

Policy Document

1. Definitions:

In the Policy Document, unless the context otherwise requires:

- a. "Charges" means Insurance Charge, Administration and Fund Management Charge, Processing Charge (fee).
- b. "Death Benefit" means the amount specified in the Policy certificate at the commencement of the Policy and as decreased from time to time further reduced by the value of units withdrawn.
- c. "Plan" (also referred as "Fund") means any of the segregated plans mentioned in Clause 7 which are earmarked by the Company for the unit linked business of the Company under the Insurance Regulatory and Development Authority (the "IRDA") regulations.
- d. "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.
- e. "Net Assets" means Market / Fair Value of Plan Investments plus Current Assets less Current Liabilities and Provisions.
- f. "Policyholder" means the Proposer under the Policy or the owner of the Policy at any point of time.
- g. "Premium" means the amount specified in the Policy (initial premium) at the commencement of the Policy and as increased/ decreased from time to time as provided in Clause 6.3.
- h. "Top-up Single Premium" means an additional Single Premium paid whilst the Policy is in force.
- i. "Unit" means one undivided share in the assets under a Plan, representing a measure of the interest in the assets under a Plan.
- j. "Unit Value" means the value per unit calculated in Rupees in accordance with the following formula  

$$\text{Unit Value} = \frac{\text{Market/ Fair Value of the Investments plus Current Assets less Current Liabilities and Provisions}}{\text{Number of Units outstanding under the relevant Plan.}}$$
- k. "Value of Units" means the unit value of all or some of the units as the case may be.
- l. "Insurance Cover" means Life Insurance Cover and the cover under the Supplementary Benefits, if opted.
- m. "Premium paying period" means the number of years for which premiums are payable and would end on the due date of last premium as specified in the Policy.
- n. "Life Insurance Cover" means the difference between the Death Benefit and the value of the units under the Policy.

2. Policy Description:

- 2.1 The Policy is a regular premium unit linked limited premium paying 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 amongst 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 Policyholder 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:

A. Benefit payable on death subject to the Policy being in force

In the event of the death of the Life Assured before the Policy anniversary on which the Life Assured is 75 years age nearer birthday, the, the Company shall pay higher of:

- a) The value of units under the Policy computed using the unit value on Valuation Date following intimation of death; or
- b) The Death Benefit as specified in 1(b) of Definitions

The Policy terminates on payment of the above-mentioned Death Benefit.

**B. Maturity Benefit**

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 75 age nearer birthday, the only benefits payable under the Policy would be the value of units at the time of withdrawal of the units as computed in manner provided in Clause 8.

✓ **Supplementary Benefit (s):** As specified in the Annexure and applicable if opted for

**4. Decrease in Death Benefit subject to the Policy being in force**

The Policyholder shall have the option to decrease the Death Benefit on the following terms and conditions:

1. The option to decrease the Death Benefit can be effective only from the Policy anniversary following the date of exercise of the option.
2. 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/-.
3. The multiples referred above may change from time to time as per the then rules of the company.

**5. Withdrawal of units****(i) Surrender (Full withdrawal of units):**

✓ The Policy acquires a Surrender Value provided that the Premium is paid for the first full policy year. The Surrender Value shall be equal to 25% of the value of units after the payment of premiums for first full policy year, 40% of the value of units after the payment of premiums for the two full Policy years, 60% of the value of units after the payment of premiums for the three full Policy years and 100% of the value of units after the payment of premium for four full policy years. In any case, the surrender value shall be equal to 100% of the value of units after the completion of four full Policy years where the Premium is paid for at least first year of the Policy.

The value of units for the purpose of the Surrender shall be computed by using the unit value on the Valuation Date immediately following the date of request of surrender

The surrender shall extinguish all the rights, benefits and interest under the policy.

**(ii) Partial withdrawal**

✓ Partial withdrawal of units is allowed as per Clause 9.3 and 9.4 provided that the premiums have been paid for atleast three consecutive policy years and that the three full Policy years have elapsed. The amount withdrawn partially in the fourth and fifth Policy year shall be limited to 20% of the surrender value applicable for the respective Policy years. Any partial withdrawal in the fourth policy year shall be subject to charge applicable for surrender value in that Policy year.

✓ Further the partial withdrawal of units shall not be allowed till the loan together with interest under the policy, if any, is repaid fully.

**6. Premium:****6.1 Payment of Premiums**

- i) ✓ Premiums are payable on the due dates and at the rate mentioned in the Policy at time of commencement of the policy and as increased or decreased from time to time. The Premiums are payable during the premium paying period as specified in the Policy. 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.

✓ During the first Policy year, if a premium is not paid on the due date or during the days of grace, the Policy shall lapse and no benefits are payable. However, where the Policy has lapsed after the payment of premium for at least first year of the Policy, the Company shall pay the value of units under the Policy on death of the Life Assured or the surrender value on the full withdrawal as the case may be. The Surrender value for this purpose shall be based on the unit value of the valuation date immediately following the date of intimation of death or date of request for surrender.

- 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:-

- ✓ (a) Cash \*
- (b) Cheques
- (c) Demand Drafts
- (d) Pay Orders
- (e) Bankers Cheque
- (f) Internet (Infinity / Bill Junction / Bill Desk)
- (g) Electronic Clearing System

\*Subject to the Company Rules then inforce

- iv) In addition, Top-up Single Premium can be paid as stipulated in Clause 9.1 hereof.

**6.2 Premium Allocation**

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

✓ (a) For policies with premium paying term of 3 years:

Annual Premium (Rs)	Percentage of Premium utilized for purchase of units	
	1st Policy year	2 <sup>nd</sup> - 3rd Policy year
Upto 499999	87%	96%
500000 & above	89%	96%

✓ (b) For policies with premium paying term of 5, 7 and 10 years

Annual Premium (Rs)	Percentage of Premium utilized for purchase of units			
	1st Policy year	2 <sup>nd</sup> - 3rd Policy year	4 <sup>th</sup> - 5 <sup>th</sup> Policy years	6 <sup>th</sup> Policy year and onwards
Upto 499999	88%	97%	98%	100%
500000 & above	90%	97%	98%	100%

✓ In respect of Top-Up Single Premiums, 99% of the premium shall be utilised for purchase of units till the fifth policy year and 100% of the premium shall be utilized for purchase of units after the fifth policy year during the premium paying period, where applicable.

The Policyholder may pay Top-Up Single premiums only where all the installment premiums due under the Policy till then have been paid. Any payment in excess of the installment premium made during the premium paying term shall be treated as top-up premiums and shall be utilized for purchase of units.

The Policyholder has the option to allocate the Premiums / Top-up Single Premium(s) to be utilized 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 utilized 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 8.

**6.3. Increase / Decrease in the Premium subject to Policy being in force:**

During the premium paying period, the policyholder may choose to increase or decrease the premium under the Policy on more than one occasion. The premium after the decrease shall not fall 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 effective from the Policy anniversary following the date of exercise of the option.

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

**6.4. Additional Allocation:**

Additional units shall be allocated at periodic intervals as specified below provided the premiums are paid till the date of such allocation or till the end of the premium paying period as applicable.

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. The weighted average value shall be the average of the funds across all the plans during the three years preceding the said allocation.

Where the premium paying term is three years, 0.50% of the weighted average value across all the plans shall be allocated for additional units at the end of six policy years.

Where the premium paying term is five years, 0.25% of weighted average value across all the plans shall be allocated for additional units at the end of five years, 0.50% of weighted average value across all the plans shall be allocated for additional units at the end of eight policy years and 1% of weighted average value across all the plans shall be allocated for additional units at the end of ten policy years.

Where the premium paying term is seven years, 1% of weighted average value across all the plans shall be allocated for additional units at the end of seven policy years, 2% of weighted average value across all the plans shall be allocated for additional units at the end of twelve policy years and 2.50% of weighted average value across all the plans shall be allocated for additional units at the end of fifteen policy years.

Where the premium paying term is ten years, 2% of the weighted average value across all the plans shall be allocated for additional units at the end of ten policy years, 3% of weighted average value across all the plans shall be allocated for additional units at the end of fifteen policy years and 3.50% of weighted average value across all the plans shall be allocated for additional units at the end of twenty policy years.

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.

**7. Plans:****7.1 The Plans**

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

**7.2 Investment Objectives of the Plans and Indicative Portfolio Allocations****(a) Protector Plan**

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

## Indicative Portfolio Allocation

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

**(b) Maximiser Plan**

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

## Indicative Portfolio Allocation

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

**(c) Balancer Plan**

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

## Indicative Portfolio Allocation

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

**(d) Preserver Plan**

The investment objective of this Plan is to provide suitable returns through low risk investments in debt and money market instruments while attempting to protect the capital deployed in the fund.

## Indicative Portfolio Allocation

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

✓ The maximum proportion of regular premiums and the top-up single premiums to the Preserver fund shall be 20%.

✓ 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 other than 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 Policyholder 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.

**7.3 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 8.

**7.4 New Plans**

✓ New Plans may be introduced by the Company from time to time and the Policyholder shall be notified of the introduction 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 9.2

**7.5 Investment of the Plans**

✓ The Company shall select the investments, including derivatives and units of mutual funds, for 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 under the Policy or any other person.

**7.6 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 processing fee would be charged for switching to another Plan in the event of such closure of Plans.

### 7.7 Risks of Investment in the Units of the Plans

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

- (i) Premier Life 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.

### Units:

- 8.1 The nominal unit value 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.

### 8.2 Creation of Units / cancellation 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 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 clause, 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 or withdrawal 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 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.

### 8.3 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.

## 9. Policyholder's Options:

The Policyholder shall have the following options:

- 9.1 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 8. Currently, the minimum Top up premium is Rs.5000 and shall be subject to change as per the rules of the Company from time to time.

9.2 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 8. . Four free switches shall be allowed in each policy year starting from the date of commencement of the Policy. Any unutilized 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.10000/- and shall be subject to change as per the rules of the Company from time to time.

9.3 To withdraw Units (partially) from any Plan by specifying the amount to be withdrawn, where the unit value of the relevant plan is computed in manner as provided in Clause 8. This option shall be available to the Policyholder after the payment of premiums for three full policy years of the Policy and after the completion of three full policy years.

The amount withdrawn partially in the fourth and fifth Policy year shall be limited to 20% of the surrender value applicable for the respective Policy years. Any partial withdrawal in the fourth policy year shall be subject to charge applicable for surrender value in that Policy year.

Currently a charge of 0.25% of the amount withdrawn is applicable however not exceeding Rs.1000/-. The said charge is not applicable for two withdrawals in a Policy year. Any unutilized free partial withdrawal can not be carried forward.

Currently the minimum amount that may be withdrawn is Rs.10000/- and is subject to change as per the then rules of the Company from time to time.

9.4 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 Value of units under the policy shall be paid.

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

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.

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.

## 10. Charges:

### 10.1 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 shall be recovered by cancellation of units

### 10.2 Administration and Fund Management Charges:

The following charges shall apply:

- (i) Protector Plan – at the rate of 0.75% per annum of the net assets.
  - (ii) Maximiser Plan- at the rate of 1.50% per annum of the net assets.
  - (iii) Balancer Plan - at the rate of 1% per annum of the net assets.
  - (iv) Preserver Plan - at the rate of 0.75% per annum of the net assets
- And a charge of Rs.60/- shall be recovered on each monthly due date. .

### 10.3 Recovery of Charges

- (i) The Fund Management charge pertaining to the net assets under the Plan (s) will be priced in the Unit Value of the Plan.
- (ii) All other charges shall 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 Value of Units held in each Plan.
- (iv) In the event the Value of units is insufficient to pay for the charges, the Policy shall foreclose as provided in Clause 11.

### 10.4 Revision / Introduction of Charges

The Company reserves the right to revise the Charges except the Insurance Charges towards life insurance cover 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 Fund related charge pertaining to the net assets under the Plan (s) at any time with prior approval from the IRDA upto a maximum of 2% per annum of the net assets for each of the plans.

The Company reserves the right to change the fixed monthly Administration charge at any time with prior approval from the IRDA upto a maximum of Rs.120/- per month.

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.

**11. 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 and the balance Value of units, if any, would be paid upon such termination.

**"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"**  
(Var:U28:1)

## 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. 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 commits suicide whether sane or insane, within one year from the date of issue of this policy, the Policy shall be void and the value of units based on the unit value on the Valuation Date following the intimation of death shall be paid.
- 5. Special Provisions:**  
Any special provisions subject to which this Policy has been entered into whether endorsed in the Policy or in any separate instrument shall be deemed to be part of the Policy and shall have effect accordingly.



**6. Incontestability:**

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

**7. Loan**

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 for 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 Policyholder / 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](mailto: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 agent 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:

State	New Number
Haryana	9896177766
Punjab	9815977766
Rajasthan	9828020066
Uttranchal	9897307766
Uttar Pradesh :	95522-2294555
Kanpur	2294555
Lucknow	9897307766
Rest of Uttar Pradesh	9897307766

State	New Number
Goa	9890447766
Gujarat	9898277766
Madhya Pradesh	9893127766
Maharashtra :	28307766
Mumbai	9890447766
Rest of Maharashtra	9890447766

Andhra Pradesh	9849577766
Karnataka	9845577766
Kerala	9895477766
Tamil Nadu : Chennai	52107766
Rest of Tamil Nadu	9894477766

Bihar	1800222020
Jharkhand	1800222020
Orissa	1800222020
West Bengal	9831377766

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](http://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 : U26:1)

## ANNEXURE

## Supplementary Benefit(s) 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, but before the policy anniversary on which his age nearer birthday is 65, 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, but before the policy anniversary on which his age nearer birthday is 65, 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 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 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:

- a) 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
- b) 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 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 issue of the Policy but before the Policy anniversary on which he attains 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 issue of the policy.
- (2) The benefit shall be payable on the Life Assured surviving 28 days from such diagnosis.
- (3) The Critical Illness shall not have been caused by the existence of Acquired Immune Deficiency Syndrome or the presence of any Human Immuno-deficiency Virus Infection in the person of the Life Assured, self inflicted injury, drug abuse, failure to follow medical advice, war, whether declared or not and civil commotion, pregnancy, breach of law, aviation other than as a fare paying passenger in a commercial licensed aircraft (being a multi-engined aircraft), hazardous sports and pastimes;
- (4) Written Notice of any claim for the benefit must be given to the Company within 60 days of such diagnosis.
- (5) The admission of any claim for this benefit will be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any one of the specified Critical Illness, as the Company may reasonably require.
- (6) The benefit shall automatically cease to be available when the policy is surrendered.

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

**"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: U28:1)**

