

Policy Document

1. Definitions:

In the Policy Document, unless the context otherwise requires:

- (a) **"Charges"** means Insurance Charge, Investment Charge, Annual Administration Charge, Other Charge and Processing Charge.
- (b) **"Death Benefit"** means the amount specified in the Proposal Form and increased / decreased from time to time as provided in Clause 3.1(iv) hereof.
- (c) **"Plan"** (also referred as "Fund") means any of the segregated plans mentioned in Clause 5 which are earmarked by the Company for the unit linked business of the Company under the Insurance Regulatory and Development Authority (the "IRDA") regulations and the "Plan" means any one of the Plans.
- (d) **"Annual Due Date"** means the date corresponding numerically with the date of the commencement of policy in each year subsequent to the year of issue of the Policy.
- (e) **"Monthly Due Date"** means the date corresponding numerically with the date of the commencement of the Policy in each month subsequent to the month of issue of the Policy.
- (f) **"Net Assets"** means Market / Fair Value of Plan Investments plus Current Assets less Current Liabilities and Provisions.
- (g) **"Policyholder"** means the Proposer under the Policy or the owner of the Policy at any point of time.
- (h) **"Premium"** means the initial premium and the subsequent premium due and payable under the policy
- (i) **"Top-up Single Premium"** means an additional Single Premium paid whilst the Policy is in force.
- (j) **"Unit"** means one undivided share in the assets under a Plan, representing a measure of the interest in the assets under a Plan.
- (k) **"Unit Value"** means the value per unit calculated in Rupees in accordance with the following formula

Unit Value = Market/ Fair Value of the Investments plus Current Assets less Current Liabilities and provisions

Number of Units outstanding under the relevant Plan.

- (l) **"Value of Units"** means the unit value of all or some of the units as the case may be.
- (m) **"Insurance Cover"** means Life Insurance Cover and the cover under the Supplementary Benefits, if opted.
- (n) **"Life Insurance Cover"** means the difference between the Death Benefit and the value of the units.

2. Policy Description:

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

3. Benefits Payable:

3.1 Death Benefit

- (i) In the event of the death of the Life Assured after the policy anniversary on which the Life Assured is 7 age nearer birthday but before the policy anniversary on which the life assured is 70 age nearer birthday, the Company shall pay the higher of:
 - (a) The value of units under the Policy computed using the unit value on the Valuation Date following intimation of death; or
 - (b) The Death Benefit reduced by the Unit Value of the units withdrawn by the Policyholder before the death of the Life Assured.

(ii) In the event of the death of the Life Assured before the policy anniversary on which the Life Assured is 7 age nearer birthday or after the policy anniversary on which the Life Assured is 70 age nearer birthday, the value of units under the Policy computed using the unit value on the Valuation Date following intimation of death shall be payable.

(iii) The Policy terminates on payment of the Death Benefit.

(iv) Increase/Decrease of Death Benefit subject to the policy being in force

The Policyholder shall have the options to increase/decrease the Death Benefit on the following terms and conditions during the term of the policy:

- (a) The Policyholder may, commencing from the date of commencement of the Policy, on the expiry of every three years on not more than three occasions during the term of the policy increase the Death Benefit by a further 25% of the Death Benefit computed as on the date of commencement of the Policy or Rs. 1,00,000/-, which ever is lower without further underwriting. Policyholder should give notice of increase in Death Benefit 15 days before the above-mentioned yearly policy anniversary.
- (b) Where a period of three years have elapsed from the date of commencement of the policy, the Policyholder may on not more than three occasions during the term of the policy exercise the option to increase the Death Benefit to the extent specified in sub-clause (a) on the occasion of his marriage, birth of the first child and the birth of the second child, irrespective of when the last increase was exercised without further underwriting; provided that such option, together with the increase in Death Benefit, if any, effected under Sub-Clause (a) & (b), shall be exercised on not more than three occasions during the tenure of the Policy.
- (c) The number of increases granted under (a) and under (b) above shall be limited to three, and shall be subject to the condition that the total increase in the Death Benefit on one life under all the policies under this plan and all other Unit Linked plans of the Company shall not exceed Rs. 3,00,000/- .
- (d) An option for increase of Death Benefit if not exercised by the Policyholder shall not be carried forward.
- (e) Any increase in the Death Benefit other than that covered by clauses (a) and (b) above, shall be subject to underwriting and that the Policyholder shall bear the cost of any medical report(s) and any other medical charges. All such costs shall be recovered by the Company through the cancellation of the Units.
- (f) Notwithstanding anything contained above, no increase in Death Benefit shall be allowed without underwriting after the Life Assured has attained age 45 years nearer birthday.

- (g) Notwithstanding anything contained above, no increase in Death Benefit shall be allowed after the Life Assured has attained age 60 years nearer birthday.
- (h) The Policyholder may choose to decrease the Death Benefit in multiples of Rs 1,00,000/- subject to a minimum residual Death Benefit of Rs 1,00,000/-. Notwithstanding anything contained above in relation to increase of Death Benefit, once the Policyholder has opted for decreasing the death benefit, the Policyholder shall not be allowed further increase in Death Benefit without underwriting. However, the Policyholder may be allowed to increase the Death Benefit subject to underwriting and the Policyholder bearing the cost of medical reports and any other charges.

3.2 Withdrawal Benefit

Withdrawal benefits are allowed only if all premiums have been paid for three full years and the policy has been in force for the full Sum Assured for these years.

No withdrawal of Units, full or partial withdrawal shall be allowed in the first three policy years. The withdrawal benefit shall be the Unit Value as of the Valuation Date following receipt of withdrawal request.

3.3 Maturity Benefits

The Policy being open-ended has no fixed maturity date and in the event that the Life Assured survives the policy anniversary on which the life assured is 70 age nearer birthday the only benefits payable under the Policy would be the Unit Value at the time of the withdrawal of the Units computed in the manner provided in Clause 6.

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

4. Premium:

4.1 Payment of Premiums

- i) Premium are payable on the due dates and at the rate mentioned in the Policy Certificate. 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 a premium is not paid during the days of grace, the policy shall lapse and no benefit shall be payable. If a premium is not paid during the days of grace after three full years' premium have been paid and the policy has been in force for the full Sum Assured for those three policy years, the benefits payable under the policy shall be as indicated in clause 4.4 hereof.

P-3UL6

- ii) Premiums are payable without any obligation on the company to issue a notice for the same.

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

* Subject to the Company Rules then inforce

iv) In addition, Top-up Single Premium can be paid as stipulated in Clause 7.1 hereof.

4.2 Premium Allocation

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

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

In respect of the second year premiums the utilisation for purchase of units shall be 92.50 % and in the subsequent years 96%. In respect of Top-Up Single Premiums the utilisation for purchase of units shall be 99%. The balance amount of Premiums/Top-Up Single Premium shall be used to meet the Other Charges detailed in Clause 8.4.

During the period of ten years from the date of commencement of policy the Policyholder may pay Top-Up Single premiums only where all the instalment premiums due under the Policy till then have been paid. Any payment in excess of the instalment premium made before the aforesaid period of 10 years shall be treated as top-up premiums and shall be utilised for purchase of units.

The Policyholder has the option to allocate the Premiums / Top-up Single Premium(s) to be utilised for purchase of units amongst one or more of the Plan(s). In the case where the Policyholder does not exercise such option the entire amount to be utilised for purchase of units would be allocated to the Protector Plan. The number of Units purchased would be computed based on the Unit Value computed in the manner provided in Clause 6.

4.3 Increase / Decrease in the Premium subject to Policy being in force:

The policyholder may choose to increase or decrease the premium under the Policy on more than one occasion. However the decrease in the premium amount on each occasion shall not exceed 20% of the initial premium. In any case, the premium after the decrease shall not fall below 80% of the initial Premium or below the minimum premium applicable under this Plan of insurance offered by the Company from time to time.

The option to increase or decrease premium can be exercised only on the Policy anniversary.

Any increase or decrease in the Premium shall not lead to any increase or decrease in the Death Benefit respectively.

4.4 Keeping the Policy Inforce

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

This automatic continuation of the policy will not be applicable for policies wherein three full years premiums have not been paid. Such policies can be revived by paying arrears of premiums only within 5 years of first unpaid premiums.

P-4UL6

4.5 Additional Allocation:

Additional units shall be allocated on expiry of the fourth, eighth and twelfth Policy year where all the premiums are paid till date or on the actual payment of the premium due for the fourth, eighth and twelfth Policy year where such premium remained unpaid.

The number of additional units for the purpose of this clause shall be computed by using the value, being a percentage of the weighted average value across Plans as specified below and by using the unit value on the valuation date at the time of said allocation. While arriving at the weighted average, the period of one year preceding the said allocation shall be considered.

Weighted average Value across all plans	% of Weighted average Value across all plans for allocation of additional units
---	---

Rs.	
<=75000	0.15%
75001-500000	0.20%
500001-1000000	0.25%
1000001-5000000	0.30%
5000001 and above	0.35%

On determining the number of additional units as explained above, the same shall be allocated amongst the Plans in same proportion as the value of units held in each plan at the time of allocation.

5. Plans:

5.1 The Plans

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

5.2 Investment Objectives of the Plans and Indicative Portfolio Allocations

(i) Protector Plan

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

Indicative Portfolio Allocation

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

(ii) Maximiser Plan

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

Indicative Portfolio Allocation

Equity & equity related securities: Maximum 100%
Debt, Money market & Cash : Maximum 25%

(iii) Balancer Plan

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

Indicative Portfolio Allocation

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

P-5UL6

(iv) Preserver Plan

The investment objective of this Plan is to provide suitable returns through low risk investments in short term maturity instruments.

Indicative Portfolio Allocation

Debt Instruments	:	Maximum 50%
Money market and cash	:	Minimum 50%

The Company shall obtain the consent of the Policyholder, when any change in the asset allocation pattern of the plans described above is considered necessary in the interest of the Policyholder on account of market conditions and/or political and economic force majeure. Such change shall be carried out as long as not more than one fourths of the Policyholders disagree. The Policyholders who does not give his consent shall be allowed to withdraw the units in the plans at the then prevailing unit value and terminate the policy.

The Company shall notify the Policyholder about the change in asset allocation when the change is on account of market conditions and/or political and economic force majeure.

5.3 Valuation Date

The Valuation Date shall be the date as determined by the Company from time to time but not less frequently than once a week, for the purposes of computing the Unit Value as provided in Clause 6.

5.4 New Plans

New Plans may be established by the Company from time to time and the Policyholder shall be notified of the establishment of such new plans. The Company may offer the Policyholder the option to switch to those plans at

such unit value and subject to such terms and conditions as may be specified by the Company at that time. Switching between the existing Plans is subject to the terms and conditions detailed in Clause 7.2 herein.

5.5 Investment of the Plans

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

5.6 Plan Closure:

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

5.7 Risks of investment in the Units of the Plans

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

- (i) LifeTime Policy is only the name of the Policy and does not in any way indicate the quality of the Policy, its future prospects or returns.

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

6. Units:

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

6.2 Creation / Cancellation / Withdrawal / Switching of Units

- (a) If Premium or Top-up Premiums are received and accepted at the Company's Office during the business hours, the number of Units of the relevant Plan to be created will be computed using the Unit Value on the Valuation Date following the date of receipt of premiums or the date of underwriting decision, wherever applicable.

Notwithstanding anything contained in the above sub-clause, where the policy is issued on the last day of the Financial Year of the Company and where the initial premium is received and accepted at the Company's office on the same day, the number of units of the relevant plan to be created will be computed using the unit value on the last day of Financial Year of the Company.

Notwithstanding anything contained in the above clauses, where the subsequent premium /Top up premium is received and accepted at the Company's office on the last day of the Financial Year of the Company, the number of units of the relevant plan to be created will be computed using the unit value on the last day of the Financial Year of the Company

- (b) If a request for switch/withdrawal/cancellation is received at the Company's Office during the business hours, the number of Units of the relevant Plan to be switched out / switched in / withdrawn will be computed using the Unit Value on the Valuation Date following the date of such request.

Notwithstanding anything contained in the above clause, where the request for switch in / switch out / withdrawal of units is received and accepted at the Company's office on the last day of the Financial Year of the Company, the number of units of the relevant plan to be switched in/ switched out /withdrawn will be computed using the unit value on the last day of the financial year.

Where (a) or (b) is received after the business hours, the Valuation date shall be the immediate next Valuation date following the Valuation date that would have been applicable if the premiums / requests were received during the business hours on the same day.

- (c) The Company may, at its sole discretion, change the time/ date by which requests for (a) or (b) have to be received and accepted for the purpose of determining the Unit Value of the units of the relevant Plan which are to be used for calculating the number of Units provided that the same shall be intimated to the policyholder.

While there is no withdrawal penalty currently, the Company, may at its sole discretion, charge withdrawal penalty from any future date as also vary the penalty so charged from time to time, at its sole discretion.

P-7UL6

6.3 Valuation of the Plans

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

7. Policyholder's Options:

7.1 To pay one or more Top-up Single Premiums; with a direction to allocate the same towards the purchase of Units of such Plan as directed by the Policyholder based on the Unit Value of the relevant Plan computed in the manner provided in Clause 6. Currently the minimum Top-up premium is Rs. 5,000 /- and shall be subject to change as per the rules of the company from time to time.

7.2 To switch any Units in a particular Plan to another Plan by cancellation of the Units to be switched and creation of new Units in the Plan being switched to based on the Unit Value of the relevant Plan computed in the manner provided in Clause 6. Four free switches shall be allowed in each policy year

starting from the date of commencement of the Policy. Any unutilised free switch cannot be carried forward. Currently, for any non-free switch, a processing charge of Rs.100 /- shall be applicable. Currently, the minimum amount per switch is Rs.10,000 /- and shall be subject to change as per the rules of the Company from time to time.

7.3 To withdraw Units from any Plan by either specifying the number of Units to be withdrawn or the amount to be withdrawn. The number of Units to be withdrawn or the amount to be withdrawn shall be computed as specified in Clause 6. This option shall be available to the Policyholder only after three years from the date of commencement of the Policy. In case of a partial withdrawal of Units, the minimum aggregate balance remaining across all the Plans should be Rs 10,000/-. If the balance remaining across all the Plans is less than Rs. 10,000/-, the Policy shall be terminated and the Unit Value under the policy shall be paid.

7.4 Where the loan and / or interest under the Policy is outstanding, the option to withdraw units partially shall not be available to the Policyholder.

7.5 The Company may, in the general interest of the holders of unit linked policies and keeping in view unforeseen circumstances/ unusual market conditions, limit the total number of Units withdrawn on any day to 5% of the total number of Units then outstanding.

7.6 In exceptional circumstances such as unusually high volume of sale of investments within a short period, market conditions and political and economic force majeure, the Company may, in its sole discretion, defer the switching or withdrawal of Units and the surrender of the Policy for a period not exceeding six (6) months from the date of application. The determination of the existence of exceptional circumstances for the purposes of this clause shall be in the sole judgement of the Company.

8. Charges:

8.1 Insurance Charges

(i) The Insurance Charges will vary depending on:

- (a) the amount of Insurance Cover;
- (b) the age nearer birthday of the Life Assured;
- (c) the gender of the Life Assured;
- (d) the occupation of the Life Assured; and
- (e) the health of the Life Assured.

(ii) The Insurance charge shall be recovered on the date of commencement of the Policy and on each Monthly Due Date whilst the Policy remains in force and shall be recovered by cancellation of units.

8.2 Administration & Fund Management Charges

- (i) Protector Plan – at the rate of 1.5% per annum of the net assets.
- (ii) Maximiser Plan- at the rate of 2.25% per annum of the net assets.
- (iii) Balancer Plan - at the rate of 2.25% per annum of the net assets.
- (iv) Preserver Plan – at the rate of 0.75 % per annum of the net assets.

P-8UL6

8.3 Recovery of charges

- (i) The Fund related charge pertaining to the net assets under the Plan (s) will be priced in the Unit Value of the Plan
- (ii) All other Charges would be recovered by cancellation of Units
- (iii) In the event that the Units are held in more than one Plan, the cancellation of Units will be effected in the same proportion as the Unit Value of Units held in each Plan.
- (iv) In the event the Unit Value of units is insufficient to pay for such charges, the Policy shall foreclose as provided in Clause 9.

8.4 Other Charges

The balance premium / Top-up premium after utilisation of the portion for purchase of units as detailed in clause 4.2 shall be used to meet the expenses, such as commission to agent, marketing & distribution expenses, medical examination expenses, policy stamp fee and policy issue expenses.

8.5 Revision/ introduction of Charges

The Company reserves the right to revise the Charges including the right to change the manner in which Charges are to be recovered. The Company also reserves the right to introduce new charges. Any revision or introduction will be with prospective effect with approval from IRDA and after giving a notice to the Policyholders.

The Company reserves the right to change the Investment charge pertaining to the net assets under the Plan (s) at any time with prior approval from the IRDA upto a maximum of 1.50% per annum of the net assets for each of the plans.

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

The Policyholder who does not agree with the above, shall be allowed to withdraw the units in the plans at the then prevailing unit value and terminate the policy.

9. Foreclosure of the Policy

The Policy shall terminate when the value of units is insufficient to pay for the Charges computed in accordance with the above clause 8 and the balance Unit Value, if any, would be paid upon such termination.

10. Vesting on attaining majority

Where the Policy has been issued on the life of a minor, the Policy will automatically vest in him on his attaining majority and the Life Assured would be the holder of the Policy and the Company shall thereafter enter in to all correspondence directly with him. Any assignment or nomination of the Policy contrary to this provision would be null and void as against the Company.

P-9UL6

Policy Document

General Conditions

1. Age

- i) The insurance charges payable under the Policy have been calculated on the basis of the age of the Life Assured as declared in the Proposal. In case the age of the Life Assured has not been admitted by the Company, the 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 stand altered to such plan of assurance as is generally granted by the Company for the correct age of the Life Assured, which will be subject to the terms and conditions as are applicable to that plan of assurance. If it is not possible to grant any other plan of assurance, the Policy shall stand cancelled from the date of issue of the Policy and the value of units shall be paid subject to the deduction of the expenses incurred by the Company on the Policy.
 - b) If the correct age is higher than the age declared in the Proposal, the insurance charges payable under the Policy shall be altered corresponding to the correct age of the Life Assured (the "corrected insurance charges") from the date of commencement of the Policy and the Policyholder shall pay to the Company the accumulated difference between the corrected insurance charges and the original insurance charges 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 such accumulated difference, together with interest, the same shall be recovered by cancellation of Units.

- c) If the correct age of the Life Assured is lower than the age declared in the Proposal, the insurance charges payable under the Policy shall be altered corresponding to the correct age of the Life Assured (the "corrected insurance charges ") from the date of commencement of the Policy and the Company may, at its discretion, refund without interest, the accumulated difference between the original insurance charges paid and the corrected insurance charges.

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: -

1. the application for revival is made within 5 years from the date of the first unpaid premium;
2. the Policyholder, at his own expense, furnishes satisfactory evidence of health of the Life Assured, if required;
3. the receipt of arrears of premiums
4. the revival of the policy may be on terms different from those applicable to the policy before it lapsed; and
5. the revival will take effect only on it being specifically communicated by the Company to the Life Assured .

3. Assignment and nomination:

- (a) An assignment of the 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 made only by the Policyholder. 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. In case of Assignment under this Policy, then an assignee would not be entitled to increase the death benefit as mentioned in Clause 3.1 (iv) (d). Assignment will not be permitted where the policy is under the Married Women's Property Act, 1874.
- (b) The Life Assured, where he is the holder of the Policy, may, at any time during the tenure of the 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, 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 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 the assignment or nomination in recording the assignment or registering the nomination or change in nomination.

4. Suicide:

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

5. Special Provisions:

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

P-10UL6

6. Incontestability:

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

7. Loans

Within the surrender value acquired by this Policy, loans may be granted subject to the following terms and conditions

1. Loan may be granted on proof of title to the Policy.
2. The Policy shall be assigned absolutely to and be held by the Company as security for repayment of the loan and the interest thereon.
3. The loan shall carry interest at the rate specified by the Company at the time when the Loan is advanced and shall be compounded half yearly.
4. The Loan amount may be repaid at any time before a claim arises. However, interest shall be charged a minimum period of six months.
5. The first payment of interest shall fall due on half yearly policy anniversary following the date on which the loan is advanced and thereafter on every half yearly Policy anniversary.
6. In case the Policy results in claim/ withdrawal before the repayment of loan in full with interest, the Company shall be entitled to recover the outstanding loan and interest from any moneys payable under the Policy.
7. The Company shall terminate the policy where the outstanding loan amount together with interest is equal to the value of units under the policy at any point of time.
8. Partial withdrawal of units shall not be allowed till the loan together with the interest under the policy is repaid fully.

8. Notices:

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

In case of the Policyholder/ 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 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.

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.

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 as mentioned below establishing the right of the claimant or claimants to receive payment.

Documentation for claim

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

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

10. Legislative Changes

The terms and conditions including the 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 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 policy holder may contact our advisor or call our Customer Service Representative at the 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

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 1600-22-2020			

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:-

Grievance Redressal Committee,
Customer Service Desk,
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 of the Ombudsman log on to our website www.iciciprulife.com or contact our Customer Service Desk.

"The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the Company and shall together form a single contract" (Ver UL6: 5)

P-12UL6

ANNEXURE

Supplementary Benefits applicable if opted for

A. Accident and Disability Benefit

- (i) Accident Benefit:

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

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

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

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

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

(II) Disability Benefit:

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

1. Commencing from the first anniversary of the Disability Date and on each anniversary thereafter pay in ten annual instalments, each equal to one-tenth of the amount of accidental cover under this Supplementary Benefit. In the event of the policy resulting in a claim before the receipt by the Life Assured of the last such instalment, then the instalments remaining unpaid shall become payable along with the claim.
2. The conditions subject to which the benefit is payable, are:

- (a) the disability must be caused by violent, external and visible means;
- (b) the disability is not caused,
 - i) by attempted suicide or self inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or

P-13UL6

- 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.

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 issue Date of Policy and before the Policy anniversary on which he attains age 65 years nearer birthday, an amount equal to Sum Assured under this policy 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 the policy.
- (2) The benefit shall be payable on the Life Assured surviving 28 days from such diagnosis.
- (3) The Critical Illness shall not have been caused by the existence of Acquired Immune Deficiency Syndrome or the presence of any Human Immuno-deficiency Virus Infection in the person of the Life Assured, self inflicted injury, drug abuse, failure to follow medical advice, war, whether declared or not and civil commotion, pregnancy, breach of law, aviation other than as a fare paying passenger in a commercial licensed aircraft (being a multi-engined aircraft), hazardous sports and pastimes;
- (4) Written Notice of any claim for the benefit must be given to the Company within 60 days of such diagnosis.

P-14UL6

- (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 anyone of the following illnesses as defined separately hereunder occurring after 6 months from the issue date of policy:-

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

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

irreversible failure. Evidence of end stage disease must be provided and the requirement for transplantation must be confirmed by a consultant physician.

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

Note 2:

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

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

P-15UL6

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

C. Major Surgical Assistance Benefit:

Provided the policy is in force 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 issue Date of the Policy but before 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 cover granted under this supplementary benefit, being 50 % of the amount of cover granted under this supplementary benefit in respect of Major Procedures, 30% of the amount of cover granted under this supplementary benefit in respect of Intermediate Procedures and 20% of the amount of cover granted under this supplementary benefit in respect of Minor Procedures (as defined below) shall be payable. The benefit under this Supplementary Benefit

will be payable on the Life Assured undergoing surgical procedures on more than one occasion. However the total amount payable under all the Surgical Procedures shall not exceed 50% of the cover granted under this supplementary benefit. The conditions subject to which the benefit is allowed are: -

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

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

- Treatment which is not taken from recognised hospitals or doctors.
- Pre existing injuries or illnesses, No benefit will be payable in respect of a claim which, in the opinion of our Chief Medical officer, results directly or indirectly from a condition for which the insured person has previously received treatment, or which had previously been diagnosed, or which he was aware of, at the commencement of the policy or within the first 6 months from the issue date of 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

P-16UL6

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 to render medical or surgical services, but excluding a person who is the Life Assured himself or a blood relative of the Life Assured.

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

"The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the Company and shall together form a single contract" (Ver UL6:5)