinology through one of the following: • ACTH simulation tests • Insulin-induced hypoglycemia test <ul style="list-style-type: none"> <li>• Plasma ACTH level measurement • Plasma Renin Activity (PRA) level measurement. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.</li> </ul>	Major
35	Chronic Relapsing Pancreatitis	An unequivocal diagnosis of Chronic Relapsing Pancreatitis made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.	Major
36	Creutzfeldt-Jacob Disease (CJD)	Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Doctor, who is a neurologist, must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on examination along with severe progressive dementia.	Major
37	Dissecting Aortic Aneurysm	A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) or angiogram. Emergency surgical repair is required.	Major
38	Eisenmenger's Syndrome	Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria: <ul style="list-style-type: none"> <li>• Mean pulmonary artery pressure &gt; 40 mm Hg</li> <li>• Pulmonary vascular resistance &gt; 3mm/L/min (Wood units); and</li> <li>• Normal pulmonary wedge pressure &lt; 15 mm Hg.</li> </ul>	Major
39	Elephantiasis	Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Doctor who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.	Major



Sr. No.	Illnesses	Definition	Major/Minor
40	Encephalitis	Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Doctor who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more Activities for Daily Living (listed below). 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.	Major
41	Fulminant Viral Hepatitis	A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: i. Rapid decreasing of liver size ii. Necrosis involving entire lobules, leaving only a collapsed reticular framework iii. Rapid deterioration of liver function tests iv. Deepening jaundice; and v. Hepatic encephalopathy. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.	Major
42	Hemiplegia	The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury. Self-inflicted injuries are excluded.	Major
43	Infective Endocarditis	Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and • The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.	Major
44	Myasthenia Gravis	An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met: • Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification (given below); and • The Diagnosis of Myasthenia Gravis and categorization are confirmed by a • Registered Doctor who is a neurologist. Myasthenia Gravis Foundation of America Clinical Classification: Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere. Class II: Eye muscle weakness of any severity, mild weakness of other muscles. Class III: Eye muscle weakness of any severity, moderate weakness of other muscles. Class IV: Eye muscle weakness of any severity, severe weakness of other muscles. Class V: Intubation needed to maintain airway.	Major
45	Myelofibrosis	A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Life Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Doctor who is a specialist.	Major
46	Pheochromocytoma	Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.	Major

Sr. No.	Illnesses	Definition	Major/Minor
47	Progressive Scleroderma	A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. The following are excluded: i. Localised scleroderma (linear scleroderma or morphea); ii. Eosinophilic fasciitis; and iii. CREST syndrome.	Major
48	Progressive Supranuclear Palsy	Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.	Major
49	Severe Rheumatoid Arthritis	Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met: • Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis; • Permanent inability to perform at least two (2) "Activities of Daily Living"; • Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and • The foregoing conditions have been present for at least six (6) months. 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.	Major
50	Tuberculosis Meningitis	Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit. Such a diagnosis must be confirmed by a Registered Doctor who is a specialist in neurology.	Major
51	Amputation of feet due to complications from diabetes	Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.	Major
52	Crohn's Disease	Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred: • Stricture formation causing intestinal obstruction requiring admission to hospital, and • Fistula formation between loops of bowel, and • At least one bowel segment resection. The diagnosis must be made by a Registered Doctor who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.	Major

Sr. No.	Illnesses	Definition	Major/Minor
53	HIV due to Blood Transfusion and Occupationally Acquired HIV Major	Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met: • The blood transfusion was medically necessary or given as part of a medical treatment; • The blood transfusion was received in India after the Policy Date, Date of endorsement or Date of reinstatement, whichever is the later; • The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and • The Life Insured does not suffer from Thalassaemia Major or Haemophilia. B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy Date, date of endorsement or date of reinstatement, whichever is the later whilst the Life Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to the Company's satisfaction: • Proof that the Accident involved a definite source of the HIV infected fluids; • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and This benefit is only payable when the occupation of the Life Insured is a Registered Doctor, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in India. This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious	Major
54	Loss of independent Existence( cover upto Insurance age 74)	The insured person is physically incapable of performing at least three (3) of the "Activities of Daily Living" as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor who is a specialist. Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.	Major
55	Loss of one limb and one eye	Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee. The loss of sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist, and must not be correctable by aides or surgical procedures.	Major
56	Necrotizing Fasciitis	Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal diagnosis of necrotizing fasciitis must be made by a Registered Doctor who is a specialist and the diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotizing fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.	Major

Sr. No.	Illnesses	Definition	Major/Minor
57	Other serious Coronary Artery Disease	The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).	Major
58	Severe Ulcerative Colitis	Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met: • the entire colon is affected, with severe bloody diarrhoea; and • the necessary treatment is total colectomy and ileostomy; and • the diagnosis must be based on histopathological features and confirmed by a Registered Doctor who is a specialist in gastroenterology.	Major
59	Terminal Illness	The conclusive diagnosis of an illness, which in the opinion of a Registered Doctor who is an attending Consultant and agreed by our appointed Registered Doctor, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.	Major
60	Ebola	Infection with the Ebola virus where the following conditions are met: • presence of the Ebola virus has been confirmed by laboratory testing; • there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and • the infection does not result in death.	Major
61	Angioplasty	Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.	Minor
62	Carcinoma-in-situ	Carcinoma-in-situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any of the following covered organ groups, and subject to any classification stated: i. Breast, where the tumor is classified as Tis according to the TNM Staging method ii. Corpus uteri, vagina, vulva or fallopian tubes where the tumor is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0 iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO Stage 0 iv. Ovary –include borderline ovarian tumors with intact capsule, no tumor on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM Staging) or FIGO 1A, FIGO 1B v. Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma In-Situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.	Minor

Sr. No.	Illnesses	Definition	Major/Minor
63	Brain Aneurysm Surgery or Cerebral Shunt Insertion	The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered.	Minor
64	Small Bowel Transplant	The receipt of a transplant of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.	Minor

#### PART E – Not Applicable

#### PART F

##### General Conditions

- Age** We have calculated the premiums under the Policy on the basis of the Age of the Life Assured as declared by You in the Proposal Form. In case if the age proof of the Life Assured was not submitted at the time of Proposal, You will be required to submit such an Age proof of the Life Assured acceptable to Us, and have the Age admitted. If the Age of the life assured has been misstated, We will take one of the following actions: a) If the Correct Age of the Life Assured makes him ineligible for this product, We will offer a suitable plan as per Our underwriting norms. If You do not wish to opt for the alternative plan or if it is not possible for Us to grant any other plan, We will cancel the Policy and refund the premiums paid (without interest) under the Policy after adjustment against the paid benefits. The Policy will terminate on the said payment. b) If the Correct Age of the Life Assured makes him eligible for this Policy, revised Premium depending upon the Correct Age will be payable. Difference of premium from inception will be collected with interest, if age declared is higher and excess premium collected will be refunded without interest, if age is found to be lower. The provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time shall be applicable.
- Nomination** Nomination under the Policy will be governed by Section 39 of the Insurance Act, 1938 as amended from time to time. Please refer to Appendix IV for details on this section.
- Assignment** Assignment of the Policy will be governed by Section 38 of the Insurance Act, 1938 as amended from time to time. Please refer to Appendix V for details on this section.
- Incontestability** Incontestability will be as per Section 45 of the Insurance Act, 1938 as amended from time to time. Please refer to Appendix VI for details on this section.
- Fraud & Misstatement** Fraud and Misstatement terms and conditions will be as per Section 45 of the Insurance Act, 1938 as amended from time to time. Please refer to Appendix VI for details on this section. The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Laws of India.
- Communication address** Our communication address is: **Address: Customer Service Desk** ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097. Maharashtra.  
Telephone/Facsimile: 022 67100803 / 805  
E-mail: lifeline@icicprulife.com  
We expect you to immediately inform Us about any change in Your address or contact details.
- Electronic transactions** All transactions carried out by you through Internet, electronic, call centres, tele-service operations, computer, automated machines network or through other means of communication will be valid and legally binding on Us as well as You. This will be subject to the relevant guidelines and terms and conditions as may be specified by Us.
- Jurisdiction** The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India.  
Indian courts shall have exclusive jurisdiction over all differences or disputes arising in relation to this Policy.
- Legislative changes** All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time.  
The Policy terms and conditions may be altered based on any future legislative or regulatory changes.
- Payment of claim** For processing a claim under this Policy, We will require the following documents (as may be relevant): For natural deaths: a) Claimant's Statement b) Original Policy Document c) Death Certificate of the Life Assured issued by the local municipal authority d) Claimant's current address proof e) Claimant's photo identity proof f) Cancelled cheque copy/Copy of bank passbook g) Copy of medico legal cause of death, if any. h) Medical records (Admission notes ,Discharge /Death summary, test reports etc., if any.) i) Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the death j) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries, if any.  
For Accidental Deaths: a) Claimant's Statement b) Original Policy Document c) Death Certificate of the Life Assured issued by the local municipal authority d) Claimant's current address proof e) Claimant's photo identity proof f) Cancelled cheque copy/Copy of bank passbook g) Copy of First Investigation Report (FIR), post mortem, panchnama, final police investigation report etc. in case of death due to accident h) Any other documents or information as may be required by the Company for processing of the claim depending on the circumstances of accidental death  
For Critical illness Claims: a) Claimant's Statement b) Original Policy Document c) Cancelled cheque copy/Copy of bank passbook d) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge

summaries e) A precise diagnosis of the treatment for which a claim is made f) Any other documents or information as may be required by the Company for processing of the claim depending on the claim. For Maturity Claim, Survival Benefit Claims: a) Payout mandate b) Cancelled cheque for processing electronic payment. Claim payments are made only in Indian currency in accordance with the prevailing Exchange control regulations and other relevant laws and regulations in India. In case the Claimant is unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, the Company may at its own discretion conduct an investigation and may subsequently settle the claim.

- Suicide** If the Life Assured, whether sane or insane, commits suicide within 12 months from the date of commencement of risk of this Policy, We will refund higher of at least 80% of the total premiums paid including extra premiums, if any till the date of death or surrender value as available on the date of death, provided the policy is in force. In the case of a revived Policy, if the Life Assured, whether sane or insane, commits suicide within 12 months of the date of revival of the Policy, higher of at least 80% of the total premiums paid including extra premiums, if any till date of death or surrender value as available on date of death will be payable by Us. The Policy will terminate on making such a payment and all rights, benefits and interests under the Policy will stand extinguished.
- Issue of duplicate policy** We shall issue a duplicate of Policy document, on receipt of a written request for the same from You along with the necessary documents as may be required by Us and at such charges as may be applicable from time to time. The current charges for issuance of duplicate policy is ₹ 200. Freelook option is not available on issue of duplicate Policy document.

#### 13. Amendment to policy document

Any variations, modifications or amendment of any terms of the Policy document shall be communicated to you in writing.

#### PART - G

##### Grievance Redressal Mechanism & List of Ombudsman

#### 1. Customer service

For any clarification or assistance You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: [www.icicprulife.com](http://www.icicprulife.com).

Alternatively You may communicate with Us at the customer service desk whose details are mentioned in the Welcome Letter.

For updated contact details, We request You to regularly check Our website.

**i. Grievance Redressal Officer:** If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at [gro@icicprulife.com](mailto:gro@icicprulife.com) or 1860 266 7766.

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

For more details please refer to the "Grievance Redressal" section on [www.icicprulife.com](http://www.icicprulife.com).

**ii. Grievance Redressal Committee:** If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may escalate the matter to Our internal grievance redressal committee at the address mentioned below:

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

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

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: **155255 (or) 1800 4254 732**  
Email ID: [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in)

You can also register your complaint online at [igms.irda.gov.in](http://igms.irda.gov.in)

Address for communication for complaints by fax/paper:  
Consumer Affairs Department  
Insurance Regulatory and Development Authority of India  
Survey No. 115/1, Financial District, Nanakramguda, Gachibowli,  
Hyderabad, Telangana State – 500032.

**Insurance Ombudsman:** The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. As per Insurance Ombudsman Rules, 2017 and Insurance Ombudsman (Amendment) Rules, 2021, the Ombudsman shall receive and consider complaints or disputes relating to: a. delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999; b. any partial or total repudiation of claims; c. disputes over premium paid or payable in terms of insurance policy; d. misrepresentation of policy terms and conditions at any time in the policy document or policy contract; e. legal construction of insurance policies in so far as the dispute relates to claim; f. policy servicing related grievances against insurers and their agents and intermediaries; g. issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer; h. non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and i. any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, in so far as such matter relates to issues referred to in clauses (a) to (h).

#### **Manner in which complaint to be made**

1. Any person who has a grievance against an insurer or insurance broker, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer or the insurance broker, as the case may be complained against or the residential address or place of residence of the complainant is located. 2. The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. 3. No complaint to the Insurance Ombudsman shall lie unless— a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned or the insurer named in the complaint and— i. either the insurer or insurance broker, as the case may be had rejected the complaint; or ii. the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be received his representation; or iii. the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be; b) The complaint is made within one year— i. after the order of the insurer rejecting the representation is received; or ii. after receipt of decision of the insurer or insurance broker, as the case may be which is not to the satisfaction of the complainant; iii. after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be if the insurer or insurance broker, as the case may be named fails to furnish reply to the complainant. 4. The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules. 5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator. 6. The Council for Insurance Ombudsmen shall develop a complaints management system, which shall include an online platform developed for the purpose of online submission and tracking of the status of complaints made under rule 14.

The Ombudsman shall not award compensation exceeding more than Rupees Thirty Lakhs (including relevant expenses, if any). We have given below the details of the existing offices of the Insurance Ombudsman. We request You to regularly check our website at [www.iciciprulife.com](http://www.iciciprulife.com) or the website of the IRDAI at [www.irdai.gov.in](http://www.irdai.gov.in) for updated contact details.

1. **AHMEDABAD:** Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad- 380 001. Tel:- 079 - 25501201/02/05/06. Email: [bimalokpal.ahmedabad@cioins.co.in](mailto:bimalokpal.ahmedabad@cioins.co.in) **Areas of Jurisdiction:** Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2. **BENGALURU:** Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560078. Tel No: 080 - 26652048 / 26652049. Email: [bimalokpal.bengaluru@cioins.co.in](mailto:bimalokpal.bengaluru@cioins.co.in) **Areas of Jurisdiction:** Karnataka.
3. **BHOPAL:** Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel:- 0755-2769201, 2769202. Fax : 0755-2769203. Email: [bimalokpal.bhopal@cioins.co.in](mailto:bimalokpal.bhopal@cioins.co.in) **Areas of Jurisdiction:** Madhya Pradesh & Chhattisgarh.
4. **BHUBANESHWAR:** Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596455/2596461. Fax : 0674-2596429. Email: [bimalokpal.bhubaneswar@cioins.co.in](mailto:bimalokpal.bhubaneswar@cioins.co.in) **Areas of Jurisdiction:** Orissa.
5. **CHANDIGARH:** Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.:- 0172 - 2706196 / 2706468. Fax : 0172-2708274. Email: [bimalokpal.chandigarh@cioins.co.in](mailto:bimalokpal.chandigarh@cioins.co.in) **Areas of Jurisdiction:** Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6. **CHENNAI:** Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai -600 018. Tel.:- 044-24333668 /24335284. Fax : 044-24333664. Email: [bimalokpal.chennai@cioins.co.in](mailto:bimalokpal.chennai@cioins.co.in) **Areas of Jurisdiction:** Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
7. **DELHI:** Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23232481/23213504 Fax : 011-23230858. Email: [bimalokpal.delhi@cioins.co.in](mailto:bimalokpal.delhi@cioins.co.in) **Areas of Jurisdiction:** Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
8. **ERNAKULAM:** Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel : 0484- 2358759/2359338. Fax : 0484-2359336. Email: [bimalokpal.ernakulam@cioins.co.in](mailto:bimalokpal.ernakulam@cioins.co.in) **Areas of Jurisdiction:** Kerala , Lakshadweep, Mahe-a part of Union Territory of Puducherry.
9. **GUWAHATI:** Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (Assam). Tel.:- Tel.: 0361 - 2632204 / 2602205. Email: [bimalokpal.guwahati@cioins.co.in](mailto:bimalokpal.guwahati@cioins.co.in) **Areas of Jurisdiction:** Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
10. **HYDERABAD:** Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel : 040 - 23312122. Fax: 040-23376599. Email: [bimalokpal.hyderabad@cioins.co.in](mailto:bimalokpal.hyderabad@cioins.co.in) **Areas of Jurisdiction:** Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

11. **JAIPUR:** Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141 -2740363. Email: [bimalokpal.jaipur@cioins.co.in](mailto:bimalokpal.jaipur@cioins.co.in) **Areas of Jurisdiction:** Rajasthan.

12. **KOLKATA:** Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkatta - 700 072. Tel : 033- 22124339/22124340. Fax : 033-22124341. Email: [bimalokpal.kolkata@cioins.co.in](mailto:bimalokpal.kolkata@cioins.co.in) **Areas of Jurisdiction:** West Bengal, Sikkim, Andaman & Nicobar Islands.

13. **LUCKNOW:** Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel: 0522 -2231330/2231331. Fax : 0522-2231310. Email: [bimalokpal.lucknow@cioins.co.in](mailto:bimalokpal.lucknow@cioins.co.in) **Areas of Jurisdiction:** Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

14. **MUMBAI:** Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (W), Mumbai - 400 054. Tel : 022 - 26106552 / 26106960. Fax : 022-26106052. Email: [bimalokpal.mumbai@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in) **Areas of Jurisdiction:** Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

15. **NOIDA:** Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel: 0120-0120-2514252 / 2514253. Email: [bimalokpal.noida@cioins.co.in](mailto:bimalokpal.noida@cioins.co.in) **Areas of Jurisdiction:** State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budautn, Bulandshahr, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

16. **PATNA:** Office of the Insurance Ombudsman, 2nd Floor, North wing, Lalit Bhawan, Bailey Road, Patna 800 001. Tel : 0612-2547068. Email: [bimalokpal.patna@cioins.co.in](mailto:bimalokpal.patna@cioins.co.in) **Areas of Jurisdiction:** Bihar, Jharkhand.

17. **PUNE:** Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-41312555. Email: [bimalokpal.pune@cioins.co.in](mailto:bimalokpal.pune@cioins.co.in) **Areas of Jurisdiction:** Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

In case of dispute in respect of interpretation of these terms and conditions and special provisions/conditions the English version shall stand valid.

YOU ARE REQUESTED TO EXAMINE THIS POLICY DOCUMENT, AND IF ANY MISTAKE BE FOUND THEREIN, RETURN IT IMMEDIATELY FOR CORRECTION.



**Income Benefit Plan**

Outstanding Term (Policy Term - Number of complete policy years - 1)

Outstanding Term/ Maturity Age	65	70	75	80	85
0	1141.43%	1141.43%	1141.43%	1141.43%	1141.43%
1	2181.47%	2181.47%	2181.47%	2181.47%	2181.47%
2	3129.10%	3129.10%	3129.10%	3129.10%	3129.10%
3	3992.55%	3992.55%	3992.55%	3992.55%	3992.55%
4	4779.30%	4779.30%	4779.30%	4779.30%	4779.30%
5	4354.71%	5496.15%	5496.15%	5496.15%	5496.15%
6	3967.85%	6149.31%	6149.31%	6149.31%	6149.31%
7	3615.35%	6744.45%	6744.45%	6744.45%	6744.45%
8	3294.17%	7286.72%	7286.72%	7286.72%	7286.72%
9	3001.52%	7780.82%	7780.82%	7780.82%	7780.82%
10	2734.87%	7089.58%	8231.02%	8231.02%	8231.02%
11	2491.91%	6459.76%	8641.22%	8641.22%	8641.22%
12	2270.53%	5885.88%	9014.99%	9014.99%	9014.99%
13	2068.82%	5362.99%	9355.54%	9355.54%	9355.54%
14	1885.03%	4886.55%	9665.85%	9665.85%	9665.85%
15	1717.57%	4452.44%	8807.15%	9948.59%	9948.59%
16	1564.98%	4056.89%	8024.74%	10206.20%	10206.20%
17	1425.95%	3696.48%	7311.83%	10440.94%	10440.94%
18	1299.27%	3368.10%	6662.26%	10654.82%	10654.82%
19	1183.85%	3068.88%	6070.40%	10849.70%	10849.70%
20	1078.68%	2796.25%	5531.12%	9885.83%	11027.26%
21	982.85%	2547.83%	5039.74%	9007.59%	11189.05%
22	895.53%	2321.49%	4592.02%	8207.37%	11336.47%
23	815.98%	2115.25%	4184.07%	7478.24%	11470.79%
24	743.49%	1927.34%	3812.37%	6813.89%	11593.18%
25	677.44%	1756.11%	3473.68%	6208.55%	10563.26%
26	617.25%	1600.10%	3165.09%	5657.00%	9624.84%
27	562.42%	1457.95%	2883.91%	5154.44%	8769.79%
28	512.45%	1328.43%	2627.70%	4696.53%	7990.70%
29	466.93%	1210.42%	2394.26%	4279.30%	7280.82%
30	425.45%	1102.88%	2181.56%	3899.13%	6634.00%
31	387.65%	1004.91%	1987.76%	3552.74%	6044.65%
32	353.21%	915.63%	1811.17%	3237.12%	5507.65%
33	321.83%	834.29%	1650.27%	2949.54%	5018.36%
34	293.24%	760.17%	1503.66%	2687.51%	4572.54%
35	267.19%	692.64%	1370.08%	2448.75%	4166.32%
36	243.46%	631.11%	1248.36%	2231.21%	3796.19%
37	NA	NA	NA	NA	NA
38	NA	NA	NA	NA	NA
39	NA	NA	NA	NA	NA

**Income Benefit Plan**

Outstanding Term (Policy Term - Number of complete policy years - 1)

**Return of Premium with Life-stage cover Plan**

Outstanding Term (Policy Term - Number of complete policy years - 1)

Outstanding Term	Factor	Outstanding Term	Factor
0	98.00%	20	15.56%
1	91.12%	21	14.17%
2	83.02%	22	12.92%
3	75.65%	23	11.77%
4	68.93%	24	10.72%
5	62.80%	25	9.77%
6	57.22%	26	8.90%
7	52.14%	27	8.11%
8	47.51%	28	7.39%
9	43.29%	29	6.73%
10	39.44%	30	6.14%
11	35.94%	31	5.59%
12	32.75%	32	5.09%
13	29.84%	33	4.64%
14	27.19%	34	4.23%
15	24.77%	35	3.85%
16	22.57%	36	3.51%
17	20.56%	37	NA
18	18.74%	38	NA

**Early Return of Premium with Life-stage cover**

Outstanding Term (Age chosen for Early Return of Premium - Age at entry - Number of complete policy years - 1)

Outstanding term to Age chosen for Early Return of Premium/ Age chosen for Early Return of Premium	60	70
0	98.00%	98.00%
1	91.12%	91.12%
2	83.02%	83.02%
3	75.65%	75.65%
4	68.93%	68.93%
5	62.80%	62.80%
6	57.22%	57.22%
7	52.14%	52.14%
8	47.51%	47.51%
9	43.29%	43.29%
10	39.44%	39.44%
11	35.94%	35.94%
12	32.75%	32.75%
13	29.84%	29.84%
14	27.19%	27.19%
15	24.77%	24.77%
16	22.57%	22.57%
17	20.56%	20.56%
18	18.74%	18.74%
19	17.07%	17.07%
20	15.56%	15.56%
21	14.17%	14.17%
22	12.92%	12.92%
23	11.77%	11.77%
24	10.72%	10.72%
25	9.77%	9.77%
26	8.90%	8.90%
27	8.11%	8.11%
28	7.39%	7.39%
29	6.73%	6.73%
30	6.14%	6.14%
31	5.59%	5.59%
32	NA	NA
33	NA	NA
34	NA	NA

**Appendix III- Surrender Timing Factors**

All Plan Options

Surrender timing factors applicable on Special Surrender Value		
Policy Month of surrender in the year of surrender	Factor for in force policies for which all premiums pertaining to year of surrender have been paid	Factor applicable on interpolated surrender value for half yearly policies for which one premium has been paid
1	91.83%	96.20%
2	92.54%	96.95%
3	93.26%	97.70%
4	93.99%	98.46%
5	94.72%	99.23%
6	95.45%	100.00%
7	96.20%	NA
8	96.95%	NA
9	97.70%	NA
10	98.46%	NA
11	99.23%	NA
12	100.00%	NA

Interpolation formula for Surrender Value calculation for monthly and half yearly premium payment mode for which full years' premium has not been paid	
<b>Formula 1: Surrender Value payable during year t for monthly policy:</b>	
Surrender Value for year t-1	
+	
(Surrender Value for year t - Surrender Value for year t-1) * (No of year t premiums paid/12)	
<b>Formula 2: Surrender Value payable during year t for half yearly policy:</b>	
Surrender Value for year t-1	
+	
(Surrender Value for year t - Surrender Value for year t-1) * (No of year t premiums paid/2)	

#### **Appendix IV– Section 39 – Nomination by policyholder**

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows: 1. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death. 2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer. 3. Nomination can be made at any time before the maturity of the policy. 4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy. 5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be. 6. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer. 7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations. 8. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof. 9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan. 10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination. 11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate. 12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s). 13. Where the policyholder whose life is insured nominates his a. parents or b. spouse or c. children or d. spouse and children e. or any of them the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title. 14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s). 15. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy. 16. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

Disclaimer: This is a simplified version of Section 39 of the Insurance Act, 1938 as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.

#### **Appendix V – Section 38 – Assignment and Transfer of Insurance Policies**

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows: 1. This policy may be transferred/assigned, wholly or in part, with or without consideration. 2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer. 3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made. 4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness. 5. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer. 6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations. 7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice. 8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced. 9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is a. not bonafide or b. not in the interest of the policyholder or c. not in public interest or d. is for the purpose of trading of the insurance policy. 10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment. 11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer. 12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority. 13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR b. where the transfer or assignment is made upon condition that i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR ii. the insured surviving the term of the policy. Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy.

This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position. 14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and b. may institute any proceedings in relation to the policy c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

Disclaimer: This is a simplified version of Section 38 of the Insurance Act, 1938 as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.

#### **Appendix VI – Section 45 – Policy shall not be called in question on the ground of mis statement after three years**

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time, are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from a) the date of issuance of policy or b) the date of commencement of risk or c) the date of revival of policy or d) the date of rider to the policy whichever is later.

2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from a) the date of issuance of policy or b) the date of commencement of risk or c) the date of revival of policy or d) the date of rider to the policy whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true; b) The active concealment of a fact by the insured having knowledge or belief of the fact; c) Any other act fitted to deceive; and d) Any such act or omission as the law specifically declares to be fraudulent. 4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak. 5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries. 6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based. 7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation. 8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured. 9. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.