

Policy Document

1. Benefits payable:

1.1 Benefits payable to the Life Assured on Vesting Date:

The Life Assured has the option to change the vesting date for commencement of annuity payments. This option can be exercised only once and must be exercised at least six months before the original vesting date. The vesting date can be postponed to up to the policy anniversary on which the Life Assured is 70 years in age nearer birthday. The Life Assured can, at least six months before the vesting date as chosen, exercise one of the following options to apply the aggregate of Sum Assured / Paid-up Sum, Guaranteed Additions and vested bonuses, if any, and if the vesting date is postponed then together with interest thereon from the original vesting date to the postponed vesting date at such rate of interest as may be decided by the company from time to time (hereinafter referred to as "Policy proceeds");

- (i) To receive up to 25% of the Policy proceeds in lumpsum and to utilise balance amount to purchase annuity as chosen by the Life Assured or
- (ii) To utilise the entire Policy proceeds 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 of the deceased 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.

1.2 Benefits payable on death of the Life Assured during the deferment period.

A) In the event of death of the Life Assured during the deferment period the Company shall pay the Policy proceeds to the spouse. The spouse shall have the following options;

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

The spouse 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 payable thereafter for life; or
- (b) Annuity for life with return of purchase amount on the death of the annuitant; or
- (c) Annuity for life.

1.3 However, if there is no surviving spouse or in the absence of spouse, the aforesaid Policy proceeds, if any, shall be payable to the nominee in lump sum or failing him/her 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.

1.4 If the named spouse dies after the commencement of the annuity on her/his life, the benefits payable, if any, under the policy shall be payable to his/ her nominee in lumpsum or failing her/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.

1.5 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 under the immediate annuity plan then available at the annuity rates current on the vesting date or the date of purchase of annuity, as applicable, on the death of the Life Assured before the vesting date.

1.6 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.

1.7 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.

- 1.8 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.

Supplementary Benefits: As specified in the Annexure.

2. Payment of premiums:

- (i) 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 Conditions under the Policy Document of this 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 the death of the Annuitant occurs during the grace period the benefits payable on death under this Policy will be paid after deduction of the premium then due and 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 Annuitant 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 thereunder except to the extent indicated in Condition (3) below.
- (iii) Premiums are not payable after the original vesting date.

3. Paid-up Policy

If the premiums have been paid for at least three consecutive years and any subsequent premium has not been paid within the grace period, the Sum Assured under this Policy shall stand reduced to a paid-up sum which shall be an amount bearing to the Sum Assured the same proportion as the number of premiums which have been paid bears to the total number of premiums payable under the Policy, to which will be added the Guaranteed Additions and the vested bonuses, if any, provided that such paid-up sum together with the Guaranteed Additions and the vested bonuses is not less than five hundred rupees.

The paid up Policy shall not be allocated any further Guaranteed Additions nor will it participate in any further future allocation of profits by way of bonuses. The Policy will be entitled only to the paid up sum together with the Guaranteed Additions and the vested bonuses, if any, upto the date of becoming paid up, before the vesting date of the Policy or on the previous death of the Life Assured.

A reduced paid-up policy is not entitled to any of the Supplementary Benefits mentioned in the Annexure.

4. Guaranteed Surrender Value

If premiums are paid for at least three consecutive years, the Policy acquires a Surrender Value which is equal to thirty-five percent of the premiums paid, excluding the premiums paid during the first year of the Policy, the extra premiums and the rider premiums. The cash value of the Guaranteed Additions and vested bonuses will also be allowed. The Policy which has acquired a Surrender Value can be surrendered for payment in cash and the surrender shall extinguish all the rights, benefits and interests under the Policy.

Policy Document
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 Proposer/ 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, 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 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 Proposer/Life Assured shall pay to the Company the accumulated difference between the corrected premium and the original premium 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 Proposer/Life Assured fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as a debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the policy.
- 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 may, at its discretion, refund without interest, the accumulated difference between the original premium paid and the corrected premium.

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

2. Bonus

Guaranteed additions and bonuses (if applicable, under with profit policies) will be payable in terms of the prospectus and Company's internal guidelines and policies and Insurance Regulatory and Development Authority (IRDA) rules and regulations.

3. 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 Vesting Date of policy;
- (b) the applicant being the Proposer/Life Assured 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 Life Assured or the applicant.

4. Nomination:

The Life Assured, where he is the holder of the policy, may, at any time before the date of termination of the policy; on 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 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 date of termination of the policy shall also 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.

5. 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 the premiums paid

hereunder will be refunded after deducting the expenses incurred by the Company for the issue of the policy.

6. Special Provisions:

Any 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.

7. Incontestability:

In case it is found that any untrue or incorrect statement is contained in the proposal/ personal statement, declaration and 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.

8. 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/ Life Assured:

As per the details specified by the policy holder/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

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.

9. 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 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.

10. Legislative Changes

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

11. 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 that 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.

12 . Customer Service

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

You may communicate with us on the following numbers:

Ahmedabad	647 9199	Bangalore	532 5455	Baroda	9898277877
Chandigarh	717087	Chennai	2436 7007	Kochi	384524
Coimbatore	2382 780	Delhi	23683695	Hyderabad	23128999
Indore	2408 778	Jaipur	2249911	Lucknow	1600-11-6050

Ludhiana	914624404	Kolkata	22539000	Madurai	9843130379
Mangalore	9845276640	Mumbai	28307766	Meerut	91-2368 3695
Nagpur	9823393334	Nashik	9823393334	Pune	610 3434
Trichy	9843130379	Jalandar	98214624404		

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) 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) The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. For details 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 D04: 3)

ANNEXURE
Supplementary Benefits applicable if opted for

A. Accident and Disability Benefit

(1) Accident Benefit:

Subject to the conditions set out below, if whilst the policy is in force for the full Sum Assured, 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 for the full Sum Assured, 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 installment, then the installments remaining unpaid shall become payable along with the claim.
2. The premiums falling due on or after the disability date in respect of the Sum Assured under the basic plan equal to the accidental cover and not exceeding Rs 10,00,000/-, shall be waived. The balance amount of premium, if any, shall continue to be payable.
3. 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 engined 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 for the full Sum Assured 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 this Policy and before the expiry of ten years from the original vesting date, subject to the Policy being in force on the original vesting date, but in any case, not after the policy anniversary on which he attains the age 65 years nearer birthday, 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 this 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 Immunodeficiency 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 or converted into a paid up policy for a reduced Sum Assured
- (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 any one of the following illnesses as defined separately hereunder occurring after 6 months from the date of this 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.

Premium Review:

The premium for this benefit is guaranteed for five years only from the date of commencement of Policy. The Company reserves the right to carry out a general review of the experience from time to time and change the premium as a result of such review. The Company will give notice in writing about the change and the Life Assured will have the option not to pay any increased premium. In such a case the benefit will be appropriately reduced from the effective date of the change in premium and the Company will advise the Life Assured accordingly.

C. Major Surgical Assistance Benefit: -

Provided the policy is in force for the full Sum Assured, the Life Assured be confined to a hospital and undergoes any surgical procedure (as defined below) after six months from the Date of this Policy but before the expiry of ten years from the original vesting date, subject to the Policy being in force on the original vesting date, but in any case, not after the policy anniversary on which he attains the age 65 years nearer birthday, 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) exclusive

of the guaranteed additions and vested bonuses, if any, 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 or converted into a paid up policy for a reduced Sum Assured.

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 this 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-maxillafacial 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.

Premium Review:

The premium for this benefit is guaranteed for five years only from the date of commencement of Policy. The Company reserves the right to carry out a general review of the experience from time to time and change the premium as a result of such review. The Company will give notice in writing about the change and the Life Assured will have the option not to pay any increased premium. In such a case the benefit will be appropriately reduced from the effective date of the change in premium and the Company will advise the Life Assured accordingly.

"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 D04: 3)