

Policy Document

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)	
Health Assure Plus	105N051V01

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

Brief Policy description

This plan provides a long term cover against six critical illnesses by providing with the necessary financial assistance, irrespective of the actual medical expenses along with a life insurance cover.

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

The Company relies upon the information given by the Proposer and/or the Life Assured in the proposal form and in any other document(s) and during the medical examination, if any. 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 the Indian laws.

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

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

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

1. Benefits Payable Subject to the Policy being in force;

- i) The Company shall pay full Sum Assured in the event of the Life Assured being diagnosed to be suffering from any one of the Critical Illnesses as mentioned in Clause (2) below where the diagnosis is one year after the Policy issue date.
- ii) Half of the Sum Assured shall be payable in the event of the Life Assured being diagnosed to be suffering from any one of the Critical Illnesses as mentioned in Clause (2) below where the diagnosis is after six months and within a year from the Policy issuance date.
- iii) The premiums (excluding any extra premium) paid shall be refunded in the event of the Life Assured being diagnosed to be suffering from any one of the Critical Illnesses as mentioned in Clause (2) below where the diagnosis is within six months from the issue of the Policy and the policy will terminate.
- iv) The benefits under points (i) to (ii) as mentioned above shall be payable provided the Life Assured survives a period of 28 days from the date of diagnosis.
- v) After the payment of the Critical Illness Benefit, the Policy shall continue in respect of only the Death Benefit.
- vi) The Company shall waive all the premiums falling due after the acceptance of the Critical Illness claim till the death of the Life Assured or the end of the term whichever is earlier.
- vii) The Policyholder has an option to receive claim proceeds in respect of Critical Illness Benefit in lumpsum or in five annual installments. If opted for installments, the first installment equal to 25% of the applicable sum assured shall be payable immediately on the acceptance of the Critical Illness claim and the balance installments each equal to 20% of the applicable sum assured shall be payable in four consecutive years following the date of the first installment.
In case of death of the life Assured during the period while installments are being paid, the balance (105% of the applicable sum Assured less the installments amount paid so far) would be paid to the nominee as a lump sum.
- viii) In case of death of the Life Assured during the term of the policy, the company shall pay the Death Benefit in lumpsum. Also, the balance installments, if any where the critical Illness Benefit claim was accepted prior to the death of the Life Assured, shall be payable and the policy shall terminate.
- ix) In case the Life Assured whether sane or insane commits suicide within a year from the issue date of the Policy, the death benefit shall not be payable. The Premiums paid under the Policy will be refunded after deducting the expenses incurred by the Company towards the issuance of the Policy.
- x) Where no claim has occurred till the date of termination / maturity of the Policy as shown in the Policy certificate, the Company shall pay a "No Claims Benefit" equal to sum of all the premiums paid by the Policyholder (excluding any extra premiums paid).

2. Critical Illnesses

2.1 A "Critical Illness" for the purpose of benefit, shall mean anyone of the following illnesses which first occurs or first manifests itself as defined hereunder and first diagnosed after six months from the issue date of the policy:-

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(a) Cancer

A disease manifested by the presence of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. The diagnosis must be evidenced by definite histology and confirmed by qualified oncologist or pathologist. The term cancer also includes leukaemia and malignant disease of the lymphatic system such as Hodgkin's Disease.

Excluded are: any CIN stage (cervical intraepithelial neoplasia); any pre-malignant tumour; any non-invasive cancer (cancer in situ); prostate cancer stage 1 (T1a, 1b, 1c); all skin cancers including malignant melanoma stage IA (T1a N0 M0); any malignant tumour in the presence of any Human Immunodeficiency Virus.

(b) Heart attack (Myocardial Infarction)

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

- a) a history of typical chest pain
- b) new characteristic electrocardiogram changes
- c) elevation of infarction specific enzymes, Troponins or other biochemical markers

Excluded are:

- 1.Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- 2.Other acute Coronary Syndromes
- 3.Any type of angina pectoris

(c) Stroke

Any cerebrovascular incident resulting in permanent neurological deficit and including infarction of brain tissue, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a neurologist and by typical clinical symptoms and by CT scan or MRI of the brain. Evidence of neurological deficit for at least 3 months has to be produced.

Excluded are: Transient ischemic attacks (TIA); traumatic injury of the brain; neurological symptoms due to migraine.

(d) Coronary Artery By-Pass Graft Surgery (CABGS)

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven by a consultant cardiologist to be necessary by means of coronary angiography.

Excluded are: Angioplasty and/or any other intra-arterial procedures; any key-hole surgery including but not limited to Minimally Invasive Coronary Artery Surgery (MICAS) procedure.

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(e) Kidney failure

End stage renal disease presented 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.

(f) Major Organ Transplant

The actual undergoing of transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow.

2.2 The benefit shall not apply or be payable in respect of any Critical Illness of which the symptoms have occurred or for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the issue date of the policy or during the first six months from the Policy issue date or for which a claim has or could have been made under any earlier policy.

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 or self inflicted injury, drug or alcohol 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 licenced aircraft (being a multi-engined aircraft), hazardous sports and pastimes such as parachuting, bungee jumping, sky diving, river rafting etc.

2.3 Written Notice of a claim as a result of Critical Illness must be given to the Company within 60 days of its diagnosis.

2.4 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 Critical Illness, as the Company may reasonably require.

2.5 **"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 but not limited to radiological, clinical, histological or laboratory tests acceptable to the Company.

2.6 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.

2.7 **"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.

3 Payment of premiums :

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

(ii) Premiums are payable on the due dates mentioned in the Policy Certificate or within the grace period allowed 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 to the extent provided in Clause 4 below.

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

- 1) Cash*
- 2) Cheques
- 3) Demand Drafts
- 4) Pay Orders
- 5) Bankers Cheque
- 6) Internet (Infinity / Bill Junction / Bill Desk)
- 7) Electronic Clearing System
- 8) Credit Cards (Only standing instruction) #

* Amount and Modalities will be subject to company Rules and relevant legislation/regulations

Not allowed for Monthly modes

4. Paid-up Value

If premiums have been paid for at least full three consecutive years and any subsequent premium has not been paid within the grace period, the paid up value under the policy will be equal to the amount of premiums paid (excluding any extra premiums paid). This paid up value would be payable on diagnosis of Critical Illness, death or survival to the termination / maturity date.

5. Guaranteed Surrender Value:

If premiums are paid for at least full three consecutive years the Policy acquires a Surrender Value calculated in the following manner:

$$\frac{(\text{No. of years for which premium have been paid})}{\text{Term of the Policy}} * \text{Total amount of premiums paid (excluding any extra premiums)}$$

The surrender shall extinguish all the rights, benefits and interests under the Policy.

6. Premium Review:

The premiums paid towards the Critical Illness cover under the Policy are guaranteed for five years from the date of commencement of the Policy. The Company reserves the right to carry out a general review of the experience and as a result of such review may change the premium on every fifth policy anniversary. The Company will give notice in writing about the change. The Policyholder will have the option not to pay any revised premium, in which case the sum assured will be appropriately adjusted from the effective date of the change in premium. However, the premiums paid towards the term cover will be guaranteed for the full term of the policy.

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GENERAL CONDITIONS

1. Age:

- i. 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.
- 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 be altered to such plan of assurance 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 assurance. If the Policyholder does not wish to opt for altered Plan or if it is not possible for the Company to grant any other plan of assurance, the policy shall stand cancelled from the date of issue of the policy and the premium paid shall be refunded subject to deduction of the expenses incurred by the Company on the policy.
 - b) If the correct age is higher than the age declared in the Proposal, the premium payable under the policy shall be altered corresponding to the correct age of the 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 premiums (excluding extra premiums, if any) paid under the policy and the policy shall be terminated.

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

3. Assignment and nomination :

- i) An assignment of this policy may be made by an endorsement upon the policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the 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.
- ii) The Life Assured, where he is the holder of the policy, (on his own life) may, at any time before the termination date of policy, make a nomination for the purpose of payment of the moneys secured by the policy in the event of his death. Where the nominee is a minor, he may also appoint a person to receive the money during the minority of the nominee.

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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 were on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

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

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
Vinod Silk Mills Compound,
Chakravarthy Ashok Nagar, Ashok Road
Kandivali (East)
Mumbai- 400 101

Facsimile : 022 67100803 / 805

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 the following documents establishing the right of the claimants to receive payment.

1. Original Policy
2. Claimant's statement
3. Medical evidence
4. Death certificate issued by the local and medical authority in case of death claim
- 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.

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8. Legislative Changes:

The terms and conditions including the premiums and the benefits payable are subject to variation in accordance with the relevant legislations

9. Electronic Transactions:

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

10. Customer Service

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

You may communicate with us on the following numbers:

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

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

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

Alternatively you may communicate with us:

Address : **Customer Service Desk**
ICICI Prudential Life Insurance Company Limited
Vinod Silk Mills Compound,
Chakravarthy Ashok Nagar, Ashok Road
Kandivali (East)
Mumbai- 400 101

Facsimile : 022-67100803 / 805

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:-

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" (VerT09:3)