

POLICY DOCUMENT

Diabetes Care Active

Policy Document

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)	
Diabetes Care Active	105N078V01
Diabetes Enhanced Benefit Rider	105B023V01
Death Benefit Rider	105B022V01

Rider benefits are applicable when offered by the company and if, opted for by the Policyholder.

Brief Policy Description

This plan offers cover to individuals with Type 2 Diabetes Mellitus, Impaired Fasting Glucose (IFG) and Impaired Glucose Tolerance (IGT). The cover is provided against 7 (Seven) Critical Illnesses with optional Diabetes Enhanced Benefit Rider and Death Benefit Rider.

- a) **Company** means ICICI Prudential Life Insurance Company Limited.
- b) **Policyholder** means the Proposer shown in the Policy certificate or the owner of the Policy at any point of time.
- c) **Life Assured** means the person who has been insured by us under this policy.
- d) **Policy issue date** is the date on which this policy is issued.
- e) **Policy contract:** This policy is a legal contract between the Policyholder and ICICI Prudential Life Insurance Company Ltd (the Company), which has been issued on the basis of the Proposal form and the documents evidencing the insurability of the Life Assured. The Policy Contract comprises the above forms, statements, declarations, reports of medical check-ups and documents, Policy certificate and the Terms and Conditions (this booklet). The Company agrees to provide the benefits set out in the Policy in consideration of the premiums paid by the Policyholder, and subject to the conditions mentioned herein.

The Company relies upon the information given by the Proposer and /or the Life Assured in the proposal form, and in any document(s) and statements called for by the Company and submitted by the Proposer and / or the Life Assured and statements made to the Medical Examiner. The Policy is declared void in case the information given is incomplete or inaccurate or untrue or in case it is found that the policy was issued on the basis of fake / tampered documents / proofs.

The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Indian laws.

Free look period: A period of 15 days is available to the Policyholder to review the Policy. If the terms and conditions of the Policy are not acceptable to the Proposer / Life Assured, this booklet should be returned within 15 days from the day it is received by the Policyholder. The Company will then return the premiums paid by the Policyholder after deduction of expenses as follows:

- 1) Insurance stamp duty on Policy.
- 2) Any expenses borne by the Company on the medicals.

1) Definitions:

In the Policy Document, unless the context otherwise requires:

- a) **"Diabetes Mellitus"** is a metabolic-cum-vascular syndrome of multiple etiologies characterized by chronic hyperglycaemia with disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action or both. This disorder is frequently associated with long-term damage, which can often lead to failure of organs like eyes, kidneys, nerves, heart and blood vessels.
- b) **Type 1 Diabetes** also called juvenile or insulin-dependent diabetes indicates a condition in which Beta cell of pancreas are destroyed wherein insulin is required for survival.
- c) **Type 2 Diabetes** also called maturity onset diabetes indicates a condition which is characterized by either insulin resistance or relative deficiency of insulin secretion. Either of them is usually present at the time of type 2 diabetes is clinically manifested.
- d) **"Impaired Fasting Glucose (IFG)"** is impaired level of glucose, a condition under which a person has a plasma glucose values between 110 and 125 mg/dl after overnight fasting.
- e) **"Impaired Glucose Tolerance (IGT)"** is a condition under which a person, after overnight fasting, has a plasma glucose value between 110 & 125 and 2 hours after 75gm glucose tolerance test, the value is between 140 & 199 mg/dl.
- f) **"Diagnosis"** shall mean diagnosis made by a physician based on such specific evidence as referred to in the definition of the particular Critical Illness concerned or, in the absence of such specified reference, based upon but not limited to radiological, clinical, histological or laboratory tests acceptable to the Company.

- g) **"Physician"** shall mean qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, registered with the Medical Council of India, acting within his scope of license, and who is not a Life Assured / Proposer himself or related to the Life Assured / Proposer by blood or marriage. The term Physician would include Specialist, Anaesthetist, Ophthalmologist and Surgeon.
- h) **"Ophthalmologist"** shall mean the physician who studies, diagnoses and treat eye diseases and disorders.
- i) **"Treating Ophthalmologist"** shall mean an ophthalmologist of the Life Assured who has given the required treatment based on the findings.
- j) **"Illness"** means sickness, disease, ailment or unhealthy condition of mind or body.
- k) **"Diabetic retinopathy"** shall mean retinal changes occurring in diabetics characterised by neo-vascularisation, microaneurysms, punctate hemorrhages, sharply defined waxy exudates and scarring.
- l) **"Limb":** limbs are classified as upper limb and lower limb.

"Upper Limb": (also referred to as upper extremity) is known as the arm, that is, the region of the body from the shoulder to the fingertips.

"Lower Limb": (also referred as Lower extremity) is known as the leg that is, the region of the body from the hip to the tip of the toes.

- m) **Reduced Sum Assured** means the 50% of the initial Sum Assured, after payment of the Angioplasty claim.
- n) **"Pre-existing Illness"** means a condition for which prior to the receipt of proposal for this Policy or prior to the date of reinstatement of this Policy the Life Assured had signs or symptoms of an illness or bodily injury which would have caused any ordinary prudent person to seek treatment, diagnosis or care or medical advice, or treatment was recommended by or received from a Physician, or the Life Assured has undergone medical tests or investigations. Any such condition or any illness, complication or ailment arising out of or connected to the condition other than Type 2 Diabetes Mellitus or IFG or IGT or specified in the policy document, shall be considered part of the Pre-existing Illness.

2) Benefits Payable subject to the Policy being In Force on the date of Diagnosis / Surgery as specified in Clause (4)

- a) **Benefit payable where the Diagnosis / Surgery takes place more than six months after the policy issuance date but before the completion of first Policy year**

In case of Angioplasty, 25% of the original Sum Assured shall become payable and policy shall thereafter continue for 50% of the original Sum Assured subject to receipt of premiums as applicable for the reduced Sum Assured. The reduced premium shall be applicable from the next policy anniversary.

50% of the original sum assured or reduced sum assured as the case may be shall be payable in the event of the Life Assured being diagnosed to be suffering from any one of the critical illnesses other than Angioplasty as defined in Clause (4) below, and the policy shall terminate on such payment.

- b) **Benefit payable where the Diagnosis / Surgery takes place more than one Policy year after the policy issuance date**

In case of Angioplasty 50% of the original Sum Assured shall become payable and the Policy shall thereafter continue for 50% of the original Sum Assured subject to receipt of premiums as applicable for the reduced Sum Assured. The reduced premium shall be applicable from the next policy anniversary.

The Company shall pay the original Sum Assured / Reduced Sum Assured as the case may be in the event of the Life Assured being diagnosed to be suffering from any one of the Critical illnesses other than Coronary Angioplasty as defined in **Clause (4)** below. The Policy shall terminate on payment of the Critical Illness Benefit.

- c) The benefit for any Critical Illness / Surgery covered under the Policy shall be payable only once during the Policy term.
- d) The above benefits shall be payable provided the Life Assured survives a period of 10 days from the date of diagnosis / surgery. In case of the death of the Life Assured during the survival period no benefit shall become payable and the Policy shall terminate.
- e) As respects the Critical Illnesses / Surgery covered under the policy, in the event of Life Assured being diagnosed of or where the symptoms have occurred or for which care, treatment, or medical advice was recommended by or received, or which first manifested itself or was contracted within six months from the Policy Issue Date or during the period of policy lapsation or for which a claim has or could have been made under any earlier policy on the life of the Life Assured, the premiums paid shall be refunded (without interest and excluding the extra premiums paid) and the policy shall terminate.
- f) No benefit is payable on survival of the Life Assured to the termination date.

The maximum critical illness benefit payable under all the policies taken on the life of the same Life Assured including Diabetes Care Active (Critical Illness Insurance) plan of insurance would be restricted to Rs.1,000,000/-.

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3) Wellness Programme

- a) After the policy is issued the Life Assured is required to undergo a medical check up every six months.
- b) It is mandatory for the Life Assured to undergo all the below mentioned medical check ups.

Period	Medical Investigations required to be undergone by the Life Assured
6 month check-up (during every policy year)	HbA1c / GHB, Blood Pressure and Pulse Rate
Annual check-up (12 month); except in the last policy year	HbA1c /GHB, Blood pressure, pulse rate, Lipid Profile, Medical Examination.

- c) The medical check up shall be conducted by Company's empanelled medical centre and the cost of the same shall be borne by the Company.
- d) No alternative cash benefit or non-cash benefit is available in lieu of the medical check-up. If the Life Assured does not undergo any of the periodical medical checkup, the costs will not be refunded.
- e) The Company shall obtain and retain the medical check up reports of the Life Assured. A copy of the medical check up reports shall be provided to the Policyholder on request.
- f) The Company reserves the right to offer additional medical tests / doctor consultation for the Life Assured and the cost of the same shall be borne by the Company.
- g) The Company reserves the right to modify the nature of medical checkup / tests and the interval at which the same should be conducted. The Policyholder shall be notified about the same accordingly.
- h) For travel outside India, prior approval of the company should be sought to avail the benefit of wellness programme for the Life Assured to undergo medical check up outside India.
- i) On the completion of all the above stated medical check-ups by the Life Assured during the policy year and based on the findings of the same and subject to the underwriting norms of the Company applicable at that point in time, the Company shall decide to
- (1) continue with the standard premium, or
 - (2) charge a reduced standard premium or
 - (3) charge a higher standard premium
- j) The Company shall decide the appropriate level of reduction / increase as respects the standard premiums, as per the below table, which shall be applicable to the Policyholder from the subsequent policy year. The decision of the Company in this regard shall be final and binding on the policyholder.

Particulars	Life Assured's Age at Entry (in Years)		
	25 – 35	36 – 50	51 – 60
Premium Reduction – Level 1 (% of standard premium)	7.5%	10%	12.5%
Premium Reduction – Level 2 (% of standard premium)	10%	15%	20%
Higher Premium - Level 1 (% of standard premium)	10%	15%	17.5%
Higher Premium - Level 2 (% of standard premium)	20%	30%	37.5%

Note – Standard premium means the premium applicable at the commencement of the policy excluding extra premiums, if any, or the premium applicable in accordance to clause 8 on "premium review", whichever is later. In the event where the claim under the policy for angioplasty has been accepted by the company the standard premium shall be equal to the reduced premium, excluding extra premiums, if any.

- k) The revised premium as per clause (i) shall be applicable only from the following policy year onwards and shall be reassessed at the end of each policy year until the end of the policy term.
- l) Where the Company has charged extra premium at the time of commencement of the Policy, the same shall be applicable only for the first policy year.
- m) The total premium payable under the Policy comprises of standard premium and extra premium, if any.

- n) In case the Life Assured fails to undergo the medical check-ups as stated in Clauses 3 (a) and 3(b), higher premium may be charged for failing to undergo medical check-ups. The decision of the company in this regard shall be final and binding on the policy holder.

4) Critical Illnesses

A "Critical Illness" shall mean any one of the following Critical Illnesses / Surgery which first occurs / takes place or first manifests itself and is diagnosed as stated in clause (2) above.

a) Angioplasty and other Invasive Treatment for Coronary Artery Disease

Means the actual undergoing for the first time of Coronary Artery Balloon Angioplasty, Atherectomy, LASER treatment or the insertion of a stent to correct a narrowing of minimum 60% stenosis, of one or more major Coronary arteries as shown by Angiographic evidence. The revascularisation must be considered medically necessary by a consultant Cardiologist.

Coronary arteries herein refer only to Left Main Stem, Left Anterior Descending, Circumflex and Right Coronary Artery.

Intra Arterial investigative procedures and Diagnostic Angiography are not included.

Evidence required: In addition to the documents mentioned in Clause 7 under the General Conditions, the Company shall require the following

- (i) Coronary Angiography Report – Pre and Post Angioplasty or Other Invasive Treatment as defined above
- (ii) Discharge Card of the hospital where the procedure was done

b) Heart attack (Myocardial Infarction)

The first occurrence of Heart Attack or Myocardial Infarction which means death of a heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of Acute Myocardial infarction

- (i) Typical clinical symptoms (for example, characteristic chest pain)
- (ii) New characteristic electrocardiographic changes.
- (iii) The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
 - (1) Troponin T > 1.0 ng / ml
 - (2) Accu Tnl > 0.5ng/ml or equivalent with other Troponin I methods.
- (iv) The evidence must show a definite acute myocardial infarction.

The following are not covered

- i) Other Acute Coronary Syndromes, for example myocyte necrosis.
- ii) Any type of angina.

Diagnosis must be confirmed by a consultant cardiologist.

c) Stroke

Defined as a cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted for not less than 3 months. Infarction of brain tissue, haemorrhage and embolisation from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist.

Specifically Excluded are cerebral symptoms due to Transient Ischemic Attacks (TIA), any reversible ischemic neurological deficit, vertebrobasilar ischemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.

d) Coronary Artery By-Pass Graft Surgery (CABGS)

The actual undergoing of open heart surgery on the advice of consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Angiographic evidence to support the necessity of the surgery will be required. Balloon Angioplasty, laser or any catheter – based procedures are not covered.

e) Kidney / Renal failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end stage kidney disease must be provided and the requirement for dialysis or transplantation must be confirmed by a consultant physician.

f) Cancer

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be Histologically

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confirmed. The term cancer includes leukaemia but the following cancers are excluded:

- (i) All tumours which are Histologically described as premalignant, non-invasive or carcinoma in situ;
- (ii) All forms of lymphoma in the presence of any Human Immunodeficiency Virus;
- (iii) Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus;
- (iv) Any skin cancer other than invasive malignant melanoma;
- (v) 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; and
- (vi) T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter.

g) Major Organ Transplant

The receipt of a transplant of

- (i) Human Bone Marrow using haematopoietic stem cells preceded by total Bone Marrow Ablation; or
- (ii) One of the following human organs: heart, lung, liver, kidney, pancreas, which resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

5) Other Conditions

- a) Written Notice of a claim must be given to the Company within 60 days of Diagnosis \ Surgery.
- b) The admission of any claim shall be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any Critical Illness, as the Company may reasonably require.
- c) 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 by a Medical Specialist appointed by the Company. The expenses incurred for the medical examination of the Life Assured for the purpose of this clause shall be solely borne by the Company. The evidence used from such examination, and the opinion of such Specialist as to such diagnosis shall be considered binding on both the Life Assured and the Company.

6) Exclusions

- a) Individuals suffering from Type 1 Diabetes are excluded from the scope of the policy.
- b) For Critical Illness Benefit / surgery covered under the Policy
 - 1. No benefits shall be paid for the following services, conditions / tests / treatments
 - (i) Pre-existing illness unless stated in the proposal form and accepted by the Company.
 - (ii) Existence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV), self inflicted injury, use of intoxicating drugs / alcohol, failure to follow medical advice, war-whether declared or not, civil commotion, pregnancy, breach of law.
 - (iii) Treatment for injury or illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
 - (iv) Aviation other than as a fare paying passenger in a commercial licensed aircraft (being a multi-engined aircraft).
 - (v) Any treatment of a donor for the replacement of an organ;
 - (vi) Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy / Western medicines.

7) Payment of premiums

- a) Premiums are payable on the due dates and at the amount mentioned in the Policy Certificate or at such altered rate as is set out in Condition 3(j) above and / or 1(b) of the General Conditions of this Policy Document. However, a grace period of not more than 15 days, where the mode of payment of premium is monthly, and not more than 30 days for all other mode is allowed. In the event of the claim, the benefits payable under this policy will be paid after deduction of the premium falling due during the then current policy year.
- b) Premiums are payable on the due dates mentioned in the Policy Certificate or within the grace period allowed without any obligation on the Company to notify the Policyholder of the due dates. If the premiums are not paid on the due dates or even during the grace period, the policy lapses and no benefits shall be payable.
- c) Premiums are payable through any of the following modes
 - i) Cash*
 - ii) Cheques
 - iii) Demand Drafts
 - iv) Pay Orders
 - v) Bankers Cheque
 - vi) Internet facility as approved by the Company from

- vii) time to time.
- viii) Credit Cards
- ix) Electronic Clearing System ECS
- Direct Debit
- * Amount and Modalities will be subject to Company Rules and relevant legislation / regulations

- d) If the Policyholder suspends payment of premium for any reason whatsoever, the Company shall not be held liable and the benefits, if any will be available only in accordance to the policy conditions.
- e) Premium shall be construed to be received only when the same is received at any of the Company's offices.
- f) If the premiums are paid in advance then the same shall be applied to the Policy only on the respective due dates.
- g) Where the policyholder has opted for monthly premium frequency, an additional 5% of premium would be levied.
- h) Where the premium paying frequency is changed, there will be a revision in premium amount as per the norms of the Company.

8) Premium Review

The premiums payable (standard as well as extra premium) under the Policy are guaranteed for first policy year from the date of commencement of the Policy. Thereafter, the premiums and level of reduction / increase, as stated in clause 3(j), are annually reviewable. Any such changes will only be effected with approval from the Insurance Regulatory and Development Authority. The Company will give notice in writing about the change to the Policyholder. The policy shall lapse if the policy holder does not accept such changes." This is applicable for rider benefit as well, where rider is attached to the Policy.

GENERAL CONDITIONS

1) Age

- a) The premium payable under the policy has been calculated on the basis of the age of the Life Assured as declared in the Proposal. In case the age of the Life Assured has not been admitted by the Company, the Policyholder shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.
- b) In the event the age so admitted ("the correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken
 - i) If the correct age is such as would have made the Life Assured uninsurable under the plan of assurance specified in the Policy Certificate, the plan of assurance shall be altered to such plan of assurance as is generally granted by the Company for the correct age of the Life Assured, subject to the terms and conditions as are applicable to that plan of assurance. If the Policyholder does not wish to opt for altered Plan or if it is not possible for the Company to grant any other plan of assurance, the policy shall stand cancelled from the date of issue of the policy and the premium paid shall be refunded subject to deduction of the expenses incurred by the Company on the policy.
 - ii) If the correct age is higher than the age declared in the Proposal, the premium payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the policy and the Policyholder shall pay to the Company the accumulated difference between the corrected premium and the original premium from the commencement of the policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Policyholder fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the Policy. Where the Life Assured is not found insurable, then the company shall return the premiums (excluding extra premiums, if any) paid under the policy and the policy shall be terminated.
 - iii) If the correct age of the Life Assured is lower than the age declared in the Proposal, the premium payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the policy and the Company shall refund without interest, the accumulated difference between the original premium paid and the corrected premium.

2) Revival of the policy

A policy, which has lapsed for non-payment of premium within the days of grace, may be revived subject to the following conditions

- a) The application for revival is made within 1 year from the date of the first unpaid premium and before the termination date of policy;
- b) The applicant being the Policyholder furnishes satisfactory evidence of the health of the Life Assured as specified by the company. The cost of the medical examinations, if any shall be borne by the customer.
- c) the arrears of premiums together with interest at such rate as the company may charge for late payment of premia are paid;
- d) The revival of the policy shall be dependant on the then underwriting norms of the company and may be on terms different from those applicable to the policy before it lapsed; and

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- e) The revival will take effect only on it being specifically communicated by the Company to the applicant.
- f) Even after revival, no benefit is payable for an event which occurred or symptoms of which occurred during the period when the policy was in lapsed condition.
- g) No waiting period will be applicable after the revival of the policy.

3) Assignment and Nomination

- a) 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 Life Assured or 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 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.
- b) The Life Assured, where he is the holder of the policy, (on his own life) may, at any time before the termination date of policy, make a nomination for the purpose of payment of the moneys secured by the policy, if any, in the event of his death. Where the nominee is a minor, he 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 date of 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.

4) Special Provisions

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

5) Incontestability

In accordance to the Section 45 of the Insurance Act, 1938, no Policy of Life Insurance 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.

The Company would declare the Policy void in case of Suppression / Mis-statement / Mis-representation of facts.

6) Force majeure

If the performance by ICICI Prudential 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 any other circumstances beyond the anticipation or control of the Company, the performance of this contract shall be wholly or partially suspended during the continuance of the contract subject to IRDA approval only.

7) Notices

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

In case of the Policy holder/ Nominee:

As per the details specified by the policy holder/ Nominee in the Proposal Form / 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,
Chakravarthy Ashok Nagar, Ashok
Road Kandivali (East)
Mumbai- 400 101

Facsimile : 022 67100803 / 805
E-mail : lifeline@icicprulife.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.

8) Payment of Claim

Before payment of any claim under the Policy, the Company shall 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. Claim payments are made only in Indian currency.

- a) Claimant's Statement Form
- b) Treating Doctor's Certificate
- c) Medical evidences in form of diagnostic reports
- d) Hospital Discharge Card / Summary
- e) Death certificate issued by the local and medical authority (if applicable)
- f) Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

9) Legislative Changes

All benefits payable under the Policy including the premiums (including the rider premiums, if applicable) are subject to prevailing tax laws and other financial enactments. Service tax, education cess and any other statutory levies as may be applicable will be charged as per the prevailing rates & regulations and will be recovered completely and directly from the policyholder.

10) Electronic Transactions

The Customer shall adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

11) Customer Service

- (a) For any clarification or assistance, the policyholder may contact our advisor or get in touch with any of the touch points as mentioned on the reverse of the booklet

Alternatively you may communicate with us at the Customer Service Desk address mentioned above

The Company's website must be checked for the updated contact details.

(b) Grievance Redressal Officer

For any complaints/grievances, you may get in touch with our designated Grievance Redressal Officer (GRO). For GRO contact details please refer to the "Grievance Redressal" section on our website www.icicprulife.com

(c) Grievance Redressal Committee

In the event that any complaint/grievance addressed to the GRO is not resolved within 10 days you may escalate the same to the Grievance Redressal Committee at the address mentioned below.

ICICI Prudential Life Insurance Company Limited
Stream House
Kamla Mills Compound
Building 'A'
Senapati Bapat Marg
Lower Parel
Mumbai-13

(d) 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:
 - The grievance has been rejected by the Grievance Redressal Machinery of the Insurance Company
 - Within a period of one year from the date of rejection by the Insurance Company
 - 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:

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- any partial or total repudiation of claims
- 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
- 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 (contact details given below) 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.

Annexure III

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2 nd floor, Ambica House Nr. C.U.Shah College 5, Navyug Colony, Ashram Road, AHMEDABAD – 380 014 Tel.079- 27546150 Fax:079-27546142 E-mail:insombahd@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor Malviya Nagar, BHOPAL Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park BHUBANESHWAR – 751 009 Tel.0674-2596461(Direct) Secretary No.:0674-2596455 Tele Fax - 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2nd floor, Batra Building Sector 17-D , CHANDIGARH – 160 017 Tel.: 0172-2706196 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI – 600 018 Tel. 044-24333678 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road NEW DELHI – 110 002 Tel. 011-23239611	Delhi & Rajasthan

	Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5 th floor Nr. Panbazar Overbridge , S.S. Road GUWAHATI – 781 001 Tel. : 0361-2131307 Fax:0361-2732937 E-mail: omb_ghy@sify.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool HYDERABAD – 500 004 Tel. 040-23325325 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2 ND Floor, CC 27/2603, Pulinat Building , Opp. Cochin Shipyard, M.G. Road , ERNAKULAM – 682 015 Tel: 0484-2358734 Fax:0484-2359336 E-mail: iokochi@asianetglobal.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road , 3 rd floor, KOLKATA – 700 001 Tel.:033-22134869 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6 th floor, Naval Kishore Rd. Hazratganj, LUCKNOW – 226 001 Tel.:0522-2201188 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), MUMBAI – 400 054 PBX: 022-26106928 Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra , Goa

Annexure 1

Diabetes Enhanced Benefit Rider

Benefit is payable only if the rider is opted for and has been attached to the policy

Policy Document – Cont.

- 1) The benefit under this rider becomes payable subject to the policy being in force on the date of occurrence of either of the below mentioned conditions.

Annexure 2

Death Benefit Rider

Benefit is payable only if the rider is opted for and has been attached to the policy

- a LASER Treatment for Diabetic Retinopathy**
- The benefit shall be payable only on the Life Assured receiving actual LASER treatment for diabetic retinopathy. The need to undergo LASER treatment must be established by treating ophthalmologist's certificate along with supportive Fluorescent Fundus Angiography (FFA) report.
- b Limb Amputation due to diabetic complication**
- The benefit shall be payable on actual amputation of a limb or a part of the limb of the Life Assured as a result of complications of diabetes. The diagnosis, need and treatment must be confirmed by the treating surgeon with supportive hospital records. The Life Assured shall also be required to submit a post amputation X-ray of the affected limb.
- Exclusions: Any amputation due to accident is not entitled for the above benefit.
- 2) The benefit under this rider shall become payable only once and only in the event of the Life Assured being diagnosed to be suffering from either of the conditions as mentioned in Clause 1 after six months from the Policy Issue Date.
- 3) The sum assured under the rider will not be reduced even after the payment of Angioplasty claim under Diabetes Care Active. The claim is payable only on survival for 10 days from the date of diagnosis of the critical illness
- 4) The Company shall pay 5% of the original sum assured, as the case may be, upon the occurrence of either of the conditions mentioned in Clause 1 after six months and within one year from the policy issuance date and the rider shall terminate thereafter.
- 5) The Company shall pay 10% of the original Sum Assured, as the case may be, upon the occurrence of either of the conditions mentioned in Clause 1 after one year from the policy issuance date and the rider shall terminate thereafter.
- 6) As respects the conditions covered under this rider, in the event of Life Assured being diagnosed of or where the symptoms have occurred or for which care, treatment, or medical advice was recommended by or received, or which first manifested itself or was contracted within six months from the Policy Issue Date or for which a claim has or could have been made under any earlier policy on the life of the Life Assured, the premiums paid towards this rider benefit shall be refunded without interest and extra premiums if any and the rider benefit shall cease to exist and the base policy would continue.
- 7) The premiums payable (standard as well as extra premium) under the rider are guaranteed for first policy year from the date of commencement of the Policy. Thereafter, the premiums are annually reviewable. Any such changes will only be effected with approval from the Insurance Regulatory & Development Authority. The Company will give notice in writing about the change to the Policyholder. The policy shall lapse if the policy holder does not accept such changes.
- 8) Written Notice of a claim must be given to the Company within 60 days of diagnosis.
- 9) The admission of any claim shall be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any Critical Illness, as the Company may reasonably require.
- 10) 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 Life Assured and the Company.

Exclusions

No benefits shall be paid for the following services, conditions /tests / treatments

- 1) Pre-existing illness unless stated in the proposal form and specifically accepted by the Company.
- 2) Existence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV), self inflicted injury, use of intoxicating drugs/alcohol abuse or dependence, failure to follow medical advice, war-whether declared or not, civil commotion, pregnancy, breach of law.
- 3) Treatment for injury or illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- 4) Aviation other than as a fare paying passenger in a commercial licensed aircraft (being a multi-engined aircraft).
- 5) Any treatment of a donor for the replacement of an organ;
- 6) Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy /western medicines.

1. Any payment under this rider shall be subject to the Policy being in force of date of death of the Life Assured.
2. In the event of the death of the Life Assured while the Policy is in force on the date of death of the Life Assured, the Company shall pay the original Sum Assured or the reduced sum assured as per Clause 5 below under the Policy as the case may be. On the admission of a claim for this benefit, the Policy shall stand terminated forthwith.
3. There is no waiting period applicable for this rider.
4. In the event where the death of the Life Assured occurs within 10 days from the date of diagnosis / surgery, the Company shall pay the full rider Sum Assured and the Policy shall terminate. No benefit will be payable thereafter with respect to any claim.
5. In case of Angioplasty claim under base Diabetes Care Active, the rider shall continue for the 50% of the Sum Assured and the future premiums payable shall reduce proportionately from the next policy anniversary. In the event of the death of the Life Assured the Company shall pay the reduced Sum Assured and the policy shall terminate thereafter. The policyholder will continue to be eligible for the complete wellness programme and reduced premiums / higher premiums as applicable. However, subsequent premium reductions/ increase will apply to this reduced premium.
6. In the event where the Life Assured is diagnosed to be suffering from any Critical Illness covered under this policy, and while the claim for the same is under consideration and the death of the Life Assured occurs, then the Company shall pay the Death Benefit. No other benefit shall become payable under the said policy.
7. In the event the Life Assured, whether sane or insane commits suicide, within one year of the Policy Issue Date, the total premiums paid under the Policy shall be refunded after deducting the expenses incurred by the company towards the issuance of the policy which include the stamp duty and cost of medical examination, if any. Any extra premium charged will also not be refunded. No other benefits shall become payable and the Policy shall stand terminated.
8. No benefit under this rider shall become payable on the survival of the Life Assured to the Termination Date and the policy shall automatically stand terminated.
9. Based on the test results undertaken in the wellness program, there may be a corresponding change in the rider premiums effective from the subsequent policy anniversary, as shown below.

	Change in Death Benefit Rider Premium
Premium Reduction – Level 1	20%
Premium Reduction – Level 2	30%
Higher Premium - Level 1	25%
Higher Premium - Level 2	45%

10. The premiums payable (standard as well as extra premium) under the rider are guaranteed for first policy year from the date of commencement of the Policy. Thereafter, the premiums and level of reduction/increase are annually reviewable. Any such changes will only be effected with approval from the Insurance Regulatory & Development Authority. The Company will give notice in writing about the change to the Policyholder.
11. In case the Policyholder does not wish to pay the revised premium the rider coverage shall lapse and no benefit will be payable.

"The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the Company and shall together form a single contract" (Ver T17 : 1)