

# Policy Document - Terms and Conditions of your policy

## ICICI Pru SmartKid Premier - Unit Linked Insurance Product

In this Policy, the investment risk in investment portfolio is borne by the Policyholder.

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

UIN: SmartKid Premier- Unit Linked Insurance Product: 105L120V01

In this document, "you" or "your" will refer to the Policyholder i.e. the owner of this policy and "we", "us", "our", "insurer" or "the Company" will refer to ICICI Prudential Life Insurance Company Limited, or any of its successors.

**Free look Period** (15/30 days Refund Policy)

If you are not satisfied with the terms and conditions of this policy, please return the policy document to the Company for cancellation within 15 days from the date you received it, if your policy is not sourced through Distance Marketing\* • 30 days from the date you received it, if your policy is sourced through Distance Marketing\* On cancellation of the policy during the free look period, we will return the premium paid subject to the deduction of:

**a)** Stamp duty under the policy **b)** Expenses borne by the Company on medical examination, if any. The policy will terminate on payment of this amount and all rights, benefits and interests under this policy will stand extinguished.

\*For details of Distance Marketing, please refer to clause 11.12

**1. Definitions:** In the policy document, unless the context otherwise requires: **a. Allocation:** is attachment of Units to your policy at the applicable NAV. **b. Extended Period:** On failure to pay a due premium within the grace period as described in clause 4 (iii), we will send you a notice within a period of 15 days from the date of expiry of grace period. A period of 30 days shall be given to you to intimate us of your choice from the following options: i. Revive the policy or ii. Completely withdraw the policy without any risk cover. The Extended Period shall be co-terminus with this period of 30 days. In any case, if you do not exercise the option within 45 days of the end of the grace period, you shall be deemed to have completely withdrawn the policy without any risk cover. **c. Fund:** is the pool of assets hypothecated to the unit-linked liabilities and invested to achieve the Fund's objective. The price of each Unit in a Fund depends on how the investments in the Fund perform. The Fund is managed by the Company. **d. Fund Value:** is the value obtained by multiplying the number of units allocated to your policy by their corresponding NAVs. **e. Life Assured (Lives Assured)** is or are the person(s) on whose life the policy contract has been issued. **f. Life Insurance Cover** means the Sum Assured **g. Minimum Death Benefit** will be 105% of the total premiums (including Top up premiums) paid less: **a.** the amount of partial withdrawals made during the two years immediately preceding the date of death of the Life Assured in case of single life coverage option or date of first death of either of the Lives Assured in case of joint life coverage option, where death occurs before or at age 60 last birthday; **b.** the amount of all partial withdrawals made after attaining age 58 last birthday where the death of Life Assured in case of single life coverage option or date of first death of either of the Lives Assured in case of joint life coverage option, occurs after age 60 last birthday. **h. Net Asset Value (NAV)** is the price of the Unit calculated in Rupees. **i. Policyholder** is the owner of the policy at any point of time. The Policyholder shall be the proposer in case of single life coverage option and the Primary Proposer in case of joint life coverage option. **j. Regulator** is the authority that has regulatory jurisdiction and powers over the Company. **k. Settlement Option** means an option available to the Policyholder to receive the Maturity benefit as a structured payout over a period of up to 5 years after date of maturity. **l. Sum Assured** is the fixed amount payable on the death of the Life Assured. **m. Unit** is a portion or a part of the Fund.

### 2. Benefits Payable:

**2.1 Loyalty Additions:** i. Loyalty additions will be allocated to your policy every fifth policy year starting from the end of the tenth policy year subject to payment of all due premiums. ii. This will be equal to 2% of the average of the Fund Value on the last day of the eight policy quarters preceding the said allocation. Loyalty addition shall be allocated among the Funds in the same proportion as the value of units held in each Fund at the time of allocation and by using NAV of the respective Funds at the time of allocation.

**2.2 Surrender:** i. Surrender means voluntary termination of the policy by you. ii. The policy can be surrendered only after completion of five policy years. iii. On surrender of the policy, Fund Value including the Top up Fund Value, if any, shall become payable. iv. After the start of the Payer Waiver Benefit (PWB), the policy cannot be surrendered. The PWB is described in clause 2.4 below. v. In case the Policyholder surrenders the policy before the termination of a tranche of the RGF that he is invested in, the Units will be redeemed at the prevailing NAV. vi. The surrender shall extinguish all rights, benefits and interests under the policy. vii. The policy shall terminate on payment of the surrender value. viii. Surrender value may be taxable as per prevailing tax laws.

**2.3 Death Benefit:** i. Subject to the policy being in force, the following benefit shall become payable to the nominee as a lumpsum: **a. Single Life Coverage Option:** In the event of death of the Life Assured during the term of the policy, Sum Assured including Top up Sum Assured, if any, subject to Minimum Death Benefit shall become payable. **b. Joint Life Coverage Option:** In the event of first instance of death of either of the Lives Assured i.e. Primary Life Assured or the Secondary Life Assured during the term of the policy, Sum Assured including Top up Sum Assured, if any, subject to the Minimum Death Benefit shall become payable. The Sum Assured shall become payable only on the first death and no benefit shall become payable on the death of the surviving Life Assured. On death of either of the Lives Assured, the surviving Life Assured shall cease to have any right, title and interest under the policy. ii. On death of the Life Assured or first instance of death of either of the Lives Assured in case of joint life coverage option, the Policy shall terminate and the PWB, as described in clause 2.4, will start. iii. Death benefit may be taxable as per the prevailing tax laws.

**2.4 Payer Waiver Benefit (PWB):** i. The PWB starts on: **a. Single Life Coverage Option:** On death of the Life Assured **b. Joint Life Coverage Option:** On first instance of death of either of the Lives Assured ii. The policy shall terminate when the PWB starts. iii. PWB is an extended settlement and is described below: **a. Single Life Coverage Option:** On death of the Life Assured during the term of the policy, while the policy is in force and its premium paying, all future due premiums payable under the original policy will be waived by the Company till the end of the premium payment term. The Company will continue to allocate Units as per the premium direction information last given by the Policyholder as if future due premiums are being received as per the terms of the original policy. **b. Joint Life Coverage Option:** On first instance of death of either of the Lives Assured, while the policy is in force and its premium paying, all future due premiums payable under the original policy will be waived by the Company till the end of the premium payment term. The Company will continue to allocate Units as per the premium direction information last given by the Policyholder as if future due premiums are being received as per the terms of the original policy. iv. This benefit can be triggered only once. v. Once the PWB has commenced, the Fund Value including Top up Fund Value, if any, shall remain invested in the respective funds and portfolio strategies as at the start of the PWB period. vi. The Fund management charge, charge for investment guarantee, policy administration charge and Premium allocation charge would continue to be levied as applicable during the PWB period. The Life Insurance Cover will cease and mortality charges and PWB charges will not be deducted. vii. After the PWB has commenced the policy cannot be surrendered. Also the nominee or the appointee, as the case may be, shall not be allowed to make any policy alterations and nor will they be eligible for partial withdrawal, paying top up premiums, performing switches, redirecting premium, or effecting a change in portfolio strategy. viii. Loyalty additions will be allocated in the same manner as if the original policy was in force and premium paying. ix. The Maturity benefit, as described in clause 2.5, will be payable to nominee.

**2.5 Maturity Benefit:** i. On the date of maturity if PWB has not been triggered and the policy is in force, we shall pay the prevailing Fund Value including the Top-up Fund Value, if any, to the Policyholder. ii. On the date of maturity of the original policy, if PWB has been triggered, we shall pay the prevailing Fund Value, including Top up Fund Value, if any, to the nominee. iii. There shall be an option to receive the Maturity benefit as a lump sum or by way of Settlement Option, as stated in clause 7.11 over a period of up to 5 years after the date of maturity. iv. On payment of Maturity benefit in lumpsum, the policy shall stand terminated and all the rights, benefits and interest under the said policy shall be extinguished. v. The Maturity benefit may be taxable as per the prevailing tax laws.

**2.6 Change in the Coverage Option:** i. The Policyholder can submit a request for change in coverage option subject to the underwriting. ii. Change in coverage option from Single life to Joint life: This shall be allowed only in the event of marriage of the Policyholder during the policy term. This option must be chosen before the next policy anniversary. This change shall be carried out subject to receipt of proof of marriage by the Company and subject to the fulfilment of the underwriting norms of the Company in this regard. This change shall be effective only from the first policy anniversary following the request for change in option. Mortality charges and Payer Waiver Benefit charges will be adjusted accordingly. iii. Change in coverage option from Joint life to Single life: This shall be allowed only in the event of legal separation of the Policyholder during the policy term. This change shall be carried out by the Company subject to receipt of the proof of legal separation by the Company. This change shall be

effective from the premium due date following receipt of the satisfactory evidence. The Mortality charges and the Payer Waiver Benefit charges shall be reduced appropriately. This change shall be effective only from the first policy anniversary following the request for change in option.

- 2.7 Death of the Nominee:** i. In the event of death of the nominee before the death of the Life (Lives) Assured, the Policyholder may continue to pay the premiums under the policy. ii. The Policyholder may nominate another child or, in the absence of another child, any other individual under the policy. This will have no effect on the benefit structure. iii. The newly nominated individual will only be the beneficiary to receive these payments as and when they are payable. The policy may also be surrendered subject to the conditions as stated in clause 2.2. iv. In the event of death of the nominee after the Payer Waiver Benefit has been triggered, the Maturity benefit will become payable to the Policyholder, if alive, or legal heirs of the Policyholder otherwise.
- 3. To Whom the Benefits are Payable:** To the Proposer or the assignee(s) where a valid assignment (in accordance with Section 38 of the Insurance Act, 1938) or endorsement has been recorded, or the nominee (s) where a valid nomination has been registered by the Company (in accordance with section 39 of the Insurance Act, 1938), or the executors, administrators or other legal representatives who shall obtain representation to the estate or to such person or persons as directed by a court of competent jurisdiction in India, limited at all times to the monies payable under this policy. The Company does hereby agree that (i) on proof to the satisfaction of the Company of the benefits having become payable as per the policy terms and conditions and (ii) of the title of the said person or persons claiming payment and (iii) of the correctness of the age of the Life Assured as stated in the proposal (if not previously admitted) and (iv) upon the happening of an event upon which one or more benefits become payable under this policy, the Sum Assured or the appropriate benefit will be paid by the Company.
- 4. Premium Payment:** a. You are required to pay premiums on the due dates and for the amount mentioned in the policy certificate. b. Premiums can be paid in monthly, half yearly or yearly frequency. c. 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 from the premium due date for payment of premiums. d. Premiums are payable up to and including the due date of last premium payable as shown in the policy certificate. e. Premiums are payable without any obligation on us to issue a notice for them, except as required by applicable regulations. f. You may pay premium through any of the following modes: a. Cash b. Cheque c. Demand Draft d. Pay Order e. Banker's cheque f. Internet facility as approved by the Company from time to time g. Electronic Clearing System / Direct Debit h. Credit or Debit cards held in your name. Amount and modalities will be subject to our rules and relevant legislation or regulation. g. Premiums shall be construed to be received by us only when received at any of our offices. h. Where premiums have been remitted otherwise than in cash, the application of the premiums received will be conditional on the realization of the proceeds of the instrument of payment, including electronic mode. i. If you suspend payment of premium for any reason whatsoever, we shall not be held liable. In such an event, benefits, if any, will be available only in accordance with the policy terms and conditions.
- 5. Premium Discontinuance** is applicable from the date on which you intimate us about discontinuance of the Policy or on the completion of the Extended Period or 45 days from the end of the grace period, whichever is earliest.

**5.1(a) Premium Discontinuance during the first five policy years:** (i) If the policy is not revived within the period described above, the life insurance cover, PWB and rider cover, if any, shall cease. At the end of the period, the Fund Value including Top-up Fund Value, if any shall be transferred to the discontinued policy fund (SFIN: ULIF 100 01/07/10 LDiscont 105) after deduction of applicable premium discontinuance charge. Thereafter, no other charges shall be deducted other than the fund management charge of 0.5% p.a. of the discontinued policy fund or such other charges that the Regulator may permit. (ii) In case of death of the Life (Lives) Assured before the end of the fifth policy year, the discontinued policy fund value shall be paid to the nominee and the policy will terminate. (iii) At the end of the fifth policy year, the discontinued policy fund value shall be paid to you. (iv) The interest credited during the discontinued period after deduction of applicable fund management charges shall be subject to a minimum guarantee of the interest applicable to savings bank accounts of State Bank of India, or any such rate as may be prescribed by the Regulator from time to time. (v) The premium discontinuance charge shall be applicable as per the table given below:

Year in which premium payment is discontinued	Premium Discontinuance Charge Annual Premium ≤ 25,000	Premium Discontinuance Charge Annual Premium > 25,000
1	20% of lower of (AP or FV), subject to a maximum of Rs. 3000	6% of lower of (AP or FV), subject to a maximum of Rs. 6000
2	15% of lower of (AP or FV), subject to a maximum of Rs. 2000	4% of lower of (AP or FV), subject to a maximum of Rs. 5000
3	10% of lower of (AP or FV), subject to a maximum of Rs. 1500	3% of lower of (AP or FV), subject to a maximum of Rs. 4000
4	5% of lower of (AP or FV), subject to a maximum of Rs. 1000	2% of lower of (AP or FV), subject to a maximum of Rs. 2000
5 and onwards	NIL	NIL

(Note: "AP" stands for Annual Premium and "FV" stands for Fund Value as on the date of premium discontinuance.

**(b) Policy Revival:** You may revive the policy within two years from the date of discontinuance but not later than the expiry of any lock-in period prescribed by the Regulator. Currently the lock-in period is five years. In case of revival of policy, premium discontinuance charges, if any, deducted at the time of policy discontinuance, will be added to the Fund Value of the discontinued policy fund. This total amount will be invested in the same funds and in the same proportion as it were at the time of discontinuance of the policy. The guarantee on the investments held in Return Guarantee Fund (RGF) ceases on discontinuance of the policy. The Company may however, at its own discretion, provide guarantee on the investments held in Return Guarantee Fund (RGF) on revival of the policy. The NAV as on the date of revival shall be applicable.

**5.2: Premium discontinuance after completion of the fifth policy year:** If the policy is not revived within the period described above or the Policyholder intimates to discontinue the policy, the life insurance cover, PWB and rider cover, if any shall cease. All rights, benefits and interests under the policy shall be extinguished and Fund Value, including Top up Fund Value, if any, will be paid to the policyholder.

### 6. Funds

#### 6.1 Investment Objectives of the Funds and Portfolio Allocation

Fund Name, Objective & SFIN	Indicative Portfolio Allocation	% (Max)	% (Min)	Potential Risk-Reward Profile
<b>Multi Cap Growth Fund:</b> To generate superior long-term returns from a diversified portfolio of equity and equity related instruments of large, mid and small cap companies. SFIN: ULIF 085 24/11/09 LMCapGro 105	Equity & equity related securities Debt, Money market & Cash	100% 20%	80% 0%	High
<b>Opportunities Fund:</b> To generate superior long-term returns from a diversified portfolio of equity and equity related instruments of companies operating in four important types of industries viz., Resources, Investment-related, Consumption-related and Human Capital leveraged industries. SFIN: ULIF 086 24/11/09 LOpport 105	Equity & equity related securities Debt, Money market & Cash	100% 20%	80% 0%	High
<b>Bluechip Fund:</b> To provide long-term capital appreciation from equity portfolio predominantly invested in large cap stocks. SFIN: ULIF 087 24/11/09 LBluChip 105	Equity & equity related securities Debt, Money market & Cash	100% 20%	80% 0%	High

Fund Name, Objective & SFIN	Indicative Portfolio Allocation	% (Max)	% (Min)	Potential Risk-Reward Profile
<b>Multi Cap Balanced Fund:</b> To achieve a balance between capital appreciation and stable returns by investing in a mix of equity and equity related instruments of large, mid and small cap companies and debt and debt related instruments. <b>SFIN:</b> ULIF 088 24/11/09 LMCapBal 105	Equity & equity related securities Debt, Money market & Cash	60% 100%	0% 40%	Moderate
<b>Income Fund:</b> To provide accumulation of income through investment in various fixed income securities. The fund seeks to provide capital appreciation while maintaining a suitable balance between return, safety and liquidity. <b>SFIN:</b> ULIF 089 24/11/09 LIncome 105	Debt Instruments, Money market & Cash	100%	100%	Low
<b>Money Market Fund:</b> To provide suitable returns through low risk investments in debt and money market instruments while attempting to protect the capital deployed in the Fund. <b>SFIN:</b> ULIF 090 24/11/09 LMMoneyMkt 105.	Debt Instruments Money market & Cash	50% 100%	0% 50%	Low
<b>Return Guarantee Fund(RGF)*:</b> To provide guaranteed returns through investment in a diversified portfolio of high quality fixed income instruments. <b>SFIN<sup>1</sup>:</b> 5 year tranche: ULIF 123 10/09/11 LRGF(T12) 105. 10 year tranche: ULIF 124 10/09/11 LRGF(S5) 105.	Debt Instruments, Money market & Cash	100%	100%	Low
<b>Discontinued Policy Fund:</b> To provide the minimum guarantee as declared by the Regulator from time to time.* <b>SFIN:</b> ULIF 100 01/07/10 LDiscont 105	Equity & Equity Related Securities Debt, Money Market & Cash	0% 100%	0% 0%	Low

\*Investment pattern as prescribed by Executive Investment Committee.

Fund name, Objective & SFIN	P/E Range	Allocation in Equity and Equity related securities	Potential Risk-Reward Profile
<b>Dynamic P/E Fund:</b> To provide long term capital appreciation through dynamic asset allocation between equity and debt. The allocation in equity and equity related securities is determined by reference to the P/E multiple of a basket of 50 large cap stocks <sup>2</sup> ; the remainder is to be invested in debt instruments, money market and cash. <b>SFIN:</b> ULIF 097 11/01/10 LDynmicPE 105	< 14 14 to 16 16 to 18 18 to 20 > 20	90% to 100% 80% to 100% 60% to 100% 40% to 80% 0% to 40%	High

<sup>1</sup>The SFIN for subsequent tranches shall be determined at the time of seeking Authority's approval for launch of each new RGF tranche and shall be represented as:

**For 5 year tranche: ULIF XXX dd/mm/yy LRGF(TX) 105**

**For 10 year tranche: ULIF XXX dd/mm/yy LRGF(SX) 105**

<sup>2</sup>Source: Based on prices and consensus earnings estimates from Bloomberg.

\*The Return Guarantee Fund (RGF) consists of closed ended tranches of terms 5 and 10 years. They are intended to provide a return over a specified period, subject to a guarantee. The Fund is offered in tranches, each of which is open for subscription for a brief period of time and terminates on a specified date. The NAV applicable at the termination of each tranche is higher of the guaranteed NAV and the then prevailing NAV. The guaranteed NAV is declared at the beginning of subscription period. We shall guarantee the NAV only at the termination of each tranche. Money may be withdrawn or switched from a tranche before its termination at the then prevailing NAV by redemption of Units. The guaranteed NAV will continue to apply on the remaining units, if any, in the Fund. In case the policy is surrendered before the termination of a tranche of the RGF that you are invested in, the Units will be redeemed at the prevailing NAV. If the Policyholder opts for RGF at inception, only the first instalment premium will be directed to the fund. Subsequent premiums are allocated to the other funds in the proportion specified by you at the time of inception of the policy. The Policyholder has the option to switch into RGF in case a tranche is open for subscription at that time. In case the remaining term of the policy is less than the term of the RGF tranche open for subscription at that time, the Policyholder cannot invest in the RGF. On termination of RGF tranche, the proceeds will be allocated in the other Funds, in the same proportion of Units as the fund portfolio at that time. In an exceptional case where the entire Fund is invested in the RGF at the time of termination, the proceeds will be allocated to the Funds chosen at policy inception.

**6.2 Units:** 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.

**6.3 NAV:** The NAV of each Segregated fund shall be computed as set out below, or by any other method as may be prescribed by regulation. [Market Value of investment held by the fund plus Value of Current Assets less Value of Current Liabilities and provisions] Divided by, Number of units existing under the Fund at valuation date, before any new units are created or redeemed.

**6.4 Risks of Investment in the Funds:** Investment in Funds is subject to the following risks, amongst others:  
**i.** The investment risk in the investment portfolio is borne by you. **ii.** ICICI Pru SmartKid Premier is only the name of the policy and does not in any way indicate the quality of the policy, its future prospects or returns. **iii.** Names of the Funds mentioned above do not in any manner indicate the quality of the Funds, their future prospects or returns. **iv.** The investments in the Funds are subject to market and other risks and there can be no assurance that the objectives of the Funds will be achieved. **v.** The past performance of our Funds is not necessarily indicative of the future performance of the Funds available with this policy.

**6.5 Valuation Date:** Valuation date is any date when NAV is declared by us. The NAV for the different funds shall be declared by the Company on a daily basis except days on which Banks or Exchanges are closed or on account of political or economic "Force Majeure" conditions. NAV computation will be as per unit linked guidelines issued by the Regulator from time to time.

**6.6 Valuation of the Funds:** Valuation of Funds is the determination of the value of the underlying assets of the Funds. The valuation of the assets shall be made as per the valuation norms prescribed by the Regulator and implemented by us.

**6.7 Investment of the Funds:** We shall select the investments, including derivatives and units of mutual funds, for each Fund at our sole discretion subject to the investment objectives of the respective Funds and the applicable regulations.

**6.8 Your Rights with Respect to the Funds:** The policy enables you to participate only in the investment performance of the Funds, to the extent of allocated units. It does not in any way confer any right whatsoever on you or on the Life Assured to 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. All assets relating to the Funds shall be and shall remain in the absolute beneficial ownership and control 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 or assignee or nominee of the policy or any other person.

**6.9 Fund Closure:** **i.** Although all the Funds, except Return Guarantee Fund, are open ended, we may, at our discretion and subject to approval from the Regulator, completely close any of the Funds on the happening of any event, which in our sole opinion requires the said Fund to be closed. You shall be given at least three months' prior written notice of our intention to close any of the Funds completely or partially except in "Force Majeure" situations as stated in clause 11 (b) where we may give a shorter notice. **ii.** In case of complete closure of a Fund, on and from the date of such closure, we shall cease to issue and cancel Units of the said Fund and cease to carry on activities in respect of the said Fund, except such acts as are required to complete the closure. In such an event if the Units are not switched to another Fund by you, we will switch the said Units to any other Fund at our discretion and subject only to approval from the Regulator. However, no fee would be charged by us for switching to another Fund or exiting from the policy in the event of complete closure of Funds.

## 7. Options Available:

**7.1 Top up Premium:** **i.** The Policyholder can pay top up premiums to his Fund Value, subject to underwriting, at any time during the term of the policy, except as stated below, provided all due premiums have been paid till date. **ii.** Top up premiums cannot be paid in the last 5 years before the date of maturity. **iii.** Currently the minimum Top up premium is Rs. 2,000, and shall be subject to change as per the rules of the Company from time to time. **iv.** There will be an increase of Sum Assured when the Policyholder avails of a Top up and he will get an option of choosing an increase of either 125% or 500% of the Top up premium amount as the increase of Sum Assured. **v.** There is a lock in period of five years for each Top up premium from the date of payment of that Top up premium for the purpose of Partial Withdrawal. The lock in period may change from time to time as prescribed by the Regulator. **vi.** Top up premiums cannot be paid after the Payer Waiver Benefit has started.

**7.2 Partial Withdrawal:** You shall have an option to withdraw units by either specifying the number of Units to be withdrawn or the amount to be withdrawn, subject to the conditions mentioned below: **i.** Partial withdrawal shall be allowed once every policy year after completion of five policy years. **ii.** Currently, the minimum withdrawal amount is Rs. 2,000 and the maximum amount that can be withdrawn is 20% of the Fund Value as on the date of partial withdrawal. There would be no charge for this withdrawal. We reserve the right to change the minimum and maximum amounts from time to time subject to the prior approval of the Regulator. **iii.** Partial withdrawal will affect the death benefit as mentioned in clause 1 (g) above. **iv.** There will be a five year lock in period (from the date of payment) on the top up premiums for the purpose of partial withdrawal. **v.** Any unused partial withdrawal cannot be carried forward.

**7.3 Switches:** **i.** You have an option to switch Units from one Fund to another by redeeming Units in the first Fund and allocation of Units in the second Fund, based on the NAV of the relevant Funds. **ii.** This feature will be available to the Policyholder if they have all their funds in the Fixed Portfolio Strategy at the time of switching. **iii.** You are allowed four free switches in each policy year. Any unutilized free switch cannot be carried forward. **iv.** Currently, for any non-free switch, a switching charge of Rs.100 shall be applicable. This charge is subject to change, as per the rules of the Company from time to time subject to the Regulator's approval. **v.** Currently, the minimum amount per switch is Rs. 2,000 and shall be subject to change as per the rules of the Company from time to time. **vi.** Switches into RGF will not be allowed if subscription to the fund is not open at the time of request or if the remaining term of the policy is less than the term of the RGF tranche open for subscription at that time. **(vii)** During the first five Policy years, switches will not be allowed unless all due premiums have been paid.

**7.4 Increase of Sum Assured:** **i.** Increase in Sum Assured will be allowed during the policy term provided all due premiums till date have been paid. **ii.** Increase in Sum Assured will be allowed only on policy anniversary. **iii.** No increase in Sum Assured will be allowed if the Life Assured (either of the Lives Assured in case of Joint Life coverage option) has attained age 60 last birthday. **iv.** Any increase in the Sum Assured will be subject to underwriting. The cost of medical report(s) and tests, if any shall be borne by you. **v.** An increase in the Sum Assured will be allowed only in multiples of Rs. 1,000, subject to the maximum Sum Assured limit applicable as specified in Annexure I. **vi.** All costs and increased mortality charges shall be recovered through cancellation of Units. **vii.** The multiples referred to in Clause 7.4(v) may be changed from time to time as per the rules of the Company.

**7.5 Decrease of Sum Assured:** **i.** Decrease in Sum Assured will be allowed only on a policy anniversary during the policy term. **ii.** Decrease in Sum Assured shall be in multiples of Rs 1,000 subject to the minimum Sum Assured as applicable for the plan of insurance under which this policy has been issued. **iii.** Once you opt for decrease in the Sum Assured, any subsequent request for increase in the Sum Assured will be subject to the conditions as mentioned in Clause 7.4 above.

**7.6 Premium redirection:** **i.** This feature will be available only with Fixed Portfolio Strategy. **ii.** You will have an option to specify the funds and the proportion in which the premiums are to be invested in the funds at the inception of the policy. At the time of subsequent premiums, you may change the proportion in which the said premiums are to be invested. Once opted for, this fund allocation will apply for all subsequent premiums. **iii.** This option is available without any charge and it will not be counted as a switch. **iv.** However, RGF is not available as one of the funds for premium redirection. Money can be invested in RGF by means of a switch at a time that a tranche is open for subscription.

**7.7 Loans:** No policy loans are allowed under this plan.

**7.8 Riders:** Riders under this plan shall be offered subject to Regulator's prior approval.

**7.9 Premium Alteration:** Increase or decrease in the premium is not allowed under this plan.

**7.10 Automatic Transfer Strategy:** **i.** This option is available only with the Fixed Portfolio Strategy. **ii.** You may opt for an automatic monthly transfer of a pre-defined amount from your investments in the Money Market Fund, into any one of the equity Funds available under the plan (namely Bluechip Fund, Multi Cap Growth Fund, and Opportunities Fund). **iii.** You may opt for a transfer date of either the 1<sup>st</sup> or the 15<sup>th</sup> of every month. **iv.** If you have not specified the transfer date, then the transfer will occur on the 1<sup>st</sup> of every month. **v.** If the 1st or the 15th of the month is a non-valuation date, then the next working day's NAV will be applicable. **vi.** At the time of transfer, the required number of Units will be redeemed from the Money Market Fund, at the applicable NAV and new Units will be created in the chosen destination Fund. The minimum transfer amount is Rs. 2,000. This value is subject to change from time to time as per the rules of the Company and subject to prior approval of the Regulator from time to time. **vii.** The Automatic transfer strategy request will be regularly processed till you notify us to discontinue it through a written communication. The Automatic transfer strategy will not be applicable if the source Fund Value is less than the amount nominated for transfer.

**7.11 Settlement Option:** This means an option available to the recipient of the Maturity benefit to receive the Maturity benefit as a structured payout over a period of up to five years after maturity, subject to the following conditions: **i.** During this period, the money remains invested in the respective funds and the investment risk in the investment portfolio is borne by the recipient of the Maturity benefit. **ii.** You must inform us of this option at least one month prior to the maturity date. **iii.** The Life Insurance Cover, PWB and rider cover, if any, shall cease on the original date of maturity. No other options/ or transactions shall be allowed during this period. **iv.** Only the fund management charges shall be levied during this period. **v.** You can choose to receive the payments in the form of monthly (direct credits only), quarterly, half yearly or annual instalments spread over a period of up to five years from the maturity date. The payment of instalments will be made in advance. **vi.** The available number of Units under the policy shall be divided by the residual number of instalments to arrive at number of Units for each instalment. Further, in case of investment in more than one Fund, the number of Units to be withdrawn shall be in the same proportion as the Units held at the time of payment of each instalment. The value of payments will depend on the number of Units and the respective Fund NAV as on the date of each payment. **vii.** No Partial withdrawals, switches, premium payments and Change in Portfolio Strategy (CIPS) will be allowed during this period. **viii.** The remaining Fund Value shall become payable in the event of death of the recipient of the Maturity benefit during the Settlement period. The policy shall terminate on this payment. **ix.** The recipient of the Maturity benefit has an option to take the remaining Fund Value as a lumpsum payment any time during the settlement period. The policy shall terminate upon this payment.

**7.12 Increase or Decrease in Premium:** No increase or decrease in premium is allowed under this policy.

**8. Portfolio Strategies:** At the outset, a choice of three asset allocation strategies is available to the Policyholders, viz. a LifeCycle based Portfolio Strategy, a Trigger Portfolio Strategy and a Fixed Portfolio Strategy. You may opt into or out of a Portfolio Strategy during the policy term.

**8.1 LifeCycle based Portfolio Strategy:** i. Under this strategy, investment will be made in the funds "Multi Cap Growth Fund" and "Income Fund" in the proportion shown in the below Table according to the age of the Policyholder at the inception of the policy. ii. Further on a quarterly basis, units shall be rebalanced as necessary to achieve the stated proportion of the Fund Value in the "Multi Cap Growth Fund" and "Income Fund" as stated in the below Table. The re-balancing of units shall be done on the last day of each policy quarter. The below stated investment proportions shall apply until the last ten quarters of the policy are remaining.

Age of the Policyholder (in years) at the time of policy inception or on quarterly policy anniversary as the case may be	Equity Component in the Policyholder's portfolio as represented by Multi Cap Growth Fund	Debt Component in the Policyholder's portfolio as represented by Income Fund
0 – 25	85%	15%
26 – 35	75%	25%
36 – 45	65%	35%
46 – 55	55%	45%
56 – 65	45%	55%
66 – 75	35%	65%

iii. During the last ten quarters of the policy term, the investment proportion in the "Multi Cap Growth Fund" shall be systematically reduced as per the Policyholder's prevailing age as stated in the below Table by automatic Switching to the "Income Fund". The units under the "Multi Cap Growth Fund" shall be moved to "Income Fund" on the last day of the quarter to achieve 100% of investment in "Income Fund" in the last quarter of the policy term.

Policyholder Age (Last birthday)	Multi Cap Growth Fund	Exposure in the Last Ten Quarters prior to Maturity										
		10	9	8	7	6	5	4	3	2	1	
0	25	85%	76.5%	68.0%	59.5%	51.0%	42.5%	34.0%	25.5%	17.0%	8.5%	0.0%
26	35	75%	67.5%	60.0%	52.5%	45.0%	37.5%	30.0%	22.5%	15.0%	7.5%	0.0%
36	45	65%	58.5%	52.0%	45.5%	39.0%	32.5%	26.0%	19.5%	13.0%	6.5%	0.0%
46	55	55%	49.5%	44.0%	38.5%	33.0%	27.5%	22.0%	16.5%	11.0%	5.5%	0.0%
56	65	45%	40.5%	36.0%	31.5%	27.0%	22.5%	18.0%	13.5%	9.0%	4.5%	0.0%
66	75	35%	31.5%	28.0%	24.5%	21.0%	17.5%	14.0%	10.5%	7.0%	3.5%	0.0%

iv. The Policyholder does not have the flexibility to alter the above stated proportions of Multi Cap Growth Fund and Income Fund. v. If the last day of the quarter is not a valuation date then the Company shall apply the NAV of the next immediate Valuation Date. vi. The quarter means the quarterly anniversary of the policy with reference to risk commencement date of this policy. vii. Partial withdrawals may result in the proportion of funds in the Multi Cap Growth and Income Fund to differ from the LifeCycle schedule mentioned earlier. This will be rebalanced by automatic switching of units at the next Policy quarterly anniversary if the LifeCycle based Portfolio Strategy has been opted for.

**8.2 Trigger Portfolio Strategy:** i. Under this strategy, the Policyholder's investments will initially be distributed between two funds - Multi Cap Growth Fund, an equity oriented fund, and Income Fund, a debt oriented fund - in a 75%:25% proportion. Subsequent premiums will be allocated between the two funds in the same proportion. This allocation may subsequently change on account of market movements. The portfolio will be rebalanced on the occurrence of a trigger event. ii. A trigger event is defined as a 15% upward or downward movement in NAV of Multi Cap Growth Fund since the previous rebalancing. For determining the first trigger event, the movement of 15% in NAV of Multi Cap Growth Fund will be measured vis-à-vis the NAV on the date of allocation of units at inception as the reference. iii. On the occurrence of the trigger event, any value of units in Multi Cap Growth Fund which is in excess of three times the value of units in Income Fund is considered as gains and is transferred to the liquid fund - Money Market Fund - by redemption of appropriate units from Multi Cap Growth Fund. iv. In case there are no such gains to be capitalized, units in Multi Cap Growth Fund and Income Fund are redistributed in a 75%:25% proportion without any transfer to or from Money Market Fund.

**8.3 Fixed Portfolio Strategy:** The Policyholders may choose to invest their money in any of the funds offered and in proportions of their choice. These funds have been described in clause 6.

**8.4 Change in Portfolio Strategy (CIPS):** a) You have the flexibility to shift your portfolio between the Trigger Portfolio Strategy, Fixed Portfolio Strategy and LifeCycle based strategy. b) This option can be exercised only once every policy year and there shall be no charge for the same. c) On moving to the Trigger Portfolio Strategy, the existing Policyholder's funds as well as future premiums will be allocated between Multi Cap Growth Fund and Income Fund as per the Trigger schedule mentioned earlier in Clause 8.2. However, if the Policyholder has any monies in RGF he has an option to retain his monies in RGF. d) On moving to Fixed Portfolio Strategy, you must specify the proportions among the choice of eight funds available in which your existing funds and future premiums should be invested in as per Clause 8.3. e) On moving to the LifeCycle based Portfolio Strategy, the existing Policyholder's funds as well as all future premiums will be allocated between Multi Cap Growth Fund and Income Fund as per the LifeCycle schedule described in Clause 8.1. However, if the Policyholder has any monies in RGF he has an option to retain his monies in RGF. f) The Policyholder may have his funds in only one of the Portfolio strategies. However, if the Policyholder has any monies in Return Guarantee Fund (RGF) under Fixed Portfolio Strategy, he has an option to invest his subsequent premiums and monies invested in other funds, if any, in the Trigger or LifeCycle based Portfolio Strategy. The Policyholder will also have the option to retain his monies in RGF if he chooses to move out of the Fixed Portfolio strategy.

**9. Applicability of NAV:** a) The allocation and redemption of units for various transactions would be at the NAV as described below:

Type of transaction	Applicable NAV (where transaction is received before cut-off time)
First premium deposit received by way of local cheque or pay order or demand drafts payable at par	NAV of the date of commencement of the policy
First premium deposit received by way of outstation cheque or pay order or demand drafts	NAV of the date of commencement of policy or date of realization of the amount by the Company, whichever is later
Renewal premiums received by way of direct debit, ECS, credit card, etc.	NAV of the date of receipt of instruction or the due date, whichever is later
Renewal premiums received by way of local Cheque or pay order or demand draft payable at par	NAV of the date of receipt of instrument or the due date, whichever is later
Renewal premiums received by way of outstation cheque or pay order or demand draft	NAV of the date of receipt of instrument or the due date or date of realization of the amount by the Company, whichever is later
Partial withdrawal Switch	NAV of the date of receipt of the request
Free look cancellation	NAV of the date of receipt of the request or intimation of claim. (Intimation for the purpose of claim must be in writing. The free look cancellation request must be in writing or in the electronic mode or in any other manner as decided by the Company from time to time)
Death claim	NAV of the date of receipt of the request
Surrender	NAV of the date of receipt of the request
Loyalty Additions	NAV of the date of allocation
Top up	NAV of the date of realisation of monies
Transfer to the premium discontinued policy fund	NAV of the date of policy discontinuance

b) Currently, the cut-off time is 3.00 p.m. The cut-off time may be changed as per the Regulator's prevailing guidelines. c) If the transaction request is received after the cut-off time, then the NAV of the next date shall be applicable. d) If the same day or the next day or the transaction due date is not a valuation date, then we shall apply the NAV of the next immediate valuation date. e) In the event of the new applications or proposals received on the last day of the financial year, the NAV of that day would be applicable. The cut-off time shall not be applicable for

such transactions. f) The Units allocated shall be reversed in case of non realization of the premium amount. g) We shall follow the norms stated above for any transactions, which are not specifically mentioned herein but involve allocation and redemption of Units.

#### 10. Charges:

**10.1 Premium Allocation Charge:** Premium will be allocated to the chosen Fund after deducting the premium allocation charge as shown below:

Year 1	Year 2 onwards
2%	0%

This charge shall also be levied during the PWB period.

**10.2 Top up Allocation Charge:** A 2% allocation charge will apply to Top up premiums.

**10.3 Mortality Charge:** Mortality Charges will be levied for the two benefits on death - Life Insurance Cover and waiver of future premiums (Payer Waiver Benefit). • The mortality charge for the Sum Assured is given in Annexure II. • The charge for the Payer Waiver Benefit is given in Annexure III. These charges will be made on a monthly basis by redemption of units. Service Tax and cesses, on mortality and rider charges, as applicable, will be recovered by redemption of units.

#### 10.4 Fund Management Charge:

Fund Name	FMC as %age per annum of the Net Assets
Multi Cap Growth Fund	1.35%
Bluechip Fund	1.35%
Opportunities Fund	1.35%
Multi Cap Balanced Fund	1.35%
Income Fund	1.35%
Dynamic P/E Fund	1.35%
Return Guarantee Fund*	1.25%
Money Market Fund	0.75%

\*An additional charge of 0.25% p.a. will be made for the investment guarantee.

This charge shall also be levied during the PWB period. This will be charged by adjustment to the NAV.

Additional charge of 0.5% per annum shall be levied on the discontinued policy fund.

**10.5 Policy Administration Charge:** The policy administration charge is a percentage of the Annual Premium and will be levied every month for the term of the policy. This charge shall also be levied during the PWB period. The policy administration charge will be set out below: • For policies with premium payment term of 5 or 7 or 10 years, this charge would be 0.47% of annual premium per month for the premium payment term. Thereafter, this would be 0.10% of annual premium per month till the end of the policy term. • For policies where premiums are to be paid for the entire term of the policy, this charge would be 0.47% of annual premium per month for the policy term. This charge will be made by redemption of units.

**10.6 Miscellaneous Charge:** If there are any policy alterations during the policy term, they shall be subject to a one time miscellaneous charge of Rs. 250.

**10.7 Nature of Charges:** i. The fund management charge and charge for investment guarantee on RGF will be made by adjustment to the NAV. ii. Premium allocation charge and top up allocation charge are made by way of deduction from premium. iii. All other charges would be made by redemption of Units. In the event that the Units are held in more than one Fund, the redemption of Units in respect of charges will be effected in the same proportion as the Fund Value held in each Fund.

**10.8 Revision of Charges:** i. We reserve the right to revise the following charges at any time during the term of the policy. ii. Any revision will be with prospective effect subject to the Regulator's prior approval and if permitted by the then prevailing regulations, after giving notice to the Policyholders. iii. The following limits are applicable:

Charge	Limit
Fund management charge	Maximum of 2.50% per annum of the net assets
Policy administration charge	Maximum of 1.50% per month of Annual premium
Miscellaneous charge	Maximum of Rs. 500/- per alteration
Switching charge	Maximum of Rs. 200/- per switch

iv. In case you do not agree with the revision in charges, you can withdraw the Units in the plan at the then prevailing NAV. The policy shall terminate upon this payment. v. The mortality charge, premium dis-continuance charge and premium allocation charge are guaranteed for the term of the policy.

#### 11. General Conditions:

**11.1 Legislative Changes:** This policy, including the premiums and the benefits under the policy, will be subject to the taxes and other statutory levies as may be applicable from time to time. You shall be required to pay service tax, education cess or any other form of taxes or charges or levies as per prevailing laws and regulations and other financial enactments, wherever applicable. These will be deducted by redemption of Units, wherever applicable. All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time. All provisions stated in this Policy are subject to the current guidelines issued by the Regulator as on date. All future guidelines that may be issued by the Regulator from time to time will also be applicable to this Policy.

**11.2 Force Majeure:** i. We may, in the general interest of the holders of unit linked policies and keeping in view unforeseen circumstances or unusual market conditions, limit the total number of Units that can be withdrawn on any day to 5% of the total number of Units then outstanding. ii. In exceptional circumstances such as unusually high volume of sale of investments within a short period, exceptional redemption, market conditions or political or economic force majeure, we may, at our sole discretion, defer the partial withdrawal of Units and the surrender of the policy for a period not exceeding one month from the date of receipt of application. iii. If the performance by the Company of any of its obligations herein shall be in any way prevented or hindered in consequence of any act of God or State, strike, lock out, Legislation or restriction of any Government or other authority or on account of market conditions or political or economic "Force Majeure" conditions, the performance of this contract shall be wholly or partially suspended during the continuance of the contract. iv. Force majeure consists of: a. When one or more stock exchanges which provide a basis for valuation for a substantial portion of the assets of the Fund are closed other than for ordinary holidays; b. When as a result of political, economic, monetary or any circumstances out of our control, the disposal of the assets of the unit Fund are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining unit holders; c. During periods of extreme volatility of markets during which surrenders and switches would, in our opinion, be detrimental to the interests of the existing unit holders of the Fund; d. In the case of natural calamities, strikes, war, civil unrest, riots and bandhs; e. In the event of any disaster that affects our normal functioning; or f. If so directed by the Regulator

**11.3 Age:** i. We have calculated the mortality charge on the basis of the age of the Life Assured as declared in the Proposal. In case you have not provided proof of age of the Life Assured with the proposal, you shall furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. ii. In the event the age so admitted (the "Correct Age") during the policy term is found to be different from the age declared in the proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, we shall take one of the following actions: a. If the correct age of the Life Assured makes him ineligible for this product, we shall offer a suitable plan as per our underwriting norms. If you do not wish to opt for altered plan or if it is not possible for us to grant an altered plan, the policy shall stand cancelled from the date of issuance and the Fund Value less premium discontinuance charge shall be returned and the policy shall terminate thereafter. b. If the correct age of the Life Assured makes him eligible for this Policy, the revised mortality charges as per the correct age will be recovered from the next Policy anniversary date. For the purpose of a and b clauses, the Fund Value less premium discontinuance charge shall be calculated by using the NAV of the date of cancellation or termination of the policy. The provisions of Section 45 of the Insurance Act, 1938 shall be applicable. The policy shall be terminated if the Fund Value under the policy is insufficient to recover the charges.

**11.4 Assignment and Nomination:** i. An assignment of this policy may be made by an endorsement upon the policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the Proposer. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company's recording the assignment in its books. Assignment will not be permitted where policy is under the Married Women's Property Act, 1874. Section 38 of the Insurance Act, 1938 may be referred to for the complete

provision. **ii.** 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 monies 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. Section 39 of the Insurance Act, 1938 may be referred to for the complete provision. 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.

**11.5 Suicide:** If either of the Lives Assured, whether sane or insane, commits suicide within one year from date of issuance of this policy, then the policy shall be void and only the Fund Value including the Top up Fund Value, if any shall become payable. All rights, benefits and interests under this policy will stand extinguished. If either of the Lives Assured, whether sane or insane, commits suicide within one year from the effective date of an increase in the Sum Assured, then the amount of increase shall not be considered in the calculation of the Death benefit.

**11.6 Policy Alterations:** Policy alterations would be allowed after payment of at least one full year's premium subject to the rules of the Company and the applicable guidelines at that point in time. No policy alterations are permitted once PWB is triggered.

**11.7 Incontestability: a.** Section 45 of the Insurance Act, 1938: No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance shall after the expiry of two years from the date on which it was effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that a statement made in the proposal of insurance or any report of a medical officer, or a referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statements were on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in the section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal. **b.** We rely upon the information given by you in the proposal form and in any other document(s) submitted in support of the proposal form. We also rely upon your certification that the document(s) provided in support of the proposal form is or are genuine and bona fide. The policy is subject to the terms and conditions as mentioned in the policy document and is governed by the laws of India.

**11.8 Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, facsimile or e-mail: **In case of the Policyholder or Nominee:** As per the details specified by the Policyholder or nominee in the proposal form or change of address intimation submitted to the Company. **In case of the Company: Address:** Customer Service Desk, **ICICI Prudential Life Insurance Company Limited**, Vinod Silk Mills Compound, Chakravathy Ashok Nagar, Ashok Road, Kandivali (East), Mumbai- 400 101. Facsimile: 022 67100803 / 805. E-mail: lifeline@iciciprulife.com. Notice and instructions sent by us to the Policyholders 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 you immediately inform us about any change in the address or the nominee particulars.

**11.9 Payment of Claim: i.** Before payment of any claim under the policy, the Company will require the delivery of the original of this policy document along with written intimation and the following documents establishing the right of the claimant or claimants to receive payment. **a.** Claimant's Statement **b.** Death Certificate of the Life Assured issued by the local and medical authority **c.** Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim. **ii.** Claim payments are made only in Indian rupees. **iii.** The Company will repudiate the claim if there is any discrepancy found in the age of the Life Assured as declared in the proposal form submitted to the Company and as admitted under the policy.

**11.10 Electronic Transactions:** The Company provides certain facilities and may provide additional facilities from time to time for carrying out transactions through Internet, World Wide Web, electronic data interchange, call centres, teleshopping operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication. All such transactions carried out by the Policyholder subject to the relevant guidelines and terms and conditions as may be made applicable by the Company shall be valid and legally binding on the Company as well as the Policyholder. The Company further reserves the sole right to terminate, stop or do away with all or any of the said facilities without any prior intimation to the Policyholder.

**11.11 Jurisdiction:** The policy is subject to the terms and conditions as mentioned in the policy document and is governed by the laws of India. Only the Courts, Judicial, Quasi Judicial and Regulatory bodies created under laws or regulations prevailing in India for the time being in force shall have the jurisdiction to consider or adjudicate dispute, if any, under this policy.

**11.12 Distance Marketing:** Distance marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: **(i)** Voice mode, which includes telephone-calling **(ii)** Short Messaging Service (SMS) **(iii)** Electronic mode which includes e-mail, internet and interactive television (DTH) **(iv)** Physical mode which includes direct postal mail and newspaper & magazine inserts and **(v)** Solicitation through any means of communication other than in person.

**11.13 Revival of the Policy:** This clause is applicable only for the policies where the premiums are discontinued during the first five policy years. **a.** the application for revival is made within 2 years from the date of the discontinuance and not later than the expiry of lock in period; **b.** the Policyholder, at his own expense, furnishes satisfactory evidence of health of the Life Assured, if required; **c.** the receipt of arrears of premiums **d.** the revival of the policy may be on terms different from those applicable to the policy before it lapsed; and **e.** the revival will take effect only on it being specifically communicated by the Company to the Policyholder.

**11.14 Customer Service: a.** For any clarification or assistance, the Policyholder may contact our advisor or call our Customer Service Representative (between 9.00 a.m. to 9.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy Folder or on our website: www.iciciprulife.com. Alternatively the Policyholder may communicate with us at the Customer Service Desk details mentioned earlier. The Company's website must be checked for the updated contact details. **b. Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided is not satisfactory, the Policyholder may get in touch with our designated Grievance Redressal Officer (GRO). For GRO contact details please refer to the "Grievance Redressal" section on www.iciciprulife.com. **c. Senior Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided by the GRO is not satisfactory, the Policyholder may write to our Senior Grievance Redressal Officer (SGRO). For SGRO contact details please refer to the "Grievance Redressal" section on www.iciciprulife.com. **d. Grievance Redressal Committee:** In the event that any complaint / grievance addressed to the SGRO is not resolved, the Policyholder may escalate the same to the Grievance Redressal Committee at the address mentioned below: ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravathy Ashok Road, Ashok Nagar, Kandivali (East), Mumbai - 400 101.

**e. Insurance Ombudsman: i.** The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. **ii.** As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if: **1.** The grievance has been rejected by the Grievance Redressal Machinery of the Insurance Company **2.** Within a period of one year from the date of rejection by the Insurance Company **3.** If any other Judicial authority has not been approached **iii.** In case if the Policyholder is not satisfied with the decision / resolution of the Company, the Policyholder may approach the Insurance Ombudsman at the address given below if the grievance pertains to • any partial or total repudiation of claims or • the premium paid or payable in terms of the policy • any claim related dispute on the legal construction of the policies in so far as such dispute relate to claims or • delay in settlement of claims • non-issue of policy document to customers after receipt of premiums **iv.** The complaint to the office of the Insurance Ombudsman should be made in writing duly signed by the complainant (Policyholder) or by his legal heirs with full details of the complaint and the contact information of complainant. Given below are details of the ombudsman office considering address of the Policyholder mentioned in the application form. The Insurance Regulatory and Development Authority's or the Company's website must be checked for the updated contact details.

**1. Ahmedabad:** Insurance Ombudsman, Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. **Jurisdiction:** State of Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu. Tel: 079-27546840, Fax: 079-27546142, E-mail: ins.omb@rediffmail.com

**2. Bhopal:** Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2<sup>nd</sup> floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. **Jurisdiction:** States of Madhya Pradesh & Chhattisgarh. Tel: 0755-2569201, Fax: 0755-2769203, E-mail: bimalokpalbhopal@airtelmail.in

**3. Bhubaneswar:** Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. **Jurisdiction:** State of Orissa. Tel: 0674-2596455, Fax: 0674-2596429, E-mail: ioobbsr@dataone.in.

**4. Chandigarh:** Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2<sup>nd</sup> Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. **Jurisdiction:** State of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh. Tel: 0172-2706468, Fax: 0172-2708274, E-mail: ombchd@yahoo.co.in.

**5. Chennai:** Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4<sup>th</sup> Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. **Jurisdiction:** State of Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry) Tel: 044-24333668 /5284, Fax: 044-24333664, E-mail: insombud@md4.vsnl.net.in.

**6. New Delhi:** Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. **Jurisdiction:** States of Delhi & Rajasthan. Tel: 011-23239633, Fax: 011-23230858, E-mail: iobdelraj@rediffmail.com.

**7. Guwahati:** Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5<sup>th</sup> Floor, Near Panzabar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). **Jurisdiction:** States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. Tel: 0361-2132204/5, Fax: 0361-21323937, E-mail: ombudsmanghy@rediffmail.com.

**8. Hyderabad:** Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. **Jurisdiction:** States of Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry. Tel: 040-65504123, Fax: 040-23376599, E-mail: insombudhyd@gmail.com.

**9. Kochi:** Insurance Ombudsman, Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, CC 27/2603, Pulint Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. **Jurisdiction:** State of Kerala, UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry. Tel: 0484-2358759, Fax: 0484-2359336, E-mail: iokochi@asianetindia.com.

**10. Kolkata:** Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4<sup>th</sup> Floor, KOLKATA-700 001. **Jurisdiction:** States of West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim. Tel: 033-22134866, Fax: 033-22134868, E-mail: iombkol@vsnl.net.

**11. Lucknow:** Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6<sup>th</sup> Floor, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001. **Jurisdiction:** State of Uttar Pradesh and Uttaranchal. Tel: 0522-2231331, Fax: 0522-2231310, E-mail: insombudsman@rediffmail.com.

**12. Mumbai:** Insurance Ombudsman, Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. **Jurisdiction:** States of Maharashtra, Goa. Tel: 022-26106928, Fax: 022-26106052, E-mail: ombudsmanmumbai@gmail.com.

**Policy Certificate, terms and conditions of the policy and all the endorsements by the Company, if any, shall form integral part of this contract and shall be binding on the parties (Ver 4:U82)**

## ICICI Pru Waiver of Premium on Critical Illness Rider

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

**UIN: ICICI Pru Waiver of Premium on Critical Illness Rider: 105C024V01**

- 1. Benefits: a.** The benefit under this rider shall become payable only if this rider is specifically opted for and premiums for it are duly paid. **b.** In the event the life assured is diagnosed with or undergoes any of the Critical Illnesses' covered under this rider during the term of the policy and subject to the rider being in force, the Company shall waive all future premiums payable during the remaining term of the base policy. **c.** The regular premiums to be waived under this rider will be restricted to the premium applicable for the base policy. In case the premium amount under the base policy changes due to change in the premium payment mode, the amount to be waived under this rider and the rider premium will change accordingly, subject to the adjustment of the rider premium. **d.** The premiums will be waived by the Company till the death of the Life Assured or end of the premium paying term, whichever is earlier. **e.** In the event of acceptance of claim, no further premiums shall be required to be paid for this rider. **f.** No benefits under this rider shall become payable in the event of surrender or during lapsed or on death of the Life Assured. (For the purpose of this rider, Critical Illnesses are the diseases/ illnesses and procedures/ surgeries specifically listed in clause 13(b))
- 2. Waiting Period: a.** There is a waiting period of six months from the date of issuance of this rider. **b.** The Company shall refund the premiums paid (without interest and excluding any extra premiums paid, if any) under this rider in respect of any of the specified Critical Illnesses, the symptoms of which have occurred or which have been diagnosed or for which the Life Assured received treatment, during the first six months from the rider issuance date. **c.** The rider shall terminate on this payment and no other benefit shall become payable under it.
- 3. Addition of Rider: a.** This rider can be taken at inception of the policy or on any policy anniversary, subject to underwriting. **b.** This rider cannot be added during the last five policy years. **c.** On addition of this rider at a later date, the rider term should be equal to the remaining premium paying term of the base policy, subject to (i) maximum cover ceasing age of 75 years, (ii) minimum rider term of 5 years and (iii) maximum rider term of 30 years.
- 4. Deletion of Rider:** The policyholder can choose to discontinue the rider any time during the term of the rider.
- 5. Premium Review:** The premium is guaranteed for the first five policy years. The premium is reviewable after the first five policy years subject to prior approval from the Regulator. The Company will give notice in writing about the change. The rider shall lapse in case you do not accept such change.
- 6. Termination of Rider:** The rider shall stand automatically terminated on the survival of the Life Assured to the date of maturity as mentioned in the policy certificate. No benefit shall be payable under this policy on the date of maturity.
- 7. Loans:** No loans are available under this rider.
- 8. Premium Payment:** Premium payment frequency will be same as that of the base policy.
- 9. Others: a.** Written notice of any claim for the rider benefit should be sent to the Company within 60 days from the date of diagnosis or surgery as the case may be. **b.** In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the Life Assured on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the Company and the opinion of such specialist as to such diagnosis shall be considered binding on both the policyholder and the Company.
- 10. Suicide Claim Provisions:** Not applicable.
- 11. Surrender:** This rider has no surrender value. No benefit shall become payable in the event of discontinuation of this rider by the Policyholder.
- 12. Exclusions:** The Company will not be liable to pay any benefit in respect of any Critical Illness as stated in clause 13 (b) arising directly or indirectly from, through, in consequence of or aggravated by any of the following: **a.** Pre-Existing conditions or conditions connected to a Pre-Existing condition unless such Pre-Existing condition is stated in the proposal form and specifically accepted by the Company and endorsed thereon **b.** Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immunodeficiency Virus (HIV) **c.** Self inflicted injury **d.** Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner **e.** War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or willful participation in acts of violence **f.** Treatment for injury or illness caused by avocations or activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hang-gliding, ballooning, deliberate exposure to exceptional danger **g.** Aviation other than as a fare paying passenger in a commercial licensed aircraft **h.** Taking part in any act of a criminal nature **i.** Pregnancy or childbirth or complications arising there from **j.** Radioactive contamination due to nuclear accident **k.** Any treatment of a donor for the replacement of an organ **l.** Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy,

aroma therapy or any other treatments other than Allopathy or western medicines **m.** Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Australia, Brunei, Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, UAE, USA, and countries of the European Union. The Company may review the above list of accepted foreign countries from time to time with approval of the Regulator. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated

**13. Coverage Details:** **a. Critical Illnesses:** **i.** For the purpose of this rider, Critical Illnesses are the diseases/illnesses and procedures/surgeries specifically listed in clause 13(b) **ii.** The benefit under this rider shall be payable only in respect of the Critical Illnesses as stated in clause 13(b) **iii.** In the event the Life Assured is diagnosed to be suffering from any of the Critical Illnesses as defined in clause 13(b)(i) or where the Life Assured actually undergoes any of the surgeries as specified in clause 13(b)(ii), the benefit payable shall be subject to the fulfilment of the conditions specified for each Critical Illness and subject to the policy being in force on the date of diagnosis or surgery, as the case may be **b. Benefit Under this Rider Shall Become Payable:** **i.** On diagnosis of the following diseases/illnesses:

Sr. No.	Diseases/illnesses	Sr. No.	Diseases/illnesses
1	Apallic syndrome	9	First heart attack of specified severity
2	Benign brain tumour	10	Loss of independent existence
3	Blindness	11	Loss of limbs
4	Cancer of specified severity	12	Major burns
5	Chronic lung disease	13	Major head trauma
6	Coma of specified severity	14	Paralysis
7	End stage liver disease	15	Stroke resulting in permanent symptoms
8	Kidney failure requiring regular dialysis		

**ii.** Only upon the Life Assured actually undergoing any one of the following procedures and not on diagnosis:

Sr. No.	Procedures/Surgeries
16	Brain Surgery
17	Open chest Coronary Artery Bypass Surgery (CABG)
18	Open heart replacement or repair of heart valves
19	Major organ / bone marrow transplant
20	Surgery to aorta

Detailed description of each of the Critical Illnesses is given below: **i) Apallic Syndrome:** Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month. **ii) Benign Brain Tumour:** A Benign Tumour in the brain where all of the following conditions are met: **a.** It is life threatening; **b.** It has caused damage to the brain; **c.** It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and **d.** Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques **Exclusions:** **i.** Cysts **ii.** Granulomas; **iii.** Vascular malformations; **iv.** Haematomas; **v.** Calcification **vi.** Meningiomas **vii.** Tumours of the pituitary gland or spinal cord; and **viii.** Tumours of acoustic nerve (acoustic neuroma). **iii) Blindness:** Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an Ophthalmologist. **iv) Brain Surgery:** The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out. **Exclusions:** Burr hole and brain surgery as a result of an accident is excluded. **v) Cancer of specified severity:** A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded: **a.** Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3. **b.** Any skin cancer other than invasive malignant melanoma **c.** All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0. **d.** Papillary micro - carcinoma of the thyroid less than 1 cm in diameter **e.** Chronic lymphocytic leukaemia less than Rai stage 3 **f.** Microcarcinoma of the bladder **g.** All tumours in the presence of HIV infection. **vi) Chronic Lung Disease:** End Stage Respiratory Failure including Chronic Interstitial Lung Disease. The following criteria must be met: **a.** Requirement of permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre. (Forced Expiratory Volume during the first second of a forced exhalation) **b.** Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less **c.** Dyspnoea at rest **d.** This diagnosis must be confirmed by a chest physician. **vii) Coma of Specified Severity:** A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: **a.** No response to external stimuli continuously for at least 96 hours; **b.** Life support measures are necessary to sustain life; and **c.** Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. **d.** The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded. **viii) Open Chest CABG:** The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. The following are excluded: **a.** Angioplasty and/or any other intra-arterial procedures **b.** Any key-hole or laser surgery **ix) End Stage Liver Disease:** End Stage Liver Disease means chronic end stage liver failure evidenced by all of the following: **a.** Uncontrollable Ascites **b.** Permanent Jaundice **c.** Oesophageal or Gastric Varices and Portal Hypertension **d.** Hepatic Encephalopathy **Exclusion:** Liver disease arising out of or secondary to alcohol or drug abuse is excluded. **x) First heart attack of specified severity:** The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria: **a.** A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) **b.** New characteristic electrocardiogram changes **c.** Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: **a.** Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; **b.** Other acute Coronary Syndromes **c.** Any type of angina pectoris **xi) Open heart replacement or repair of heart valves:** The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. **Exclusions:** Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded. **xii) Kidney failure requiring regular dialysis:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner. **xiii) Loss of Independent Existence:** Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology. **a.** Activities of Daily Living: **b.** Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; **c.** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **d.** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; **e.** Mobility: the ability to move indoors from room to room on level surfaces; **f.** Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **g.** Feeding: the ability to feed oneself, once food has been prepared and made available. **xiv) Loss of Limbs:** The loss by severance of two or more limbs, at or above the wrist or ankle. **Exclusions:** Loss of Limbs resulting directly or indirectly from self inflicted injury, alcohol or drug abuse is excluded. **xv) Major Burns:** Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life

Assured's body. The condition should be confirmed by a Consultant Physician. **Exclusions:** Burns arising due to self infliction are excluded. **xvi) Major Head Trauma:** Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant Neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. **a.** The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. **b.** The Activities of Daily Living are: **i) Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; **ii) Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **iii) Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa; **iv) Mobility:** the ability to move indoors from room to room on level surfaces; **v) Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **vi) Feeding:** the ability to feed oneself once food has been prepared and made available. **c.** The following are excluded: **i)** Spinal cord injury; and **ii)** Head injury due to any other causes. **xvii) Major organ/ bone marrow transplant:** The actual undergoing of a transplant of: **a.** One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or **b.** Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner. The following are excluded: **a.** Other stem-cell transplants **b.** Where only islets of langerhans are transplanted **xviii) Permanent paralysis of limbs:** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months. **xix) Stroke resulting in permanent symptoms:** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded: **a.** Transient ischemic attacks (TIA) **b.** Traumatic injury of the brain **c.** Vascular disease affecting only the eye or optic nerve or vestibular functions. **xx) Surgery to Aorta:** The actual undergoing of surgery via thorotomy or laparotomy for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term 'Aorta' means the Thoracic and Abdominal Aorta but not its branches. This document should be treated as part and parcel of the main (base) policy terms and conditions. The terms and conditions applicable for the base plan shall also be applicable for the rider.