

Policy Document - Terms and Conditions of your policy

ICICI Pru Loan Protect Plus

(This is a Non Linked Non-Participating Life Individual Pure risk product)

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

UIN number: ICICI Pru Loan Protect Plus : 105N150V03

This Policy is the evidence of a contract between ICICI Prudential Life Insurance Company Limited (Us/We/ Company) and the Policyholder referred to below (You). This Policy is issued on the basis of the details provided by You in the Proposal Form submitted along with the required declarations, personal statement, applicable medical reports, the first premium deposit and any other information and documentation which constitute evidence of the insurability of the Life Assured for the issuance of the Policy. We agree to provide the benefits set out in this Policy subject to its terms and conditions.

PART-B

Definitions

1. Age means age at last birthday. **2. Appointee** means the person appointed by You to receive the benefits payable under the Policy till Your Nominee is a minor. **3. Claimant** means the person entitled to receive the Policy benefits and includes the policyholder, the nominee, the assignee, the legal heir, the legal representative(s) or the holder(s) of succession certificate as the case may be. **4. Date of commencement of risk** is the later of Policy Issue Date or Policy Acceptance Date. **5. Date of Discontinuance of the Policy** means the due date of the first unpaid premium. **6. Date of Maturity / Termination** means the date specified in the Policy Certificate on which the term of the Policy ends and maturity benefit, if applicable, is payable. **7. Life Assured** is the person named in the Policy Schedule on whose life the Policy has been issued. **8. Limited Pay** means annual premiums need to be paid regularly for the Premium Payment Term as mentioned in your Policy Schedule. **9. Maturity Benefit** means the benefit, if any, which is payable on maturity i.e. at the end of the policy term, as specified in the Policy document. **10. Moratorium Period** means the period which starts from the Policy Acceptance Date and during which the Sum Assured remains constant. **11. Nominee** means the person named in the Policy Schedule who has been nominated by You to receive benefits in respect of this Policy. **12. Policy** means the contract of Insurance entered into between You and Us as evidenced by the "Policy document". **13. Policy Acceptance Date** means the date as specified in the Policy Schedule, from which this policy was effected. **14. Policy document** means this document, the Proposal Form, the Policy Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form, and any endorsement issued by Us. **15. Policy Issue Date** means the date as mentioned in the policy schedule. **16. Policy Month** means a period of one month from the Policy Acceptance Date and every subsequent month thereafter. **17. Policy Term** means the period between the Policy Acceptance Date and the Date of Maturity specified in the Policy Schedule. **18. Policy Schedule** means the policy schedule and any endorsements attached to and forming part of this Policy. **19. Premium** means the instalment premium in case of Limited Pay or single premium in case of Single Pay specified in the Policy Schedule which is payable/had been received under the Policy. **20. Premium Payment Term** means the period specified in the Policy Schedule during which Premium is payable. **21. Proposal Form** means a form to be completed by You for availing an insurance policy, and to furnish all Material information required by Us to assess risk and to decline or to undertake the risk, and in the event of acceptance of risk, to determine the rates, advantages, terms and conditions of a cover to be granted. Explanation: "Material" shall mean and include all important, essential and relevant information that enables Us to take an informed decision while underwriting the risk. **22. Regulator** is the authority that has regulatory jurisdiction and powers over Us. Presently the Regulator is the Insurance Regulatory and Development Authority of India (IRDAI). **23. Revival of the Policy** means restoration of Policy benefits. **24. Revival Period** means the period of five consecutive years from the date of discontinuance of the Policy, during which period You are entitled to revive the Policy. **25. Single Pay** means premium needs to be paid once at the start of the Policy. **26. Sum Assured** means the amount specified in the Policy Schedule. **27. Surrender** means complete withdrawal/termination of the Policy by You. **28. Surrender Value** means an amount, if any, that becomes payable in case of surrender in accordance with the terms and conditions of the Policy. **29. Total Premiums Paid** means the total of all premiums received, excluding any extra premium, any rider premium and taxes. **30. You or Your** means the Policyholder of the Policy at any point of time. **31. We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited.

PART-C

1. Benefits payable: As per the Benefit Option chosen by You in the Proposal Form and in line with your Policy Schedule the following benefits are applicable under your Policy: **i. Death Benefit ii. Accelerated Critical Illness (CI) and Total Permanent Disability (TPD) Benefit.** Benefits are payable only if the Policy is in force and if the occurrence giving rise to the claim takes place within the Policy Term. For the purposes of CI & TPD Benefit the occurrence giving rise to the claim must take place within the first 7 policy years or Policy Term, whichever is lower. Benefit amounts payable will depend on the Coverage option chosen by You. The benefit amounts payable will be in accordance with the Coverage Schedule and shall not vary or be otherwise determined by the loan repayments already made or the outstanding loan amount at the occurrence of an event giving rise to a claim under the Policy. Your Coverage Schedule is set out above. **i. Death Benefit a)** Death Benefit will be payable on death of the Life Assured during the Policy Term. **b)** At the start of your policy Death Benefit is equal to Sum Assured. Sum Assured is specified in your Policy Schedule. Death Benefit reduces during the policy term as set out in your Coverage Schedule. **c)** In the event of the Life Assured's death during Revival Period the Death Benefit payable will be restricted to the Surrender Value. **d)** Death Benefit may be taxable as per the prevailing tax laws. **e)** Death

Benefit cannot be changed during the Policy Term. **f)** Upon payment of this benefit the Policy will terminate and all rights, benefits and interests under the Policy will stand extinguished. **ii. Accelerated Critical Illness (CI) and Total and Permanent Disability (TPD) Benefit a)** CI & TPD Benefit will be payable on the occurrence of the following during the first seven policy years or Policy Term, whichever is lower: • The Life Assured is diagnosed to be suffering from a covered Critical Illness defined in Part D or • The Life Assured becomes Totally and Permanently Disabled as defined in Part D. **b)** CI & TPD Benefit will be equal to the Death Benefit. **c)** CI & TPD Benefit will not be payable if any exclusions are applicable (refer to Part D for details). **d)** CI & TPD Benefit cannot be changed during the Policy Term. **e)** Upon payment of this benefit, the Policy will terminate and all rights, benefits and interests under the Policy will stand extinguished;

- 2. Premium payment:** **i.** You are required to pay Premiums on the due dates and for the amount mentioned in the Policy Schedule. **ii.** The grace period for payment of premium is 15 days for monthly frequency of premium payment and 30 days for other frequencies of premium payment. **iii.** If any premium instalment is not paid within the grace period then the Policy shall lapse and all cover under the Policy will cease. **iv.** You are required to pay Premiums for the entire Premium Payment Term. **v.** If Single Pay option has been chosen by You, only one Premium is to be paid and no future Premiums are payable. **vi.** We are not under any obligation to remind You about the premium due date, except as required by applicable regulations. **vii.** 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 **viii.** Amount and modalities will be subject to our rules and relevant legislation or regulation **ix.** Any payment made towards first or renewal premium is deemed to be received by Us only when it is received at any of Our branch offices or authorized collection points and after an official printed receipt is issued by Us. **x.** No person or individual or entity is authorized to collect cash or self-cheque or bearer cheque on Our behalf. **xi.** Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited. **xii.** Please ensure that You mention the application number for the first premium deposit and the policy number for the renewal premiums on the cheque or demand draft. **xiii.** 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. **xiv.** If You suspend payment of premium for any reason whatsoever, We will not be held liable. In such an event, benefits, if any, will be available only in accordance with the Policy terms and conditions.
- 3. Maturity / Survival Benefit:** No benefit will be payable on maturity. At the end of the Policy Term, the Policy will automatically terminate and all rights, benefits and interests under the Policy will stand extinguished.
- 4. Paid-up Value:** There is no paid-up value under this Policy.
- 5. Premium discontinuance:** Under Limited Pay option, a grace period of 15 days from the premium due date applies for monthly frequency of premium payment, and 30 days applies for other frequencies. If due Premium is not paid in full within the grace period, the Policy will lapse and all cover will cease. In case of death during revival period, the Death Benefit for a Policy that has discontinued premiums will be its Surrender Value.
- 6. Grace Period:** For Limited Pay contracts, if you are unable to pay Instalment Premium by the due date, you will be given a grace period of 15 days for payment of due instalment premium if You have chosen monthly frequency, and 30 days for payment of due instalment premium if You have chosen any other frequency. In case of Death of Life Assured during the grace period, We will pay the Death Benefit as per the terms and conditions of the Policy.

PART-D

- 1. Free look Period (15 / 30 days refund policy):** You have an option to review the Policy following receipt of the Policy Document. If you are not satisfied with the terms and conditions of this Policy, please return the Policy Document to Us, with reasons for cancellation within **i.** 15 days from the date you received it, **ii.** 30 days from the date you received it, in case of electronic policy or if your Policy is purchased through voice mode, which includes telephone-calling, Short Messaging Service (SMS), Physical mode which includes direct postal mail and newspaper & magazine inserts and solicitation through any means of communication other than in person. On cancellation of the Policy during the free look period, We will return the premium paid subject to the following deductions: **i.** Stamp duty under the Policy **ii.** Expenses borne by the Company on medical examination, if any **iii.** Proportionate risk premium for the period of cover. The Policy shall terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.
- 2. Surrender Value: Single Pay:** A Surrender Value will be payable if You voluntarily terminate the Policy. Surrender Value = Surrender Value Factor X Single Premium **Five Pay:** A Surrender Value will be payable if: **i.** You voluntarily terminate the Policy, or **ii.** You discontinue paying Premiums and do not revive the Policy within the Revival Period. The benefit will be payable at the end of the Revival Period. The Surrender Value is calculated as below. Depending on the year of Policy discontinuance, the Surrender Value may be zero. Surrender Value = Surrender Value Factor X Annual Premium Surrender Value Factors are as tabulated in Annexure I. Surrender Value Factors are not guaranteed and may be updated from time to time subject to the prior approval of IRDAI. The Death Benefit in the Revival Period for a Policy that has discontinued premiums will be its Surrender Value. On payment of Surrender Value, the Policy will terminate and all rights, benefits and interests under the Policy will stand extinguished. Beyond the grace period and within the revival period the surrender value will be paid on death of the life assured.
- 3. Definitions and Exclusions: Critical Illnesses (CIs) and TPD definitions and exclusions i. Cancer of specified severity** A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded: **1.** All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant

potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3. 2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; 3. Malignant melanoma that has not caused invasion beyond the epidermis; 4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; 6. Chronic lymphocytic leukaemia less than Rai stage 3 7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, 8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs **ii. Myocardial Infarction (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)** A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure. **b)** Other acute Coronary Syndromes **c)** Any type of angina pectoris **iii. 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. **iv. Stroke resulting in permanent symptoms** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial 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. **v. 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 **b)** irreversible end-stage failure of the relevant organ, or **c)** 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 **vi. 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. The definitions of the above CIs are as per the Standard Nomenclature and Procedures for Critical Illnesses, given in the IRDAI Guidelines on Standardization in Health Insurance of 27th July 2016. **vii. Total and Permanent Disability** The Life Assured shall only be regarded as "Totally and Permanently Disabled" if that Life Assured, due to sickness or accident has suffered a loss by **a)** Physical separation of two limbs at or above wrists or ankles, or **b)** The complete and irremediable loss of sight in both eyes or **c)** Physical separation of one limb at or above wrists or ankles accompanied by the complete and irremediable loss of sight in one eye Where such disablement is due to sickness, the disability must have lasted without interruption for at least six consecutive months and must be deemed permanent by an appropriate medical practitioner appointed by the Company.

Waiting period for CI & TPD Benefit The benefit shall not apply or be payable in respect of any Critical Illness or any TPD of which the symptoms have occurred or for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the first six months from the Date of commencement of risk or within the first 3 months from the policy reinstatement date where the policy has lapsed for more than 3 months. In the event of occurrence of any of the scenarios mentioned above, the Company shall refund the premiums paid and the policy will terminate. No other benefit will be payable. No waiting period applies where Critical Illness and Total and Permanent Disability is due to accident. **Additional exclusions for CI & TPD Benefit** No CI & TPD Benefit will be payable in respect of any listed condition arising directly or indirectly from, through, in consequence of or aggravated by any of the following: **i.** Pre Existing Diseases are not covered. Pre-existing Disease means any condition, ailment, injury or disease: **a)** That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or **b)** For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement. **c)** A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition. **ii.** Existence of any Sexually Transmitted Disease (STD) and its related complications. **iii.** Self-inflicted injury **iv.** Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner. **v.** War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence. **vi.** Aviation other than as a fare paying passenger in a commercial licensed aircraft. **vii.** Taking part in any act of a criminal nature. **viii.** Treatment for injury or illness caused by avocations / 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. **ix.** Radioactive contamination due to nuclear accident. Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy. **x.** Any treatment of a donor for the replacement of an organ.

4. Loan: We will not provide loans under this Policy

5. Riders: No riders are available under this Policy.

6. Revival: A Policy which has discontinued payment of Premium may be revived

subject to underwriting and the following conditions: **a)** The application for revival is made within 5 years from the due date of the first unpaid premium and before the termination date of the Policy. Revival will be based on the prevailing Company policy. **b)** You furnish, at your own expense, satisfactory evidence of health as required by Us. **c)** The arrears of Premiums together with interest at such rate as We may charge for late payment of premiums are paid, based on the prevailing Company policy. The interest rate applicable in December 2019 is 7.97% p.a. compounded half yearly. **d)** You furnish, at your own expense, satisfactory evidence of the loan continuing as required by the Us. **e)** If the Policy is not revived, the Surrender Value is payable. The revival of the Policy may be on terms different from those applicable to the Policy before premiums were discontinued; for example, extra mortality premiums or charges may be applicable. We reserve the right to refuse to re-instate the Policy. The revival will take effect only if it is specifically communicated by Us to You. For CI & TPD Benefit, a waiting period of 3 months will be applicable for any revivals after 3 months from the due date of the first unpaid premium. No waiting period will be applicable for any revival within 3 months of the due date of the first unpaid premium. If the policy is not revived during the revival period, the policy shall be foreclosed and the applicable surrender value is payable to the policyholder. Any change in revival conditions will be subject to prior approval from Regulator and will be disclosed to policyholders.

7. To whom benefits are payable: Benefits are payable to the Policyholder or to the assignee(s) where an endorsement has been recorded in accordance with Section 38 of the Insurance Laws (Amendment) Act, 2015 and as amended from time to time. In case of death of the Policyholder or assignee(s) as mentioned above, benefits are payable either to the nominee(s) where a valid nomination has been registered by the Company (in accordance with section 39 of the Insurance Laws (Amendment) Act, 2015 and as amended from time to time), or to the executors, administrators or other legal representatives who obtain representation to the estate of the Policyholder 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. We hereby agree to pay the appropriate benefits under the Policy subject to: **a)** Our satisfaction of the benefits having become payable on the happening of an event as per the Policy terms and conditions, **b)** The title of the said person or persons claiming payment.

PART-F

General Conditions

- Age:** We have calculated the premiums under the Policy on the basis of the Age of the Life Assured as declared by You in the Proposal Form. In case if the age proof of the life assured was not submitted at the time of Proposal, You will be required to submit such an Age proof of the Life Assured acceptable to Us, and have the Age admitted. If the Age of the life assured has been misstated, We will take one of the following actions: **a)** If the Correct Age of the Life Assured makes him ineligible for this product, We will offer a suitable plan as per Our underwriting norms. If You do not wish to opt for the alternative plan or if it is not possible for Us to grant any other plan, We will cancel the Policy and refund the premiums paid (without interest) under the Policy after adjustment against the paid benefits. The Policy will terminate on the said payment. **b)** If the Correct Age of the Life Assured makes him eligible for this Policy, revised Premium depending upon the Correct Age will be payable. There could also be a revision in the Sum Assured depending on the correct age of the Life Assured. Difference of premium from inception will be collected with interest, if age declared is higher and excess premium collected will be refunded without interest, if age is found to be lower. The provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time shall be applicable.
- Nomination:** Nomination under the Policy will be governed by Section 39 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. Please refer to Annexure II for details on this section.
- Assignment:** Assignment of the Policy will be governed by Section 38 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. Please refer to Annexure III for details on this section.
- Incontestability:** Incontestability will be as per Section 45 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. Please refer to Annexure IV for details on this section.
- Non-Disclosure & Fraud:** Non-disclosure and Fraud will be as per Section 45 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. Please refer to Annexure IV for details on this section. The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Laws of India.
- Communication address:** Our communication address is: Address: **Customer Service Desk** ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097. Telephone/ Facsimile: 022-42058222 E-mail: lifeline@icicirlife.com. We expect You to immediately inform Us about any change in Your address or contact details.
- Electronic transactions:** All transactions carried out by You through Internet, electronic, call centres, tele-service operations, computer, automated machines network or through other means of communication will be valid and legally binding on Us as well as You. This will be subject to the relevant guidelines and terms and conditions as may be specified by Us.
- Jurisdiction:** The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India. Indian courts shall have exclusive jurisdiction over all differences or disputes arising in relation to this Policy.
- Legislative changes:** All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time. The Policy terms and conditions may be altered based on any future legislative or regulatory changes.
- Payment of claim:** For processing a claim under this Policy, We will require the following documents (as may be relevant): **a)** Claimant's Statement **b)** Original Policy Document **c)** Death Certificate of the Life Assured issued by the local municipal authority and medical authority **d)** Copy of First Investigation Report (FIR), post mortem, panchnama, final police investigation report etc. in case of death due to accident **e)** Copy of all medical tests/ records, admission records, discharge summary, prescriptions etc where death is not due to accident **f)** Any other

documents or information as may be required by the Company for processing of the claim depending on the cause of the death Claim payments are made only in Indian currency in accordance with the prevailing Exchange control regulations and other relevant laws and regulations in India. In case the Claimant is unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, the Company may at its own discretion conduct an investigation and may subsequently settle the claim.

11. **Suicide:** If the Life Assured, whether sane or insane, commits suicide within 12 months from the date of commencement of risk of this Policy, the Company will refund higher of 80% of total premiums paid including extra premiums, if any till the date of death or surrender value available as on the date of death. In the case of a revived Policy, if the Life Assured, whether sane or insane, commits suicide within 12 months from the date of revival of the Policy, the Company will refund higher of 80% of the total premiums paid including extra premiums, if any till the date of death or surrender value available as on the date of death. The Policy will terminate on making such a payment and all rights, benefits and interests under the Policy will stand extinguished.
12. **Issue of duplicate policy:** We shall issue a duplicate of Policy document, on receipt of a written request for the same from You along with the necessary documents as may be required by Us and at such charges as may be applicable from time to time. The current charges for issuance of duplicate policy is Rs. 200. Freelook option is not available on issue of duplicate Policy document.
13. **Amendment to policy document** Any variations, modifications or amendment of any terms of the Policy document shall be communicated to you in writing.

PART - G

Grievance Redressal Mechanism & List of Ombudsman

1. Customer service: For any clarification or assistance You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 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 You may communicate with Us at the customer service desk whose details are mentioned above. For updated contact details, We request You to regularly check Our website. **i. Grievance Redressal Officer:** If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated Grievance Redressal Officer (GRO) at gro@iciciprulife.com or smgro@iciciprulife.com. You may also contact us at 1860 266 7766. Address: ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai-400097. For more details please refer to the "Grievance Redressal" section on www.iciciprulife.com. **ii. Grievance Redressal Committee:** If You do not receive any resolution or if You are not satisfied with the resolution provided by the SGRO, You may escalate the matter to Our internal Grievance Redressal Committee at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd. Ground Floor & Upper Basement, Unit No. 1A & 2A, RahejaTipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097. Maharashtra. If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details: IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255 (or) 1800 4254 732. Email ID: complaints@irda.gov.in You can also register your complaint online at <http://www.igms.irda.gov.in/>

Communication address to share complaints by post or courier:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli
Hyderabad-500032. Telangana State.

2. Insurance Ombudsman: The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. As per Insurance Ombudsman Rules, 2017, the Ombudsman shall receive and consider complaints or disputes relating to: **a.** delay in settlement of claims, any partial or total repudiation of claims; **b.** disputes over premium paid or payable in terms of insurance policy; **c.** misrepresentation of policy terms and conditions at any time in the policy document or policy contract; **d.** legal construction of insurance policies in so far as the dispute relates to claim; **e.** policy servicing related grievances against insurers and their agents and intermediaries; **f.** issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer; **g.** non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; **h.** any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (e).

Manner in which complaint to be made (1) Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located. (2) The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. (3) No complaint to the Insurance Ombudsman shall lie unless- (a) the complainant makes a written representation to the insurer named in the complaint and- **i.** either the insurer had rejected the complaint; or **ii.** the complainant had not received any reply within a period of one month after the insurer received his representation; or **iii.** the complainant is not satisfied with the reply given to him by the insurer; (b) The complaint is made within one year- (i) after the order of the insurer rejecting the representation is received; or (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant; (iii) after expiry of a period of one month from the date of sending the written

representation to the insurer if the insurer named fails to furnish reply to the complainant. (4) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules. (5) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator. We have given below the details of the existing offices of the Insurance Ombudsman. We request You to regularly check our website at www.iciciprulife.com or the website of the IRDAI at www.irda.gov.in for updated contact details.

1. **AHMEDABAD:** Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad -380 001. Tel.:- 079 - 25501201/02/05/06. Email: bimalokpal.ahmedabad@ecoi.co.in **Jurisdiction:** Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2. **BENGALURU:** Office of Insurance Ombudsman, JeevanSoudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560078. Tel No: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@ecoi.co.in **Jurisdiction:** Karnataka.
3. **BHOPAL:** Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor 6, Malviya Nagar, Opp Airtel Office, Near New Market, Bhopal - 462 003. Tel.:- 0755-2769201, 2769202. Fax : 0755-2769203. Email: bimalokpal.bhopal@ecoi.co.in **Jurisdiction:** Madhya Pradesh & Chhattisgarh.
4. **BHUBANESHWAR:** Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751 009. Tel.:- 0674-2596455/2596461. Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in **Jurisdiction:** Orissa.
5. **CHANDIGARH:** Office of the Insurance Ombudsman, S.C.O.No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.:- 0172-2706468/2706196. Fax : 0172-2708274. Email: bimalokpal.chandigarh@ecoi.co.in **Jurisdiction:** Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh.
6. **CHENNAI:** Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai -600 018. Tel.:- 044-24333668 /24335284. Fax : 044-24333664. Email: bimalokpal.chennai@ecoi.co.in **Jurisdiction:** Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
7. **DELHI:** Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi -110 002. Tel.:- 011-23237532/23239633 Fax : 011-23230858. Email: bimalokpal.delhi@ecoi.co.in **Jurisdiction:** Delhi.
8. **ERNAKULAM:** Office of the Insurance Ombudsman, 2nd Floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel : 0484-2358759/2359338. Fax : 0484-2359336. Email: bimalokpal.ernakulam@ecoi.co.in **Jurisdiction:** Kerala, Lakshadweep, Mahe-a part of Pondicherry.
9. **GUWAHATI:** Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Near PanbazarOverbridge, S.S. Road, Guwahati -781 001. Tel.:- 0361-2132204/2132205. Fax : 0361-2732937. Email: bimalokpal.guwahati@ecoi.co.in **Jurisdiction:** Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
10. **HYDERABAD:** Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane opp Salem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad -500 004. Tel : 040 -65504123/23312122. Fax: 040-23376599. Email: bimalokpal.hyderabad@ecoi.co.in **Jurisdiction:** Andhra Pradesh, Telangana, UT of Yanam& part of the UT of Pondicherry.
11. **JAIPUR:** Office of Insurance Ombudsman, Jeevan Nidhi - II, Ground floor, Bhawani Singh Road, Ambedkar circle, Jaipur- 302005. Tel : 0141 -2740363. Email: bimalokpal.jaipur@ecoi.co.in **Jurisdiction:** Rajasthan.
12. **KOLKATA:** Office of the Insurance Ombudsman, 4th Floor, Hindusthan Building Annexe, 4, C.R.Avenue, Kolkatta - 700 072. Tel : 033- 22124339/22124340. Fax : 033-22124341. Email: bimalokpal.kolkata@ecoi.co.in **Jurisdiction:** West Bengal, Sikkim and Andaman & Nicobar Islands.
13. **LUCKNOW:** Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel: 0522 - 2231331/2231330. Fax : 0522-2231310. Email: bimalokpal.lucknow@ecoi.co.in **Jurisdiction:** Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
14. **MUMBAI:** Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S.V. Road, Santacruz(W), Mumbai - 400 054. Tel : 022 -26106960/26106552. Fax : 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in **Jurisdiction:** Goa and Mumbai Metropolitan region (excluding Navi Mumbai & Thane)
15. **NOIDA:** Office of Insurance Ombudsman, BhagwanSahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Noida Distt - Gautam Buddha Nagar, U.P - 201 301. Tel: 0120-2514250 / 2514251 / 2514253. Email: bimalokpal.noida@ecoi.co.in **Jurisdiction:** State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16. **PATNA:** Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel : 0612-2680952. Email: bimalokpal.patna@ecoi.co.in **Jurisdiction:** Bihar, Jharkhand.
17. **PUNE:** Office of Insurance Ombudsman, II Floor, JeevanDarshan, N C Kelkar Road, C.T.S No 195 to 198, Narayanpeth, Pune-411030. Tel: 020-41312555. Email: bimalokpal.pune@ecoi.co.in **Jurisdiction:** State of Maharashtra, Area of Navi Mumbai & Thane(excluding Mumbai Metropolitan region).

Policy Schedule, terms and conditions of the policy and all the endorsements by the Company, if any, will form an integral part of this contract and will be binding on the parties.

Annexure II – Section 39 – Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. The extant provisions in this regard are as follows: **1.** The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death. **2.** Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer. **3.** Nomination can be made at any time before the maturity of the policy. **4.** Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy. **5.** Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be. **6.** A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer. **7.** Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations. **8.** On receipt of notice with fee, the insurer should grant a written acknowledgment to the policyholder of having registered a nomination or cancellation or change thereof. **9.** A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan. **10.** The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination. **11.** In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate. **12.** In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s). **13.** Where the policyholder whose life is insured nominates his **a.** parents or **b.** spouse or **c.** children or **d.** spouse and children **e.** or any of them. the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title. **14.** If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s). **15.** If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy. **16.** The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

Annexure III – Section 38 – Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. The extant provisions in this regard are as follows: **1.** This policy may be transferred/assigned, wholly or in part, with or without consideration. **2.** An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer. **3.** The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made. **4.** The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness. **5.** The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer. **6.** Fee to be paid for assignment or transfer can be specified by the Authority through Regulations. **7.** On receipt of notice with fee, the insurer should Grant a written acknowledgment of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice. **8.** If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced. **9.** The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is **a.** not bonafide or **b.** not in the interest of the policyholder or **c.** not in public interest or **d.** is for the purpose of trading of the insurance policy. **10.** Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment. **11.** In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer. **12.** The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority. **13.** Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except **a.** where assignment or transfer is subject to terms and conditions of transfer or assignment OR **b.** where the transfer or assignment is made upon condition that **i.** the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee

or transferee dying before the insured OR **ii.** the insured surviving the term of the policy Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position. **14.** In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person **a.** shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and **b.** may institute any proceedings in relation to the policy **c.** obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings.

Annexure IV – Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Laws (Amendment) Act, 2015, as amended from time to time are as follows: **1.** No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from **a)** the date of issuance of policy or **b)** the date of commencement of risk or **c)** the date of revival of policy or **d)** the date of rider to the policy whichever is later. **2.** On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from **a)** the date of issuance of policy or **b)** the date of commencement of risk or **c)** the date of revival of policy or **d)** the date of rider to the policy whichever is later. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based. **3.** Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: **a)** The suggestion, as a fact of that which is not true and which the insured does not believe to be true; **b)** The active concealment of a fact by the insured having knowledge or belief of the fact; **c)** Any other act fitted to deceive; and **d)** Any such act or omission as the law specifically declares to be fraudulent. **4.** Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak. **5.** No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries. **6.** Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based. **7.** In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation. **8.** Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured. **9.** The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.