

POLICY DOCUMENT

UL8

LifeTime
P R O T E C T I O N

ICICI PRUDENTIAL 
L I F E I N S U R A N C E

Ver. UL8 : 1

Policy Document

1. Definitions:

In the Policy Document, unless the context otherwise requires:

- (a) **"Charges"** means Insurance Charge, Investment Charge, Annual Administration Charge, Other Charge and Processing Charge.
- (b) **"Death Benefit"** means the amount specified in the Policy certificate and increased / decreased from time to time.
- (c) **"Plan"** means any of the segregated plans mentioned in Section B herein which are earmarked by the Company for the unit linked business of the Company under the Insurance Regulatory and Development Authority (the "IRDA") regulations and the "Plan" means any one of the Plans.
- (d) **"Annual Due Date"** means the date corresponding numerically with the date of issue of the Policy (which is also the Date of the commencement of policy) in each year subsequent to the year of issue of the Policy.
- (e) **"Monthly Due Date"** means the date corresponding numerically with the Date of Issue of the policy in each month subsequent to the month of issue of the Policy.
- (f) **"Net Assets"** means Market / Fair Value of Plan Investments plus Current Assets less Current Liabilities and Provisions.
- (g) **"Premium"** means the initial premium and the subsequent premium due and payable under the policy upto the Original Vesting Date.
- (h) **"Top-up Single Premium"** means an additional Single Premium paid anytime upto the Vesting Date.
- (i) **"Units"** means the units purchased in the Plans from the Premiums.
- (j) **"Unit Value"** means the value per unit calculated in Rupees in accordance with the following formula

$$\text{Unit Value} = \frac{\text{Market/ Fair Value of the investments plus Current Assets less Current Liabilities and Provisions}}{\text{Number of Units outstanding under the relevant Plan.}}$$
- (k) **"Value of Units"** means the Unit Value of all or some of the Units.
- (l) **"Insurance Cover"** means Life Insurance Cover, Critical Illness Benefit cover, Major Surgical Assistance Benefit cover and Accident and Disability Benefit Cover.
- (m) **"Life Insurance Cover"** means the difference between the Death Benefit and the Value of the Units.
- (n) **"Vesting Date"** means the date of vesting of annuity.
- (o) **"Original vesting Date"** means the vesting date chosen by the Life Assured as on the Date of Commencement of Policy.
- (p) **"Postponed vesting Date"** means the vesting date as postponed by the Life Assured.
- (q) **"Deferment period"** is the period from the date of commencement of the policy to the vesting date
- (r) **"Working day"** is the common working day of the Corporate Office of the Company and the Banks.

2. Policy Description:

- 2.1 The Policy is a regular premium unit linked pension policy.
- 2.2 Being a unit-linked policy, the Life Assured has the option to allocate the Premiums and any Top-up Single Premium paid by him among one or more of the Plan(s) for purchase of Units thereof.
- 2.3 The Policy enables the Life Assured to participate only in the investment performance of the Plan, to the extent of allocated units and does not in any way confer any right whatsoever on the Life Assured to otherwise share in the profits or surplus of the business of the Company in any manner whatsoever or make any claim in relation to the assets of the Company.

3. Option for postponement of the Original Vesting Date & annuity option :

- 3.1 The Life Assured has the option to postpone the Original Vesting Date more than once, so that the age of Life Assured does not exceed 70 years last birthday as on such Postponed Vesting Date.
- 3.2 The Company shall require a notice of at least 45 days months before the Original Vesting Date to postpone the Original Vesting Date.
- 3.3 The Life Assured can, at least 45 days before the vesting date exercise his annuity option.

4. Benefits Payable:

4.1 Benefits payable to the Life Assured on Vesting date:

On the Vesting Date of the policy the Life Assured shall have the following options:

- (i) to receive upto 25% of the Value of Units as of the Valuation Date (as defined in Section 8.3) following the Vesting Date, in lumpsum and to utilise the balance amount to purchase annuity of the type as chosen by the Life Assured; or
- (ii) to utilise the entire Value of Units as of the Valuation Date (as defined in Section 8.3) following the Vesting Date, to purchase annuity of the type as chosen by the Life Assured.

The Life Assured shall have the following options for selection of the type of annuity:

- a) annuity guaranteed for a period of 5 years, 10 years or 15 years certain and thereafter for life; or
- b) annuity for life with return of purchase price on the death of the annuitant; or
- c) annuity for life; or
- d) Joint Life and Last Survivor annuity to the Life Assured or his/her spouse with return of purchase price on the death of the last survivor.

If the Life Assured dies after the payment of annuity has commenced, the benefits payable, if any, under the Policy shall become payable to the spouse or where such spouse has predeceased the Life Assured or in the absence of spouse, to the Life Assured's nominees and failing him/her to the Life Assured's Executors or Administrators or other legal representatives who should take out representation to the Life Assured's estate limited to moneys payable under the policy from any court of competent jurisdiction.

4.2 Benefits payable on death of the Life Assured upto the original vesting date

In the event of death of the Life Assured the Company shall pay to the spouse greater of;

- (a) the Value of Units as of the Valuation Date (as defined in Section 8.3) following intimation of death of the Life Assured or
- (b) the Death Benefit.

The spouse shall have the following options:

- (i) to receive the entire amount mentioned above in a lumpsum. The Policy shall terminate on payment of this amount; or
- (ii) to receive a portion of the above-mentioned amount, in lumpsum and to utilise the balance amount to purchase annuity of the type chosen by the spouse; or
- (iii) to utilise the entire amount mentioned above, to purchase annuity of the type chosen by the spouse.

The spouse shall have the following options in the selection of the annuity:

- (i) annuity guaranteed for a period of 5 years, 10 years or 15 years certain and payable thereafter for life; or
- (ii) annuity for life with return of purchase price on the death of the annuitant; or
- (iii) annuity for life.

4.3 Benefits payable on death of the Life Assured after Original Vesting Date

In the event of death of the Life Assured the Company shall pay to the spouse the Value of Units as of the Valuation Date (as defined in Section 8.3) following intimation of death of the Life Assured.

The spouse shall have the following options:

- (i) to receive the above-mentioned amount in a lumpsum. The Policy shall terminate on payment of this amount or
- (ii) to receive a portion of the above-mentioned amount, in lumpsum and to utilise the balance amount to purchase annuity of the type chosen by the spouse or
- (iii) to utilise the entire amount mentioned above, to purchase annuity of the type as chosen by the spouse.

The spouse shall have the following options in the selection of the type of annuity:

- (i) annuity guaranteed for a period of 5 years, 10 years or 15 years certain and payable thereafter for life; or
- (ii) annuity for life with return of purchase amount on the death of the annuitant; or
- (iii) annuity for life.

4.4 However, if the spouse has predeceased the Life Assured or in the absence of spouse, the benefits, if any, shall be payable to the nominee of the Life Assured in lump sum or failing him to the Executors or Administrators or other legal representatives who shall take out representation to the Life Assured's estate limited to the moneys payable under this policy from any court of competent jurisdiction.

4.5 If the named spouse dies after the commencement of payment of the annuity on his/her life, the benefits payable, if any, under the policy shall be payable to his nominee in lump sum or failing him to the Executors or Administrators or other legal representatives who should take out representation to the spouse's estate limited to the moneys payable under this policy from any court of competent jurisdiction.

4.6 Annuity rates for the above options will be quoted on application. There are no guaranteed annuity rates. The annuity will be purchased by applying the policy proceeds (as specified in Section 4) under the immediate annuity plan then available at the annuity rates current on the Valuation date immediately following Vesting Date or intimation of death of the Life Assured.

4.7 To claim annuity payments, the survival of the annuitant on the day on which the annuity falls due has to be duly certified, from time to time, in such manner as the Company may require.

4.8 Where the annuity ceases on the death of the annuitant, no part of the said annuity shall be payable or paid for such time as may elapse between the date of payment immediately preceding the death of the annuitant, and the date of his death.

4.9 The Life Assured or spouse has the option to buy the annuity from any other insurance company. If the Life Assured or spouse wishes to buy the annuity from another insurance company, the balance of benefits after commutation, where effected, shall be used as purchase price to buy the immediate annuity from that company and thereafter the Company shall cease to have any obligation in respect of the annuity benefit/s payable under the policy.

5. Increase / Decrease in Death Benefit

5.1 Increase of Death Benefit

The Life Assured shall have the following options to increase the Death Benefit upto the Original Vesting Date on the following terms and conditions:

(a) If the Life Assured has opted for Death Benefit on the Date of Commencement of the Policy, the Life Assured may on the 3rd, 6th, and 9th policy anniversary upto the Original Vesting Date increase the Death Benefit by 25% of the initial Death Benefit or Rs. 1,00,000 whichever is lower. Each such increase, to be granted without underwriting and the Life Assured shall have to give notice of his/her intention to opt for such increase at least 15 days before the due date of such increase.

(b) If the Life Assured has opted for Death Benefit on the Date of Commencement of the Policy, after three years from such date of commencement, has the option to increase the death benefit by 25%

of the initial Death Benefit or by Rs. 1,00,000/- whichever is lower on the occasion of his marriage, birth of the first and second child irrespective of when the last increase was granted without underwriting of the risk on his life.

- (c) The number of increases granted under (a) and under (b) above shall be limited to three, and shall be subject to the condition that the total Death Benefit on one life under all the policies under this plan and all other Unit Linked plans of the Company shall not exceed Rs. 3,00,000/-
- (d) An option for increase of Death Benefit as referred in (a) & (b) if not exercised by the Life Assured shall not be carried forward.
- (e) Any increase in the Death Benefit by a Life Assured other than that covered by clauses (a) and (b) above, shall be subject to underwriting of the risk on his life and the Life Assured shall bear the cost of any medical report(s) and any other medical charges. All such costs shall be recovered by the Company through the cancellation of the Units.
- (f) Any increase in the Death Benefit shall be in multiples of Rs. 50,000.
- (g) Notwithstanding anything contained above, no increase in Death Benefit shall be allowed without underwriting of the risk on his life after the Life Assured has attained age 45 years nearer birthday.
- (h) No increase in Death Benefit will be permitted if the Life Assured has not opted for Death Benefit on the date of commencement of the policy.
- (i) Notwithstanding anything contained above, no increase in Death Benefit shall be allowed after the Life Assured has attained age 60 years nearer birthday.
- (j) Any Charges due, on increase in Death Benefit shall be recovered by cancellation of the units.

5.2 Decrease in Death Benefit:

- (a) The Life Assured has the option to decrease his Death Benefit at any time upto the Original Vesting Date.
- (b) Any decrease in the Death Benefit shall be in multiples of Rs. 50000.
- (c) Notwithstanding anything contained in 5.1 above, once the Life Assured has opted for decrease in the Death-Benefit, the Life Assured shall not be allowed further increase in Death Benefit without underwriting of risk on his life. However, the Life Assured may be allowed to increase the Death Benefit subject to underwriting of risk on his life and the Life Assured bearing the cost of medical reports and any other charges.
- (d) Notwithstanding anything contained in 5.2 above, no increase in Death Benefit shall be allowed, after Death Benefit has been decreased to 'zero'.

6. Surrender of Policy (full withdrawal of units):

If the premiums are paid for at least three consecutive years, the Policy acquires Surrender Value which is equal to the Value of Units as of the Valuation Date following the receipt of request of surrender. The policy which has acquired Surrender Value can be surrendered for payment in cash and surrender shall extinguish all the rights, benefits and interests under the Policy.

Supplementary Benefits: As specified in the Annexure and are applicable if opted for

7. Premium:

7.1 Payment of Premiums

- i) Premiums are payable on the due dates and at the rate mentioned in the Policy Certificate. Premiums are payable upto the Original Vesting Date of the policy. However, a grace period of not more than 30 days, where the mode of payment of premium is other than monthly, and not more than 15 days in the case of monthly mode is allowed.

If premiums are not paid during the days of grace in the first three years, the policy shall lapse and no benefit shall be payable.

Where the premiums are paid for the first three full years and if the subsequent premiums are not paid upto the expiry of first ten consecutive years, the benefits payable shall be value of units, and

the Death Benefit as specified in Section 1(b) and the Supplementary benefits, if any, shall cease to be payable.

Where the Policy is in force for the first ten consecutive years and if the subsequent premiums are not paid after the aforesaid ten years the policy shall continue as specified in Section 7.3

- ii) Premiums are payable without any obligation on the company to issue a notice for the same.
- iii) In addition, Top-up Single Premium can be paid as stipulated in Section 10.1 hereof.

7.2 Premium Allocation

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

For Policies with Death Benefit:

Premium (Rs.)	Percentage of Premium allotted for purchase of Units
Below 50000	80%
50000 and above	82%

For Policies without Death Benefit:

Premium (Rs.)	Percentage of Premium allotted for purchase of Units
Below 50000	82%
50000 and above	85%

In respect of the second year premiums the utilisation for purchase of units shall be 92.50% and in the subsequent years 96%. In respect of Top-Up Single Premiums the utilisation for purchase of units shall be 99%. The balance amount of Premiums/Top-Up Single Premium shall be used to meet the Other Charges detailed in Section 11.4.

During the period of ten consecutive years from the Date of Commencement of policy the Life Assured may pay Top-Up Single premiums only where all the instalment premiums due under the Policy till then have been paid. Any payment in excess of the instalment premium made before the aforesaid period of 10 years shall be treated as Top-Up premiums and shall be utilised for purchase of Units.

The Life Assured has the option to allocate the Premiums / Top-up Single Premium(s) to be utilised for purchase of Units among one or more of the Plan(s). In the case where the Life Assured does not exercise such option the entire amount to be utilised for purchase of units would be allocated to the Balanced Plan. The number of Units purchased would be computed based on the Value of Units computed in the manner provided in Section 9.

7.3 Keeping the Policy Inforce

If the Life Assured fails to pay the Premiums on the due date, or within the grace period of 30 days where the mode of payment is other than monthly and within the grace period of 15 days where the mode of payment is monthly, Charges shall be recovered by the Company through cancellation of Units and the Policy and the Supplementary Benefits, if any, shall continue till such time as the Value of Units is sufficient to pay the remaining Charges and the Policy and the Supplementary Benefits shall be terminated immediately upon the Value of Units under the policy becoming insufficient to pay those Charges.

This automatic continuation of the policy will not be applicable to policies wherein ten consecutive years premiums have not been paid, from the Date of Commencement of Policy.

8. Plans:

8.1 The Plans

- (a) Protector Plan
- (b) Maximiser Plan
- (c) Balancer Plan

8.2 Investment Objectives of the Plans and Indicative Portfolio Allocations

(a) Protector Plan

The investment objective of this Plan is to provide accumulation of income through investment in various fixed income securities. The Plan seeks to provide capital appreciation while maintaining suitable balance between return, safety and liquidity.

Indicative Portfolio Allocation

Debt Instruments : Maximum 100%
 Money Market & Cash : Maximum 25%

(b) Maximiser Plan

The investment objective of this Plan is to provide long-term capital appreciation through investments primarily in equity and equity-related instruments.

Indicative Portfolio Allocation

Equity & equity related securities : Maximum 90%
 Debt, Money market & Cash : Minimum 10%

(c) Balancer Plan

The investment objective of this Plan is to provide a balanced investment between long-term capital appreciation and current income through investment in equity as well as fixed income instruments in appropriate proportions depending on market conditions prevalent from time to time.

Indicative Portfolio Allocation

Debt, Money market & Cash : Minimum 60%
 Equity & Equity related securities : Maximum 40%

The Company shall obtain the consent of the Life Assured, when any change in the asset allocation pattern of the plans described above is considered necessary in the interest of the Life Assured on account of market conditions and/or political and economic force majeure, through a postal ballot and no such change shall be carried out unless not less than three fourths of the Life Assureds responding to the ballot have given their consent. The Life Assured who does not give his consent shall be allowed to withdraw the units in the plans at the then prevailing Unit Value and terminate the policy.

8.3 Valuation Date

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

8.4 New Plans

New Plans may be established by the Company from time to time and the Life Assured shall be notified of the establishment of such new plans. The Company may offer the Life Assured the option to switch to those plans at such price and subject to such terms and conditions as may be imposed by the Company at that time. Switching between the existing Plans is subject to the terms and conditions detailed in Section 9 herein.

8.5 Investment of the Plans

The Company shall select the investments, including derivatives and units of mutual funds, by each Plan at its sole discretion subject to the investment objectives of the respective Plan and the IRDA Regulations in that behalf. All assets relating to the Plan shall be and shall remain in the absolute beneficial ownership of the Company. There is no trust created, whether express or implied, by the Company in respect of the investments in favour of the Life Assured/ Spouse/ Nominee or any other person.

8.6 Plan Closure:

Although the Plans are open ended, the Company may, in its sole discretion close any of the Plans on the happening of any event which in the sole opinion of the Company requires the said Plan to be closed. The Life Assured shall be given at least three months prior written notice of the Company's intention to close any of the Plans and on and from the date of such closure, the Company shall cease to issue, redeem and cancel Units of the said Plan and cease to carry on business activities in respect of the said Plan. In such an event if the Units are not switched to another Plan by the Life Assured, the Company will switch the said Units to any another Plan at its sole discretion. However no fee would be charged for switching to another Plan in the event of such closure of Plans.

8.7 Risks of investment in the Units of the Plans

The Life Assured is aware that the investment in the Units is subject to the following, amongst others, risks and agrees that he is making the investment in the Units with full knowledge of the same.

- (i) LifeTime Pension Policy is only the name of the Policy and does not in any way indicate the quality of the Policy, its future prospects or returns.
- (ii) Protector Plan, Maximiser Plan and Balancer Plan are the names of the Plans and do not in any manner indicate the quality of the Plan, their future prospects or returns.
- (iii) The investments in the Units are subject to market and other risks and there can be no assurance that the objectives of any of the Plans will be achieved.
- (iv) The Value of the Units of each of the Plans can go up or down depending on the factors and forces affecting the financial and debt markets from time to time and may also be affected by changes in the general level of interest rates.
- (v) The past performance of other Plans of the Company is not necessarily indicative of the future performance of any of these Plans.
- (vi) The Plans do not offer a guaranteed or assured return.
- (vii) All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time.

9. Units:

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

9.2 Creation of Units

- (i) Creation of Units where Death Benefit is Nil.
 - (a) If premiums are received in cash, the Units of the relevant Plan to be created will be computed using the Value of Units on the Valuation Date following receipt of premiums.
 - (b) If premiums are received other than by cash and accepted at the Company's office on any business day, the Units of the relevant plan to be created will be computed using the Unit value on the Valuation Date following receipt of premiums.
 - (c) The Company may, at its sole discretion, change the date by which Premiums have to be received and accepted for the purpose of determining the Value of Units of the relevant Plan which are to be used for calculating the number of Units provided that the same shall be intimated to the Life Assured at least 14 days before any such change.

If any of the above-mentioned Valuation Dates are not working days the following such day would be the Valuation Date.

- (ii) Creation of Units where Death Benefit exists on the Date of commencement of policy or at a later date.

Where Premiums or Top-up Premiums are received and accepted at the Company's Office on a business day before a Valuation Date, the number of Units of the relevant Plan to be created will be computed using the Unit Value on that Valuation Date following underwriting decision date, wherever applicable.

If any of the abovementioned Valuation Dates are not working days the day following such day would be the Valuation Date.

9.3 Surrender of Policy/Switch of Units

- (i) If a request for surrender of policy/switch of Units is received and accepted at the Company's Office by 17.30 hours on the business day before a Valuation Date, the number of Units of the relevant Plan to be surrendered (withdrawn) /switched will be computed using the Unit Value on that Valuation Date.

- (ii) If a request for surrender of policy/switch of Units is received at the Company's Office after 17.30 hours on the business day before a Valuation Date, the number of Units of the relevant Plan to be surrendered (withdrawn)/switched will be computed using the Unit Value on the Valuation Date following that Valuation Date
- (iii) The Company may, at its sole discretion, change the time by which requests for surrender(withdrawal)/switch have to be received and accepted for the purpose of determining the Value of Units of the relevant Plan which are to be used for calculating the number of Units provided that the same shall be intimated to the Life Assured at least 14 days before any such change.
- (iv) While there is no penalty for surrender of policy currently, the Company, may at its sole discretion, charge penalty for surrender of policy from any future date as also vary the penalty so charged from time to time, at its sole discretion.

9.4 Valuation of the Plans

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

10. Life Assured's Options:

The Life Assured shall have the following options upto the Vesting Date of the Policy:

- 10.1** To pay one or more Top-up Single Premiums; with a direction to allocate the same towards the purchase of Units of such Plan as directed by the Life Assured based on the Unit Value of the relevant Plan at such time computed in the manner provided in Section 9;
- 10.2** To transfer or switch any Units in a particular Plan to another Plan by cancellation of the Units to be switched and creation of new Units in the Plan being switched to and the Value of the Units of each of the Plan at such time would be computed in the manner provided in Section 9. One free switch shall be allowed in each policy year (which shall be each consecutive calendar year starting from the date of commencement of the Policy). Any unutilised free switch cannot be carried forward. For any non-free switch, a switching charge of 1% of the Value of Units switched will be levied;
- 10.3** Surrender of policy will be allowed as specified in Section 6.
- 10.4** In exceptional circumstances such as unusually high volume of sale of investments within a short period, market conditions and political and economic force majeure, the Company may, in its sole discretion, defer the switching or the surrender of the Policy for a period not exceeding six (6) months from the date of application. The determination of the existence of exceptional circumstances for the purposes of this Section shall be in the sole judgement of the Company.

11 Charges:

11.1 Insurance Charges

- (i) The Insurance Charges, where applicable, will vary depending on:
 - (a) the Insurance Cover;
 - (b) the age nearer birthday of the Life Assured;
 - (c) the gender of the Life Assured;
 - (d) the occupation of the Life Assured; and
 - (e) the health of the Life Assured.
- (ii) The Insurance charges, where applicable shall be fixed on the Date of commencement of the Policy and on each Monthly Due Date during the deferment period and shall be recovered by cancellation of Units.

11.2 Investment Charge

- (i) Protector Plan – at the rate of 0.25% per annum of the net assets.
- (ii) Maximiser Plan- at the rate of 1% per annum of the net assets.
- (iii) Balancer Plan - at the rate of 1% per annum of the net assets.

The Investment Charge will be charged on each Valuation Date.

11.3 Annual Administrative Charges

An Annual Administrative charge shall be charged at 1.25% of the net assets on each Valuation Date.

11.4 Other Charges

The balance Premium/Top-Up Premium after utilisation of the portion for purchase of units as detailed in Section 10 shall be used to meet the expenses, such as commission to agent, marketing and distribution expenses, medical examination expenses, policy stamp fee and policy issue expenses.

11.5 Processing Charge

A processing charge may be charged in respect of the exercise of any of the options set out below or in respect of any revival of the Policy, which may be allowed by the Company.

The options available are as under:

- a) Switching across Plans.
- b) Increase in Death Benefit.

11.6 Recovery of Charges

- (i) The Investment and Annual Administration charges will be priced in the Unit Value of the Plan. The other Charges would be recovered by cancellation of Units at the Unit Value. In the event that the Units are held in more than one Plan, the cancellation of Units will be effected in the same proportion as the Value of Units held in each Plan.
- (ii) In the event the Value of Units is insufficient to pay for such charges, the Policy shall foreclose as provided in Section 12.

11.7 Change in rate of Charges

The Company reserves the right to change the Investment Charge at any time with prior approval from the IRDA upto a maximum of 1.50% per annum of the net assets for each of the plans.

The Company reserves the right to change the annual Administrative Charge at any time with prior approval from the IRDA upto a maximum of 2% per annum of the net assets for each of the plans.

The Company reserves the right to modify the Insurance Charges and the Processing charge with prospective effect after giving a notice of three months to the policyholders.

The Life Assured who does not agree with the modified charges shall be allowed to withdraw the units in the plans at the then prevailing Unit Value and terminate the policy.

12. Foreclosure of the Policy

The Policy shall terminate when the Value of Units is insufficient to pay for the Charges computed in accordance with Section 11 and the balance Value of Units, if any, would be paid upon such termination.

Policy Document**General Conditions****1. Age**

- i) The Insurance Charges payable under the Policy have been calculated on the basis of the age of the Life Assured as declared in the Proposal. In case the age of the Life Assured has not been admitted by the Company, the Life Assured shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.
- ii) In the event the age so admitted (the "correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken:
 - a) If the correct age is such as would have made the Life Assured uninsurable under the Plan of Assurance specified in the Policy Certificate, the Plan of Assurance shall stand altered to such Plan of Assurance as is generally granted by the Company for the correct age of the Life Assured, which will be subject to the terms and conditions as are applicable to that Plan Of Assurance. If it is not possible to grant any other Plan Of Assurance, the Policy shall stand cancelled from the date of issue of the Policy and the premium paid shall be refunded subject to the deduction of the expenses incurred by the Company on the Policy.
 - b) If the correct age is higher than the age declared in the Proposal, the Insurance Charges payable under the Policy shall be altered corresponding to the correct age of the Life Assured (the "Corrected Insurance Charges") from the Date Of Commencement of the Policy and the Life Assured shall pay to the Company the accumulated difference between the Corrected Insurance Charges and the Original Insurance Charges from the Date of Commencement of the Policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Life Assured fails to pay such accumulated difference, together with interest, the same shall be recovered by cancellation of Units.
 - c) If the correct age of the Life Assured is lower than the age declared in the Proposal, the Insurance Charges payable under the Policy shall be altered corresponding to the correct age of the Life Assured (the "Corrected Insurance Charges") from the Date Of Commencement of the Policy and the Company may, at its discretion, refund without interest, the accumulated difference between the original insurance charges paid and the corrected insurance charges.

The age of the Life Assured and that of his/her spouse shall be admitted before the purchase of annuity.

2. Revival of the Policy:

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

- (a) the application for revival is made within 5 years from the date of the first unpaid premium and before the original vesting Date of policy;
- (b) the applicant being the Life Assured furnishes, at his own expense, satisfactory evidence of health of the Life Assured, if required;
- (c) the arrears of premiums together with interest at such rate as the company may charge for late payment of premia are paid;
- (d) the revival of the policy may be on terms different from those applicable to the policy before it lapsed; and
- (e) the revival will take effect only on it being specifically communicated by the Company to the Life Assured.

3. Nomination:

The Life Assured, where he is the holder of the policy, may, at any time before the death of the spouse or anytime thereafter, make a nomination for the purpose of payment of the moneys secured by the policy in the event of his death. On the death of the Life Assured, the spouse, if alive, may effect a nomination to receive the benefits, if any, payable under the Policy after his/her death. Where the nominee is a minor, the Life Assured / spouse may also appoint a person to receive the money during the minority of the nominee. Nomination may

be made by an endorsement on the policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected shall be communicated to the Company.

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

4. Suicide:

If the Life Assured commits suicide whether sane or insane, within one year from the date of commencement of this policy, the Policy shall be void and only the value of units as of the Valuation Date following the intimation of suicide shall be paid.

5. Special Provisions:

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

6. Incontestability:

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

7. Notices:

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

In case of the Life Assured:

As per the details specified by the Life Assured in the Proposal Form / Change of Address intimation submitted by him.

In case of the Company:

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

Telephone : Chennai-2436 7007, Delhi-2368 3695, Hyderabad-2312 8999, Mumbai-2830 7766,
Pune-610 3434, 1600-11-6050 (Other cities)

Facsimile : 022 24376727

E-mail : lifeline@iciciprulife.com

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

8. Payment of Claim

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

Documentation for claim

The following documents shall be required to be submitted to the Company at the time of claim.

1. Original Insurance Policy
2. Claimant's statement
3. Death certificate issued by the local and medical authority in case of death claim
4. Medical evidence in case of health and disability rider claims.
5. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

9. Legislative Changes

The terms and conditions including the premiums and the benefits payable under this Policy are subject to variation in accordance with the relevant legislation.

10. Electronic Transactions

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

11. Customer Service

- (a) For any clarification or assistance, the policyholder may contact our agent or call our Customer Service Representative at Telephone Number listed below during office hours (9.30 a.m. to 5.30 p.m.).

Telephone : Chennai-2436 7007, Delhi-2368 3695, Hyderabad-2312 8999, Mumbai-2830 7766,
Pune-610 3434, 1600-11-6050 (Other cities)

Alternatively you may communicate with us:

By mail at:

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

Facsimile : 022 24376727

E-mail : lifeline@iciciprulife.com

- (b) Grievance Redressal Committee,

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

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

- (c) Ombudsman

The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. For details of the Ombudsman log on to our website www.iciciprulife.com or contact our Customer Service Desk.

"The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herein including every endorsement by the Company and shall together form a single contract"
(Ver UL8: 1)

Annexure

Supplementary Benefits applicable if opted for.

A. Accident and Disability Benefit

(I) Accident Benefit:

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

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

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

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

However, if the period of 180 days from the occurrence of the accident is current on the policy anniversary on which the Life Assured attains age 65 nearer birthday, the accident benefit shall be payable on death during that period.

(II) Disability Benefit:

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

1. Commencing from the first anniversary of the Disability Date and on each anniversary thereafter pay in ten annual installments, each equal to one-tenth of the amount of accidental cover under this Supplementary Benefit. In the event of the policy resulting in a death claim before the receipt by the

Life Assured of the last such instalment, then the instalments remaining unpaid shall become payable along with the claim.

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

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

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

The maximum aggregate limit of assurance under all policies on the same life to which benefits under (I) and (II) will apply, shall not exceed Rs.10,00,000. If the total assurance under one or more policies of the Life Assured exceeds the said sum of Rs.10,00,000, this benefit shall be available in respect of first Rs.10,00,000 assured in the order in which policies have been issued.

B. Critical Illness Benefit: -

Provided the policy is in force and the Life Assured is diagnosed to be suffering from any one of the Critical Illnesses (as defined below), after six months from the Date of commencement of the Policy and before the Policy anniversary on which he attains age 65 years nearer birthday or the original vesting date, whichever is earlier, an amount equal to Sum Assured under this Supplementary Benefit shall fall to be paid, subject to conditions set out below: -

- (1) The benefit shall not be payable in respect of any illness other than those defined as Critical Illness, nor shall it apply or be payable in respect of any of those said illnesses the symptoms of which have occurred or which has been diagnosed or for which the insured person received treatment, during the first 6 months from the date of commencement of the policy.
- (2) The benefit shall be payable on the Life Assured surviving 28 days from such diagnosis.
- (3) The Critical Illness shall not have been caused by the existence of Acquired Immune Deficiency Syndrome or the presence of any Human Immuno-deficiency Virus Infection in the person of the Life Assured, self inflicted injury, drug abuse, failure to follow medical advice, war, whether declared or not and civil commotion, pregnancy, breach of law, aviation other than as a fare paying passenger in a commercial licensed aircraft (being a multi-engined aircraft), hazardous sports and pastimes;
- (4) Written Notice of any claim for the benefit must be given to the Company within 60 days of such diagnosis.
- (5) The admission of any claim for this benefit will be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any one of the specified Critical Illness, as the Company may reasonably require.
- (6) The benefit shall automatically cease to be available when the policy is surrendered for cash.
- (7) The maximum aggregate of Critical Illness Benefit granted by the Company under this and all the other policies of the Life Assured shall not exceed Rs.10,00,000/- (Rupees Ten lakhs).

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

- (a) Cancer: - A malignant tumour characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed. The term Cancer includes Leukemia but excludes the following:-
 - i) All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
 - ii) All forms of lymphoma in presence of any Human Immuno-deficiency Virus;
 - iii) Kaposi's Sarcoma in the presence of any Human Immuno-deficiency virus;
 - iv) Any Skin Cancer other than invasive malignant melanoma; and
 - v) Early Prostate Cancer which is histologically described as T1 (including T1a and T1b) or another equivalent or lesser classification.
- (b) Coronary Artery By-Pass Graft Surgery (CABGS) – the undergoing of open heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts;

Angiographic evidence to support the necessity of the surgery will be required. Balloon angioplasty, laser or any catheter-based procedures are not covered.
- (c) Heart attack – The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiographic changes and by elevation of the cardiac enzymes. Diagnosis must be confirmed by a consultant physician.
- (d) Kidney failure – End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end stage kidney disease must be provided and the requirement for dialysis or transplantation must be confirmed by a consultant physician.
- (e) Major Organ Transplant – The actual undergoing as a recipient of a transplant of heart, liver, lung,

pancreas or bone marrow as a result of chronic irreversible failure. Evidence of end stage disease must be provided and the requirement for transplantation must be confirmed by a consultant physician.

- (f) **Stroke**—A cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.
- (g) **Paralysis** : Complete and permanent loss of the use of two or more limbs as a result of injury or disease of the brain or spinal cord. To establish permanence the paralysis must normally have persisted for at least 6 months.
- (h) **Aorta-surgery**: The actual undergoing of surgery (including key hole type) for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.
- (i) **Heart valve replacement/surgery**: The undergoing of open heart surgery, on the advice of a consultant cardiologist, to replace or repair one or more heart valves

Note 2:

"Diagnosis" shall mean diagnosis made by a physician based on such specific evidence as referred to in the definition of the particular Critical Illness concerned or, in the absence of such specified reference, based upon radiological, clinical, histological or laboratory tests acceptable to the Company.

In event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the Life Assured on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the Company and the opinion of such specialist as to such diagnosis shall be considered binding on both the Life Assured and the Company.

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

C. Major Surgical Assistance Benefit: -

Provided the policy is in force, the Life Assured be confined to a hospital and undergoes any surgical procedure (as defined below) after six months from the Date of the commencement of the Policy but before the policy anniversary on which he attains the age 65 years nearer birthday or the original vesting date, then subject to the conditions set out below, an amount equal to a specified percentage of the amount of Sum Assured granted under this supplementary benefit, being 50 % of the amount of Sum Assured granted under this supplementary benefit in respect of Major Procedures, 30% of the amount of Sum Assured granted under this supplementary benefit in respect of Intermediate Procedures and 20% of the amount of Sum Assured granted under this supplementary benefit in respect of Minor Procedures (as defined below) shall be payable. The benefit under this Supplementary Benefit will be payable on the Life Assured undergoing surgical procedures on more than one occasion. However the total amount payable under all the Surgical Procedures shall not exceed 50% of the Sum Assured granted under this supplementary benefit. The conditions subject to which the benefit is allowed are: -

- (1) the benefit shall not be paid in respect of any surgical procedures other than those defined herein as Surgical Procedures;
- (2) the benefit refers only to medically necessary (as defined below) surgical procedures performed at a hospital as in-patient;
- (3) written notice of any claim for the benefit must be given with necessary proof of the surgical procedures undergone by the Life Assured to the Company within 30 days from the date of discharge from the hospital. However, failure to do so shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible, provided that such reasonable time does not exceed 60 days from the date of discharge from the hospital;
- (4) The maximum aggregate of Major Surgical Assistance Benefit granted by the Company under this and all the other policies of the Life Assured shall not exceed Rs 10,00,000/- (Rupees ten lakhs)
- (5) The benefit shall automatically cease to be available when the policy is surrendered for cash.

The Company shall not be liable to pay any sum under or in terms of the Supplementary Benefit, in the event of:

- Treatment which is not taken from recognised hospitals or doctors.
- Pre existing injuries or illnesses, No benefit will be payable in respect of a claim which, in the opinion of our Chief Medical officer, results directly or indirectly from a condition for which the insured person has previously received treatment, or which had previously been diagnosed, or which he was aware of, at the commencement of the policy or within the first 6 months from the date of commencement of the policy.
- HIV/AIDS,
- congenital or hereditary diseases or physical defects,
- attempted suicide,
- self inflicted injury, drug abuse,
- injuries from natural disasters,
- war and civil commotion,
- criminal acts,
- taking part in flying activity other than as a passenger in a commercially licensed aircraft, (being a multi- engined aircraft) and
- by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

Note 1: "Surgical Procedures" mean the following: -

CATEGORY: MAJOR PROCEDURES

1. Coronary artery bypass graft surgery
2. Heart valvotomy via open surgery [balloon valvuloplasty procedures are excluded]
3. Heart valve replacement using mechanical prosthesis via open heart surgery
4. Heart transplantation
5. Pericardiectomy for chronic constrictive pericarditis.
6. Major surgery of the aorta
7. Major surgery of the pulmonary artery
8. Lung transplant or combined heart-lung transplant
9. Open lobectomy of lung
10. Pneumonectomy or Pleuropneumonectomy
11. Pleural decortication / pleurectomy
12. Thoracoplasty
13. Surgery to remove benign cerebral tumours and space occupying lesions via craniotomy.
14. Repair of cerebral, spinal arterio-venous malformations, cerebral aneurysms and excision of cerebral tumours.
15. Partial / total pharyngectomy
16. Excision of pineal gland or pituitary gland
17. Kidney Transplant as a recipient

CATEGORY: INTERMEDIATE PROCEDURES

1. Coronary angioplasty with stent implantation
2. Excision of benign mediastinal lesions via thoracotomy
3. Other intra-cranial operations requiring craniotomy.
4. Total laryngectomy
5. Surgery for treatment of peptic ulcer [vagotomy, pyloroplasty, partial gastrectomy]
6. Resection and anastomosis of any part of alimentary canal.
7. Partial hepatectomy
8. Partial pancreatectomy
9. Total replacement of hip or knee
10. Total replacement of shoulder or elbow joint.
11. Bone marrow transplantation as a recipient
12. Complete or partial thyroidectomy.
13. Parathyroidectomy

14. Partial / total adrenalectomy
15. Partial / total excision of thymus gland.

CATEGORY: MINOR PROCEDURES

1. Balloon valvuloplasty
2. Initial implantation of permanent heart pacemaker
3. Cholecystectomy
4. Nephrectomy
5. Open/endoscopic prostatectomy*
6. Hysterectomy for malignant disease**
7. Amputation of an arm or a hand or a leg or a foot due to trauma or accident.
8. Splenectomy for haematological conditions
9. Corneal transplant or surgery for retinal detachment or glaucoma.
10. Major reconstructive oro-maxillofacial surgery for trauma or burns [not for cosmetic purpose]
11. Surgery for major burns [third degree burns of over 10% body surface area]

* Surgical procedure – Male lives

** Female lives

Note 2: "medically necessary" shall mean any medical and/or surgical service which is needed and consistent with established standards of good medical practice.

Note 3: "hospital" shall mean an establishment for indoor care and treatment of sickness and injuries which has been registered as a hospital with the local authorities and which:-

- (a) has one or more qualified "physicians" present at all times and is under the supervision of a registered and qualified medical practitioner;
- (b) is a place where daily medical records of patients are maintained and are accessible to the Company's authorised officer;
- (c) is a place which provides diagnostic and medical equipment and facilities needed in operations; and
- (d) is a place where in-patient facilities are available.

Note 4 : "Physician" shall mean any person registered with the Indian Medical Council with appropriate specialization to render medical or surgical services, but excluding a person who is the Life Assured himself or a blood relative of the Life Assured.

Note 5: "hospital confinement" shall mean continuous confinement of at least 24 hours in a hospital.

"The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the Company and shall together form a single contract" (VerUL8: 1)