

Cancer Care Plus
Policy Document

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)	
Cancer Care Plus	105N067V01

Rider benefits are applicable when offered by the company and if, opted for by the Policyholder.

Policy description:

This Policy offers comprehensive cover if the Life Assured is diagnosed of Cancer. This product is available in the form of units (1 unit = Rs. 1,00,000/-) and benefits are payable on diagnosis / treatment of Early and Advanced Cancers. It also provides a wellness programme consisting of a package of screening tests designed to assist in the early detection of cancers.

Company means ICICI Prudential Life Insurance Company Limited.

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

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

Policy issue date is the date on which this policy is issued by the Company.

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

The Company relies upon the information given by the Proposer and/or the Life Assured in the proposal form, and in any document(s) and statements called for by the Company and submitted by the Proposer and / or the Life Assured and statements made to the Medical Examiner. The Policy is declared void in case the information given is incomplete or inaccurate or untrue or in case it is found that the policy was issued on the basis of fake / tampered documents / proofs.

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

Free look period: A period of 15 days is available to the Policyholder to review the Policy. If the terms and conditions of the Policy are not acceptable by the Proposer / Life Assured, this booklet should be returned within 15 days from the day it is received by the Policyholder.

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

- 1) Proportionate premium for the period of cover.
- 2) Insurance stamp duty on Policy.
- 3) Any expenses borne by the Company on the medicals.

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

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

a) Early Cancers

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

i) Cancer conditions covered under Early Cancer Benefit:

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

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

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

- (b) **Intraductal non-invasive carcinoma of the breast or Ductal Carcinoma-in-Situ (DCIS):** The disease of Carcinoma-in-situ covered by this policy is limited only to the ducts of the female breast. The diagnosis of Carcinoma-in-situ must always be positively diagnosed upon the basis of microscopic examination of fixed tissue additionally supported by a biopsy and a histopathological report. Clinical, suspected or unequivocal diagnosis is not covered under this policy.

(2) **Hodgkin's Disease - Stage 1**

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

(3) **Chronic Lymphocytic Leukemia (CLL) – RAI stage I**

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

(4) **Bowel – Dukes A adenocarcinoma or Dukes A, Colorectal Cancer**

Colorectal cancer is a cancer of the colon or rectum.

A report based on the Dukes classification alone will be accepted for the purpose of diagnosis of colorectal cancer.

(5) **Bladder- Transitional Cell Carcinoma Stage 0 and 1**

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

b) Advanced Cancers

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

ii) Cancer conditions covered under Advanced Cancer Benefit:

Advanced Cancer is defined as the presence of a malignant tumour that is characterized by a progressive and uncontrolled growth, with spread of malignant cells and invasion and destruction of normal and surrounding tissue. Major interventionist treatment or major surgery must be considered necessary or palliative care must have been initiated. Cancer must be positively diagnosed with histopathological confirmation.

The following are excluded under Advanced Cancer Benefit:

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

b) Wellness Programme

- i) To avail benefit of wellness programme is in the interest of the Life Assured. This benefit can be availed only if all the premiums due till date have been paid.
- ii) The Company shall provide the Medical Screening package for the life assured once in every two years starting from the second year as per Table 1 below which will depend on the age attained.
- iii) The company shall bear the cost of only the Medical Screening package mentioned below which can be availed in any of the company's empanelled medical centres. In case the Life Assured undergoes any tests other than those mentioned below the cost of those medicals shall be borne by the Policyholder or Life Assured.
- iv) No alternative cash benefit is available in lieu of these tests.
- v) The Company shall obtain and retain the medical reports of the Life Assured. A copy of the medical check up reports shall be provided to the Policyholder.
- vi) The company reserves the right to modify the nature of tests at its discretion with prior approval from IRDA. In such an event, the Policyholder shall be notified about the same accordingly.

Table1: Medical Screening package

Medical Screening Package for Females	
20 to 40 years	41 years and above
Clinical examination PAP smear Complete Blood count (CBC) Chest X – Ray	Clinical examination PAP smear Mammogram Stool examination-occult blood Complete Blood count (CBC) Ultrasound of Pelvis Chest X-Ray

Medical Screening Package for Males	
20 to 50 years	51 years and above
Clinical examination Complete Blood count (CBC) Chest X-Ray	Clinical examination Prostate specific antigen (PSA) test Stool examination-occult blood Complete Blood count (CBC) Chest X-Ray Ultrasound of Upper Abdomen

d) Special Conditions:

- i) The insured can only claim once each for the early and advanced cancer benefits and then only for the first-ever event.
- ii) Even after claims are made towards Diagnosis and Treatment of Early Cancers, the policy would continue with cover for Advanced Cancer benefits. The screening program will continue after the Early Cancer claims has been paid.
- iii) Future premiums would continue to be payable even after the Early Cancer claims.
- iv) After a claim for diagnosis of an Advanced Cancer is made, the policy would continue to be in force with cover for treatment and/or surgical benefits and this cover will continue for a maximum period of two years from the date of diagnosis of Advanced Cancer. After the expiry of two years from the date of diagnosis of Advanced Cancer, the policy shall terminate, irrespective of whether any treatment and or surgical claims have been made.
- v) Future premiums shall be waived on diagnosis of an Advanced Cancer
- vi) The policy would terminate once all allowable claims including treatment and surgical benefits are claimed.
- vii) The maximum benefit payable under all the policies taken on the life of the same life assured under Cancer Care and Cancer Care Plus plans of insurance will be restricted to 25 units.

2) General Exclusions (for both Early and Advanced Cancer Benefits)

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

- a) Any pre existing medical condition that can attribute to or increase the risk of a particular cancer such as HIV / AIDS
- b) Unreasonable failure to seek or follow medical advice
- c) An intentional or self-inflicted act
- d) Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or taking of poison

- e) Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation.
- f) Diagnosis and treatment for cancer outside India. The company will waive this clause for anyone residing in the following countries: Australia, Brunei, Canada, countries of the European Union, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Switzerland, Singapore, USA and UAE. ICICI Prudential may at its discretion review the list of accepted foreign residencies from time to time. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise.
- g) Alternative treatment other than typical treatment by Western medicine standards (Allopathy) is not covered. This is applicable for the oncological treatment and surgery benefits.

3) Oncological Treatments and Surgery covered under the benefits 1 (a) and (b) stated above:

- a) The non-surgical oncological treatments cover the following:
 - i) Radiotherapy
 - ii) Chemotherapy
 - iii) Immunotherapy
 - iv) Stereotactic therapy
 - v) Hormone therapy
- b) Oncological surgery means undergoing any surgery subsequent to the diagnosis of cancer. Surgeries shall also include Bone Marrow Transplant, Stem Cell Transplant and medically necessary reconstructive surgeries.
- c) The cover for the Non-Surgical Oncological Treatments and Oncological Surgery shall continue for a maximum period of 2 years after diagnosis of advanced cancer.

4) Waiting period:

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

5) Survival Period:

- a) The benefit on diagnosis under Early as well as Advanced Cancer shall be payable provided the Life Assured has survived for a period of 28 days from the date of diagnosis.
- b) There is no survival period for benefit upon Non-Surgical Oncological and Surgical Oncological treatment for Early and Advanced Cancers.

6) Other Conditions:

- a) Written Notice of a claim must be given to the Company within 60 days of the diagnosis or the commencement of treatment or having undergone the surgery as the case may be.
- b) The admission of any claim for this benefit will be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from cancer and / or has undergone the treatment / surgery as the Company may reasonably require.
- c) In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the Life Assured on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the Company and the opinion of such specialist as to such diagnosis shall be considered binding on both the Life Assured and the Company.
- d) **"Diagnosis"** shall mean diagnosis made by an Oncologist based on such specific evidence as referred to in the definition of the particular Cancer concerned or, in the absence of such specified reference, based upon but not limited to radiological, clinical, and histological or laboratory tests acceptable to the Company.
- e) **"Oncologist"**: Oncologist is the physician who studies, diagnoses and treats cancer.

- f) The **"Physician"** shall mean qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, registered with the Medical Council of India, acting within his scope of license, and who is not a Life Assured himself or related to the Life Assured by blood or marriage.
- g) No benefit is payable on death of the Life Assured during the Policy term or survival of the Life Assured to the termination date shown in the Policy certificate. The Policy shall terminate in such event.
- h) The benefit payable under Early Cancer Benefit shall not be more than Rs 20,000/- for 1 unit of cover and can be claimed only once.
- i) The maximum benefit payable under the policy for each unit would not be more than Rs 1,00,000/- The Policy shall terminate when the entire benefit amount under the policy has been paid.

7) Payment of premiums:

- a) Premiums are payable on the due dates and at the rate mentioned in the Policy Certificate or at such altered rate as is payable in terms of Condition 1(b) of the General Conditions of this Policy Document. However, a grace period of not more than 30 days, where the mode of payment of premium is other than monthly and not more than 15 days in the case of monthly mode is allowed. In the event of the claim, the benefits payable under this policy will be paid after deduction of the premium falling due during the then current policy year.
- b) Premiums are payable without any obligation on the company to notify the Life Assured / policyholder of the due dates. If the premiums are not paid on the due dates or even during the grace period, the policy lapses and no benefits shall be payable except where the Premiums have been waived off as a result of claim under Advanced Cancer Benefit.
- c) Premiums are payable through any of the following modes:
 - i) Cash *
 - ii) Cheques
 - iii) Demand Drafts
 - iv) Pay Orders
 - v) Bankers Cheque
 - vi) Internet (Infinity / Bill Junction / Bill Desk)
 - vii) Electronic Clearing System
 - viii) Credit Cards (Only standing instruction) #

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

8) Premium Review:

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

GENERAL CONDITIONS**1) Age:**

- a) The premium payable under the policy has 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 Policyholder shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.
- b) 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:
 - i) 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 be altered to such plan of insurance as is generally granted by the Company for the correct age of the Life Assured, subject to the terms and conditions as are applicable to that plan of insurance. If the Policyholder does not wish to opt for altered Plan or if it is not possible for the Company to grant any other plan of insurance, the policy shall stand cancelled from the date of issue of the policy and the premium paid shall be refunded subject to deduction of the expenses incurred by the Company on the policy.
 - ii) If the correct age is higher than the age declared in the Proposal, the premium payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the policy and the Policyholder shall pay to the Company the accumulated difference between the corrected premium and the original premium from the commencement of the policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Policyholder fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the Policy. Where the Life Assured is not found insurable, then the company shall return the premium (excluding extra premiums, if any) paid under the policy and the policy shall be terminated.
 - iii) If the correct age of the Life Assured is lower than the age declared in the Proposal, the premium payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the policy and the Company shall refund without interest, the accumulated difference between the original premium paid and the corrected premium.

2) Revival of the policy:

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

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

3) Assignment and Nomination

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

4) Special Provisions

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

5) Incontestability

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

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

6) Notices

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

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

In case of the Company:

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

Facsimile : 022 40398199

E-mail : lifeline@iciciprulife.com

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

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

7) Payment of Claim

Before payment of any claim under the Policy, the Company shall require the following documents establishing the right of the claimant to receive payment.

- a) Original Policy Certificate
- b) Claimant's Statement Form
- c) Treating Doctor's Certificate
- d) Medical evidences in form of diagnostic reports
- e) Hospital Discharge Card / Summary (if applicable)
- f) Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

8) Legislative Changes

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

9) Electronic Transactions

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

10) Customer Service

- a) For any clarification or assistance, the policyholder may contact our advisor or call our Customer Service Representative at Telephone Numbers listed below during office hours (9.00 a.m. to 9.00 p.m.). You may communicate with us on the following numbers:

State	Number	State	Number
Andhra Pradesh	9849577766	Maharashtra (Mumbai)	9892577766
Chattisgarh	9893127766	Maharashtra (Rest)	9890447766
Delhi	9818177766	West Bengal (Kolkatta)	9831377766
Goa	9890447766	Punjab	9815977766
Gujarat	9898277766	Rajasthan	9829277766
Haryana (Karnal)	9896177766	Tamil Nadu (Chennai)	9840877766
Haryana (Faridabad)	9818177766	Tamil Nadu (Rest)	9894477766
Karnataka	9845577766	Uttar Pradesh (Agra, Bareilly, Meerut, Varanasi)	9897307766
Kerala	9895477766	Uttar Pradesh (Kanpur, Lucknow)	9935277766
Madhya Pradesh	9893127766	Uttaranchal	9897307766
For all other cities kindly Call our Customer Service Toll Free Number 1800-22-2020 from MTNL or BSNL line			

Alternatively you may communicate with us:

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

Facsimile : 022-40398199

E-mail : lifeline@iciciprulife.com

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

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

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

"The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the Company and shall together form a single contract"
(Ver T15: 1)