

POLICY DOCUMENT

Policy Document

ICICI Pru LifeTime Super

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)	
ICICI Pru LifeTime Super	105L056V01
Accidental Death and Disability Benefit Rider	105A018V01
Critical Illness Benefit Rider	105A017V01
Wavier of Premium Rider	105A019V01

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

Brief Policy Description: This is a regular premium unit linked life insurance policy, which provides life insurance cover along with a choice of investments in the funds offered by the Company. The premium paid by the Policyholder is utilized to purchase units in the Funds after deducting applicable charges. The policy provides benefits linked to the fund performance payable in case of death or survival to maturity. The policy also provides for an option to surrender the policy during the term.

Policyholder: means the Proposer under the Policy or the owner of the Policy at any point of time.

Life Assured: means the person on whose life the Policy contract has been issued, the insured.

Policy Contract: The 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 Policy certificate and the Policy document (terms & conditions including the Unit Statement/s to be issued from time to time and the mortality and rider charges table). The Company agrees to provide the benefits set out in the Policy in return of the premium paid by the policyholder.

The Company relies upon the information given by the Proposer and/or the Life Assured in the proposal form and in any other document(s) or during the medical examination, if any. 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. Further details are stated in the "Incontestability" clause under General conditions.

The Policy enables the Policyholder to participate only in the investment performance of the Fund, to the extent of allocated units and does not in any way confer any right whatsoever on the Proposer/Life Assured to otherwise share in the profits or surplus of the business of the Company in any manner whatsoever or make any claim in relation to the assets of the company.

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

Free look period: A period of 15 days is available to the Policyholder during which the Policy can be reviewed. If the Policy is not suitable, this booklet should be returned within 15 days from the day the Policyholder receives the Policy.

The Company will return the Premiums paid subject to the deductions as follows:

- a. Proportionate risk premium for the period of cover
- b. Insurance stamp duty on the Policy
- c. Any expenses borne by the Company on the medicals.

The units will be repurchased by the company and any fluctuation in the fund value will be on customer's account.

1. Definitions:

In the Policy Document, unless the context otherwise requires:

- (a) **"Regular premium contract"** means Unit Linked Insurance Plan where the premium payment is level and paid in regular intervals like yearly, half-yearly or monthly.
- (b) **"Sum Assured"** is the guaranteed amount, net of partial withdrawals, of the benefit that is payable on the death of the Life Assured.
- (c) **"Death Benefit"** means the amount of benefit which is payable on death as specified in the Policy document. This is stated at the inception of the policy.
- (d) **"Maturity Benefit"** means the amount of benefit which is payable on survival till maturity i.e. on the Cover Cessation date, as specified in the Policy Certificate.
- (e) **"Rider Benefit"** is the amount of benefit payable on a specified event and is allowed as add on to the main benefit.
- (f) **"Unit Linked Fund"** means the pool of the premiums paid by the Policyholders and invested in a portfolio of assets to achieve the fund(s)

objective. The price of each unit in a fund depends on how the investments in the fund perform. The fund is managed by the Company.

(g) **"Monthly Due Date"** means the date in any subsequent calendar month corresponding numerically with the date of the commencement of the Policy. In the event that there is no date in any subsequent calendar month corresponding numerically with the commencement date, then the due date shall be the last date in that subsequent calendar month.

(h) **"Unit"** means the portion or a part of the underlying segregated unit linked Fund.

(i) **"Net Asset Value (NAV)"** means the value per unit calculated in Rupees as mentioned below:

The NAV will be based on the appropriation price when the fund is expanding and the expropriation price when the fund is contracting.

The **appropriation price** is defined as follows.

[Market or Fair Value of the Investments plus expenses incurred in the purchase of assets plus Current Assets and accrued interest (net off fund management charges) less Current Liabilities and provisions]

Divided by,

Number of units outstanding under the Fund

The **expropriation price** is defined as follows.

Market or Fair Value of the Investments minus expenses incurred in the sale of assets plus Current Assets and accrued interest (net off fund management charges) less Current Liabilities and provisions

Divided By,

Number of units outstanding under the Fund

(j) **"Fund Value"** is the product of the total number of units under the Policy and the NAV.

(k) **"Life Insurance Cover"** means the difference between the Sum Assured and Fund Value at any point of time.

(l) **"Allocation"** means creating the units at the prevailing NAV offered by the Company. This is applicable in case of premium payment, additional allocation of units and switches.

(m) **"Redemption"** means encashing the units at the prevailing NAV offered by the Company where the process involves cancellation of units. This is applicable in case of exercising partial withdrawal, switch, maturity, surrender, settlement option or in the case of payment of death benefit.

(n) **"Partial Withdrawal"** means any part of fund that is encashed / withdrawn by the Policyholder during the term of policy.

(o) **"Switch"** means facility allowing the Policyholder to change the investment pattern by moving from one fund to other fund (s) amongst the funds offered under this product.

(p) **"Surrender"** means terminating the contract once for all. On surrender, the surrender value is payable which is "Fund Value less the Surrender Charge" and is subject to the Clause 2.2 on "Surrender".

(q) **"Premium re-direction"** is the facility allowing the policyholder to modify the allocation of amount of renewal premium into a different investment pattern from the option (investment pattern) exercised at the inception of the policy.

(r) **"Valuation of funds"** is the determination of the value of the underlying assets of the unit linked fund.

(s) **"Premium Allocation Charge"** means a percentage of the Premium appropriated towards charges from the Premium received. The balance known as allocation rate constitutes that part of the Premium which is utilized to purchase (investment) units for the Policy. This charge is levied at the time of receipt of Premium.

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- (t) **"Fund Management Charge"** means a charge levied as a percentage of the value of assets and shall be appropriated by adjusting the NAV. This is a charge levied at the time of computation of NAV.
- (u) **"Surrender Charge"** means a charge levied on the Fund Value at the time of surrender of the Policy.
- (v) **"Switching Charge"** means a flat charge levied on switching of monies from one fund to another available within the product. The charge will be levied at the time of effecting switch.
- (w) **"Mortality Charge"** means cost of life insurance cover and is levied at the beginning of each policy month from the fund by canceling units for an equivalent amount.
- (x) **"Rider Charge"** means a cost of Rider benefit and is levied at the beginning of each Policy month from the fund by canceling units for equivalent amount.
- (y) **"Settlement Option"** also known as periodical payments means an option available to the Policyholder to receive the maturity benefit as a structured payout over a period of up to 5 years after maturity.
- (z) **"Date of Commencement of Policy"** as shown in the policy certificate is the date on which the age of the Life Assured and the term of the Policy are calculated and the same are shown on the policy certificate.
- (aa) **"Minimum Guaranteed NAV"** is the guaranteed NAV per unit of a tranche of the Return Guarantee Fund (RGF), at the time of termination of a tranche.
- (bb) **"Cover Cessation Date (Date of Maturity)"** as shown in the policy certificate is the date on which the policy contract comes to an end and is the date on which the maturity benefit becomes payable.
- (cc) **"Top Up premium"** is an amount of premium that is paid by the Policyholder at irregular intervals besides basic regular premium payments specified in the contract and is treated as single premium.

2. Benefits Payable

2.1 Death Benefit provided the Policy is in force on date of death of the Life Assured

- (i) In the event of the death of the Life Assured after attaining age 7 nearest birthday, Only the Company shall pay higher of the Sum Assured and the Fund Value under the Policy.
- However, the Sum Assured shall be reduced to the extent of partial withdrawals made during the two years immediately preceding the date of death of the Life Assured where the death occurs before or at age 60 nearest birthday and to the extent of all withdrawals made after attaining age 58 nearest birthday where the death of the Life Assured occurs after age 60 nearest birthday.
- (ii) In the event of the death of the Life Assured before age 7 nearest birthday, the Fund Value under the Policy shall be payable.
- (iii) The Policy terminates on payment of the Death Benefit.

2.2 Surrender

The Policy acquires a Surrender Value after the payment of full premium for the first Policy year. However, the surrender value would be payable only after completion of three policy years or whenever the policy is surrendered thereafter. The surrender value payable is the Fund Value after deducting the following surrender charges.

- a) Applicable surrender charges where three full years' premiums have not been paid

Complete Policy years for which premiums have been paid	Surrender Charge as a % of the Fund Value
Less than one year	100%
One year	75%
Two years	60%

In case the premium payments are discontinued within the first three policy years, all benefits shall cease after the expiry of the days of grace for payment from the due date of the first unpaid premium.

- b) Applicable surrender charge where three full years' premiums have been paid

No. of completed Policy years	Surrender Charge as a % of Fund Value
3 years	2%
4 years	1%
5 years and above	0%

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

2.3 Maturity Benefit payable of Cover Cessation date, provided the Policy is in force:

On survival of the Life Assured to the date of the Maturity of the Policy, the maturity benefit equivalent to the Fund Value under the Policy shall be payable. The Policyholder shall have an option to receive the Fund Value as lump sum or as periodic payments over a period of up to 5 years after maturity. The Policy would be terminated upon the lump sum payment of the Maturity benefit.

2.4 Settlement option (Periodical payments)

Where the Policyholder opts for Settlement option, the following conditions shall be applicable;

- During this period the investment risk in investment portfolio is borne by the Policyholder.
- The Policyholder must inform the Company of this option at least 3 months prior to the Maturity date.
- The Life Insurance Cover and the rider benefit, if any, shall cease on the Cover Cessation date.
- The Fund Management charges shall be deducted during this period.
- Payments can be received by the Policyholder in the form of monthly, quarterly, half yearly or annual installments spread over a period of up to five years from the date of the maturity. The payment of installments will be made in advance.
- The available number of units under the Policy shall be divided by the residual number of installments to arrive at number of units for each installment. Further, in case of investment in more than one Fund, the number of units to be withdrawn shall be in the same proportion of the investment held at the time of payment of each installment.
- No Premium payment or Partial withdrawal or switch will be allowed during this period.
- The remaining Fund Value shall become payable at once in the event of death of the Life Assured before receiving last installment. The Policy shall terminate on the said payment.
- The Policyholder has an option to discontinue the periodical payments by withdrawing all the units under the Policy. The Policy shall terminate on the said payment.
- In case the Policyholder chooses to receive the installments in monthly mode, payment would be made only by direct credit to his bank account. For other payment frequencies, payment may be made by cheque also.

2.5 Rider Benefit(s) is applicable only if opted for subject to the conditions specified in the annexure

2.6 To whom the Benefits are payable:

To the Proposer, Life Assured, or the assign(s) where a valid assignment / endorsement has been recorded, or the nominee (s) where a valid nomination has been registered by the Company (in accordance with section 39 of the Insurance Act, 1938), or the executors, administrators or other legal representatives who should take out representation to the estate or to such person as directed by a court of competent jurisdiction in India, limited at all times to the monies payable under this Policy.

The Company does hereby agree, that on proof to the satisfaction of the Company of the benefits having become payable as set out in the Schedule and of the title of the said person or persons claiming payment and of the correctness of the age of the Life Assured stated in the Proposal (if not previously admitted) or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Assured / appropriate benefit will be paid by the Company.

3. Increase of Sum Assured subject to the payment of premiums till date

The Policyholder shall have the option to increase the Sum Assured on the following terms and conditions:

- Any increase in the Sum Assured shall be subject to underwriting and that the Policyholder shall bear the cost of any medical report(s) and any other medical charges. All such costs shall be recovered by the Company through the cancellation of the Units. The increase in the Sum Assured shall be in multiples of Rs.1000/-.
- No increase in Sum Assured shall be allowed on or after the Policy anniversary on which the Life Assured is 60 age nearer birthday.
- The multiple referred above may change from time to time as per the then rules of the company.

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4. The Policyholder shall have to pay the increased mortality charges as a result of increase in Sum Assured.

4. Premium

4.1 Payment of Premiums

- a. Premiums are payable on the due dates and at the amount mentioned in the Policy at time of commencement of the policy. However, a grace period of not more than 30 days, where the mode of payment of premium is other than monthly, and not more than 15 days in the case of monthly mode is allowed.
- b. If a premium is not paid on the due date or during the days of grace, the provisions as per Clause 4.4 shall apply and the Policyholder will continue to have the benefit of investment in the respective unit funds.
- c. Premiums are payable without any obligation on the Company to issue a notice for the same.
- d. Premiums are payable through any of the following modes :-
1. Cash *
 2. Cheques
 3. Demand Drafts
 4. Pay Orders
 5. Bankers Cheque
 6. Internet facility as approved by the Company from time to time
 7. Electronic Clearing System
 8. Credit Card

Where premiums have been remitted otherwise than in cash, the application of the premiums received is conditional upon the realization by the Company of the proceeds of the instrument of payment including electronic mode

* Amount and modalities will be subject to Company rules and relevant legislation / regulation.

- e. Premium shall be construed to be received only when the same is received at any of the Company's office.
- f. 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.
- g. If the premiums are paid in advance then the units will be allocated only on the respective due dates.

4.2 Premium Allocation

The Premium paid shall be utilized for purchase of Units after the deduction of the Premium Allocation Charge as stated below:

Premium Band (Rs)	1 st Policy year	2 nd Policy year	3 rd Policy year onwards
Upto 49,999	20%	7.5%	4%
50000 & above	18%	7.5%	4%

On top ups an allocation charge of 1% will apply.

The Policyholder has the option to allocate the Premium for purchase of units amongst one or more of the Fund(s). The number of Units purchased would be computed based on the NAV as provided in Clause 6.

4.3 Premium Re-direction

The Policyholder shall specify the type of fund(s) and the proportion in which the premiums are to be invested in the chosen fund(s) at the inception of the policy. The Policyholder shall have an option to change the proportion in which the premiums are to be invested at the time of payment of subsequent premiums. This will not be treated as switch. The Policyholder cannot opt for the RGF for premium redirection; however, subsequently, premiums can be invested in the RGF by means of a switch at a time that a tranche is open for subscription. Please refer to Clause 7.1 for details.

4.4 Continuation of the Policy

- a) If the premium is not paid on the due date or during the days of grace during the first three policy years, the Life Insurance Cover and the Rider Benefits, if any, shall cease and mortality and rider charges will not be deducted. However, Fund Management charge would continue to be applicable. Further no other transaction or payout will be allowed during this period till the policy is revived except the payment of Fund Value on the death of the Life Assured during this period.

- b) If full premium has been paid for three policy years and three policy years have elapsed and any subsequent premium is not paid on the due date or during the days of grace, then the policyholder shall have an option of continuing the cover without payment of renewal premiums. In such cases, all benefits including Life Insurance Cover and Rider Benefit, if any will continue subject to the deduction of charges by way of cancellation of units and subject to the foreclosure conditions mentioned in Clause 9.

- c) If full premium has been paid for three policy years and three policy years have elapsed and any subsequent premium is not paid on the due date or during the days of grace, and the policyholder has not opted for continuation of cover, then the Life Insurance cover and rider benefit, if any, shall continue subject to the deduction of charges by way of cancellation of units only till the end of the period of two years from the due date of the first unpaid premium and subject to the foreclosure condition as mentioned in clause 9, whichever is earlier.

4.5 Top - up premiums

99% of each Top-Up Single Premium shall be utilised to purchase units. The Policyholder may pay Top-Up Single premiums only where all the installment premiums due under the Policy till then have been paid. Top Up premiums can be paid anytime during the term of the contract. The minimum / maximum amount of Top Up premium would be as per the Company rules. The Policyholder will be required to opt between two options of Sum Assured, subject to underwriting: 125% or 500% of the top-up premiums paid, at all such instances. No charges would be applicable for partial withdrawal or surrender of top-up premiums.

4.6 Allocation of Additional Units

- a. At the end of every fourth policy year till the end of the policy term, additional units shall be allocated at the rate of 4% of one full years premium, if the policy is in force and all due premiums till date have been paid.
- b. The number of additional units shall be allocated amongst the Funds in same proportion as the Fund Value held in each Fund at the time of allocation and by using the NAV of the respective fund(s) at the time of allocation.
- c. No additional units would be allocated beyond the Cover Cessation date of the policy.
- d. Any Bonus or additional units declared by the Company will not be allocated into the Return Guarantee Fund. These units will be allocated into the other open-ended funds in the proportion of units held therein.
- e. In the exceptional case of entire fund being invested in the RGF at the time of bonus allocation, the bonus will be allocated to the funds opted at the policy inception.

5. Funds:

5.1 Investment Objectives of the Funds and Portfolio Allocation

(i) Maximiser

Objective: To provide long-term capital appreciation through investments primarily in equity and equity-related instruments.

Portfolio Allocation	Max (%)	Min (%)
Equity & equity related securities	100	75
Debt, Money market & Cash	25	0

Potential Risk- Reward profile of the Fund: High

(ii) Balancer

Objective: To provide a balance between long-term capital appreciation and current income through investment in equity as well as fixed income instruments in appropriate proportions depending on market conditions prevalent from time to time.

Portfolio Allocation	Max (%)	Min (%)
Equity & equity related securities	40	0
Debt, Money market & Cash	100	60

Potential Risk- Reward profile of the Fund: Moderate

(iii) Protector

Objective: To provide accumulation of income through investment in various fixed income securities. The Fund seeks to provide capital appreciation while maintaining a suitable balance between return, safety and liquidity.

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Portfolio Allocation	Max (%)	Min (%)
Debt, Money market & Cash	100	100

Potential Risk- Reward profile of the Fund: Low

(iv) Preserver

Objective: To provide suitable returns through low risk investments in debt and money market instruments while attempting to protect the capital deployed in the fund.

Portfolio Allocation	Max (%)	Min (%)
Debt Instruments	50	0
Money market & Cash	100	50

Potential Risk- Reward profile of the Fund: Capital Preservation

(v) Flexi Growth

Objective: To generate Superior long- term returns from a diversified portfolio of equity and equity related instruments of large, mid and small cap companies.

Portfolio Allocation	Max (%)	Min (%)
Equity & equity related securities	100	80
Debt, Money market & Cash	20	0

Potential Risk- Reward profile of the fund: High

(vi) Flexi Balanced

Objective: To achieve a balance between capital appreciation and stable returns by investing in a mix of equity and equity related instrument of large, mid and small cap companies and debt and debt related instruments.

Portfolio Allocation	Max (%)	Min (%)
Equity & equity related securities	60	0
Debt, Money market & Cash	100	40

Potential Risk- Reward profile of the fund: Moderate

(vii) Return Guarantee Fund (RGF)

Objective: The fund seeks to provide guaranteed returns through investment in a diversified portfolio of high quality fixed income instruments.

Portfolio Allocation	Max (%)	Min (%)
Debt, Money market & Cash	100	100

Risk-Reward Profile of the Fund: Low

The Return Guarantee Funds are close ended funds of terms 5 and / or 10 years. They are intended to provide the Policyholder a return over a specified period, subject to a guarantee. The funds may be offered in tranches over a period of time and each tranche will be open for subscription for a brief period of time and will terminate on a specified date. The Company shall guarantee the NAV of this fund at the time of termination of each tranche. On that date, the higher of prevailing NAV or Minimum Guaranteed NAV will apply for the units in RGF.

The Company proposes to offer new tranches of these funds from time to time and the Minimum Guaranteed NAV will be specified at the time of launch of each new tranche.

If the Policyholder opts for RGF at inception, the first premium will be directed to the fund. Subsequent premiums are allocated to the other funds in a proportion specified by the Policyholder at the time of inception. If the Policyholder wishes to invest Subsequent premiums in the RGF, he may do so by switching monies into the RGF. Please refer to Clause 7.1 for details.

On termination of a tranche of RGF, the fund proceeds will be allocated to the remaining funds, in the proportion of units held therein, as on the date of termination. In an exceptional case where the entire fund is invested in the RGF, the proceeds will be allocated to the funds opted at policy inception.

The Company shall obtain the consent of the Policyholder, when any change in the Portfolio allocation pattern of the Funds described above is considered necessary other than on account of market conditions and /or political and economic force Majeure conditions like, but not limited to floods, cyclones, earthquake, war etc which are beyond human control. Such change shall be carried out as long as not more than one fourth of the Policyholders disagree. The Policyholder who does not give his consent shall be allowed to withdraw the units in the Funds at the then prevailing NAV without any surrender charge and terminate the policy.

The Company shall notify the Policyholder about the change in asset allocation when the change is on account of market conditions and / or political and economic force Majeure conditions like, but not limited to floods, cyclones, earthquake, war, etc which are beyond human control.

5.2 Valuation Date

The NAV shall be declared by the company on a daily basis except on Bank holidays, Exchange holidays, Saturdays, Sundays and the days on which the Corporate Office is closed.

5.3 New Funds

New Funds may be introduced by the Company from time to time and the Policyholder shall be notified of the introduction of such new Funds. The Company may offer the Policyholder the option to switch to those Funds at such NAV and subject to such terms and conditions as may be specified by the Company at that time. Switching between the existing Funds is subject to the terms and conditions detailed in Clause 7.1 herein.

5.4 Investment of the Funds

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

5.5 Automatic Transfer Strategy

- a. The Policyholder can choose to automatically transfer, from his investments in the Preserver Fund, a pre-defined amount, every month, into any of the equity funds available under the plan namely Flexi Growth.
- b. The Policyholder may choose a transfer date of either 1st or 15th of every month. If the 1st or 15th of the month is not a Valuation Date then the Company shall apply the NAV of the next immediate Valuation Date.
- c. On transfer, the requisite number of units shall be withdrawn from Pension Preserver, at the applicable unit value, and the units shall be transferred to the new Fund as opted by the Policyholder.
- d. Currently, the minimum transfer amount is Rs. 2,000/-. The minimum amount may be revised by the Company from time to time subject to IRDA approval.
- e. This transfer will continue until the Company is notified, through a written communication from the Policyholder, to discontinue the same.
- f. The request for the Automatic Transfer Strategy shall be processed subject to the said amount being available under the respective fund of the Policyholder. The Automatic Transfer Strategy will not be applicable if the source fund value is less than the amount stated for transfer.

5.6 Fund Closure

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

5.7 Risks of investment in the Funds

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

- a. LifeTime Super Policy is only the name of the Policy and does not in any way indicate the quality of the Policy, its future prospects or returns.
- b. Maximiser, Balancer, Protector, Preserver, Flexi Growth, Flexi Balanced, Return Guarantee Fund / Automatic Transfer Strategy are the names of the Funds/Asset Allocation Strategy and do not in any manner indicate the quality of the Fund, their future prospects or returns.
- c. The investments in the Units are subject to market and other risks and there can be no assurance that the objectives of any of the Funds will be achieved.
- d. The Fund Value of each of the Funds can go up or down depending on the factors and forces affecting the financial and

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debt markets from time to time and may also be affected by changes in the general level of interest rates.

- e. The past performance of other Funds of the Company is not necessarily indicative of the future performance of any of these Funds.
- f. The Funds do not offer a guaranteed or assured return except for the Return Guarantee Fund, which offers a Minimum Guaranteed NAV at the time of termination of a tranche.
- g. All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time.

6. Units

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

6.2 Applicability of Nav

The allocation and redemption of units for various transactions would be at the NAV as described below.

Type of transaction	Applicable NAV (Where transaction is by way of a request, the same should be received before cut-off time *)
<ul style="list-style-type: none"> • First Premium Deposit received by way of local cheque / pay order / demand drafts payable at par 	NAV of the date of commencement of risk of policy
<ul style="list-style-type: none"> • First Premium Deposit received by way of outstation cheque / pay order / demand drafts 	NAV of the date of commencement of risk of policy or date of realization of the amount by the Company, whichever is later
<ul style="list-style-type: none"> • Switch • Partial withdrawals • Surrender • Requests for Free Look cancellation • Death Claim 	NAV of the date of receipt of the request/intimation. (Intimation means written intimation for the purpose of claims. Request means written or through electronic mode or any other manner as decided by the Company from time to time)
<ul style="list-style-type: none"> • Direct debit, ECS, credit card, etc for the purpose of renewal premiums 	NAV of the date of receipt of instruction or the due date, whichever is later
<ul style="list-style-type: none"> • Renewal premiums received by way of local cheque / pay order / demand drafts payable at par 	NAV of the date of receipt of instrument or the due date, whichever is later
<ul style="list-style-type: none"> • Renewal Premiums received by way of outstation cheque / pay order / demand drafts 	NAV of the date of receipt of instrument or the due date or date of realization of the amount by the Company, whichever is later
<ul style="list-style-type: none"> • Additional Allocation of units 	NAV of the date of allocation of units
<ul style="list-style-type: none"> • Foreclosures / revival 	NAV of the date of effect of foreclosure / revival
<ul style="list-style-type: none"> • Maturity Claim / Periodical payments 	NAV of the due date of such claim / payment. In case the date of such payments coincides with the termination date of a tranche of RGF, the NAV, of the units invested in that tranche of RGF, will be subject to the MGN of that tranche. In case the date of such payments precedes the date of termination of a tranche of the RGF, then the MGN shall not apply. The prevailing NAV of the RGF as on the date such payments shall apply to the portion of investments in that tranche of the RGF

The allocated units shall be reversed in case of non realization of the said amount.

***Cut-off time** means the time before which transaction requests (such as premiums, surrenders, withdrawals, etc.) should be received at the Company's Office for the applicability of the NAV of the same day. Currently the cut-off time is 3:00 p.m.

If the request/instruction is received after the cut-off time, then NAV of the next date or the due date, whichever is later, shall be applicable.

If the same day or the next day is not a Valuation date, then the Company shall apply the NAV of the next immediate Valuation Date.

In respect of transactions which are not specifically mentioned herein but involves the allocation and redemption of units, the Company shall follow the same norms as mentioned in this clause.

For all transactions on the last day of the financial year, the NAV of that day would be applicable, irrespective of the cut-off time.

The Company may, subject to IRDA approval, change the cut-off time by which requests for transactions have to be received and accepted for the purpose of determining the NAV of the relevant Fund to be used for calculating the number of Units. The change shall be intimated to the policyholder.

6.3 Valuation of the Funds

The NAV shall be computed at least upto two decimal places. The valuation of the assets, of each Fund shall be made as per the valuation norms prescribed by the Company and the IRDA.

7. Policyholder's Options

The below mentioned options are available to the Policyholder

7.1 Switching of Units

To switch Units from a particular Fund to another Fund by cancellation of the Units to be switched and creation of new Units in the Fund being switched to based on the NAV of the relevant Fund computed in the manner provided in Clause 6.

- (a) Four free switches shall be allowed in each policy year starting from the date of commencement of the Policy. Any unutilised free switch cannot be carried forward.
- (b) Currently, for any non-free switch, a Switching charge of Rs.100/- shall be applicable.
- (c) Currently, the minimum amount per switch is Rs.2,000/- and shall be subject to change as per the rules of the Company from time to time, subject to IRDA approval.
- (d) During the first three policy years, switches shall not be allowed unless all due premiums till date have been paid.
- (e) The Policyholder can switch from the RGF to another Fund at any point of time. The option to switch into the RGF will be available only if a tranche of RGF is open at the time of switch request.

7.2 Partial Withdrawals

To make partial withdrawal of Units from any Fund by either specifying the number of Units to be withdrawn or the amount to be withdrawn. The number of Units to be withdrawn or the amount to be withdrawn shall be computed as specified in Clause 6.

- (a) Partial withdrawals will be allowed after completion of three policy years and subject to payment of premiums for three full policy years.
- (b) Currently, the minimum amount of partial withdrawal is Rs.2000/- and shall be subject to change as per the rules of the Company from time to time.
- (c) The Sum Assured shall be reduced to the extent of partial withdrawals made during the two years immediately preceding the date of death of the Life Assured where the death occurs before or at age 60 nearest birthday and to the extent of all withdrawals made after attaining age 58 nearest birthday where the death of the Life Assured occurs after age 60 nearest birthday.
- (d) On partial withdrawal the minimum Fund Value remaining under all funds together should be at least equal to 110% of one full year's premium at any given point of time.
- (e) For policies issued on minor lives, partial withdrawals are only allowed after the Life Assured is 18 years
- (f) There will be a 3 year lock-in period (from the date of payment) on the top-up premiums for the purpose of partial withdrawals. However this condition will not apply if the top-up premiums are paid during the last three years of the policy term.

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

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

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8. Charges

8.1 Mortality Charges and Rider Charges

- i. Mortality charges would be calculated on the Life Insurance Cover; which is the difference between the Sum Assured [adjusted for partial withdrawals as mentioned in Clause 7.2(c)] and the Fund Value. The Rider charges would be calculated on the Rider Sum Assured.
- ii. The Mortality and rider charge together with applicable Service tax & Education cess shall be recovered on the date of commencement of the Policy and on each Monthly Due Date whilst the Policy remains in force and shall be recovered by cancellation of units.
- iii. The age dependent standard mortality and rider charges table is annexed to the Policy document. At inception, the charges may be revised based on the occupation, health and age of the Life Assured.
- iv. The rider charges under Waiver of Premium Rider (WOPR) and Accidental Death & Disability Benefit Rider (ADBR) are guaranteed for the term of the policy. In case of the Critical Illness Benefit Rider (CIBR), the company reserves the right to revise the rider charge at any time during the term of the policy with prospective effect subject to approval from IRDA and after giving notice to the Policyholders.
- v. Mortality charge would be levied only after the Life Assured attains age 7 nearest birthday.

8.2 Fund Management Charges

The Fund Management Charges shall be;

- I. Maximiser - at the rate of 2.25% per annum of the net assets.
- II. Balancer - at the rate of 2.25% per annum of the net assets.
- III. Protector - at the rate of 1.50% per annum of the net assets.
- IV. Preserver - at the rate of 0.75 % per annum of the net assets.
- V. Flexi Growth- at the rate of 2.25 % per annum of the net assets.
- VI. Flexi Balanced- at the rate of 2.25 % per annum of the net assets.
- VII. RGF at the rate of 1.50 % per annum of the net assets.

8.3 Recovery of charges

- i. The Fund Management Charge pertaining to the net assets under the Fund (s) will be priced in the NAV of the Fund.
- ii. Premium Allocation charge is recovered by way of deduction from Premium
- iii. All other Charges would be recovered by cancellation of Units
- iv. In the event that the Units are held in more than one Fund, the cancellation of Units will be effected in the same proportion as the Fund Value held in each Fund.

8.4 Revision of Charges

The Company reserves the right to revise the following Charges at any time during the term of the policy. Any revision will be with prospective effect subject to approval from IRDA and after giving a notice to the Policyholders.

The Company reserves the right to change the Fund Management Charge pertaining to the net assets under the Fund (s) with prior approval from the IRDA to a maximum of 3.50% per annum of the net assets for each of the Funds.

The Company reserves the right to change the Switching Charge at any time with prior approval from the IRDA upto a maximum of Rs.200/- per switch .

If the revision in the charges is not agreeable to the Policyholder, the Policy can be terminated by withdrawing all the units in the Funds at the then prevailing NAV, without any application of surrender charges.

The surrender charges, premium allocation charges and mortality charges are guaranteed for the term of the policy.

The rider charges under Waiver of Premium Rider (WOPR) and Accidental Death and Disability Benefit Rider (ADBR) are guaranteed for the term of the policy. In case of the Critical Illness Benefit Rider (CIBR), the company reserves the right to revise the rider charge at any time during the term of the policy with prospective effect subject to approval from IRDA and by giving notice to the Policyholders.

9. Foreclosure of the Policy

If full premium for the first three Policy years is not paid and the policy is not revived within a period of two years from the due date of the first unpaid premium, then surrender value as described in Clause 2.2 will be paid at the end of the third policy year or at the end of the reinstatement period, whichever is later.

If premium has been paid for three full Policy years and after three policy years have elapsed; and the Fund Value across all Funds under the Policy falls below

110% of one full year's premium, the policy shall be terminated by paying the Fund Value after applying surrender charges, if applicable as per Clause 2.2.

10. Vesting on attaining majority

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

General Conditions

1. Age

- i) The Mortality and rider benefit charges payable under the Policy have been calculated on the basis of the age of the Life Assured as declared in the Proposal. In case the age of the Life Assured has not been admitted by the Company, the Policyholder shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.
- ii) In the event the age so admitted (the "correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken:
 - a) If the correct age of the Life Assured is such as would have made the Life Assured uninsurable under the Plan of assurance specified in the Policy Certificate, the Plan of assurance shall stand altered to such Plan of assurance as is generally granted by the Company for the correct age of the Life Assured, which will be subject to the terms and conditions as are applicable to that Plan of assurance. If 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 Fund Value shall be returned subject to deduction of the expenses incurred by the Company on the policy.
 - b) If the correct age of the Life Assured is found to be higher than the age declared in the Proposal, then subject to the underwriting evaluation at point of such knowledge, if the Life Assured is found insurable the charges (the "corrected Mortality and rider benefit charges") payable under the Policy shall be altered corresponding to the correct age of the Life Assured from the date of commencement of the Policy and the Policyholder shall pay to the Company the accumulated difference between the corrected charges and the original charges from the commencement of the Policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Policyholder fails to pay such accumulated difference, together with interest, the same shall be recovered by cancellation of Units. Where the Life Assured is not found insurable, the Company would pay the Fund Value under the Policy and terminate the Policy.
 - c) If the correct age of the Life Assured is found to be lower than the age declared in the Proposal, the charges payable under the Policy shall be altered corresponding to the correct age of the Life Assured (the "corrected Mortality and rider benefit charges") from the date of commencement of the Policy and the Company shall refund without interest, the accumulated difference between the original charges paid and the corrected charges.

2. Revival of the Policy

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

- (a) The application for revival is made within two years from the due date of the first unpaid premium. If the policy is not revived within this period, then the policy shall be foreclosed by paying the Surrender Value at the end of the revival period or at the end of three years, whichever is later.
- (b) The Policyholder, at his own expense, furnishes satisfactory evidence of health of the Life Assured, if required;
- (c) The receipt of arrears of premiums
- (d) The revival of the policy may be on terms different from those applicable to the policy before it lapsed; and
- (e) The revival will take effect only on it being specifically communicated by the Company to the Life Assured.
- (f) During this period, the Policyholder will continue to have the benefit of investment in the respective unit funds.

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.

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(b) The Life Assured, where he is the holder of the Policy, may, at any time during the tenure of the Policy, make a nomination for the purpose of payment of the moneys secured by the policy in the event of his death. Where the nominee is a minor, the Life Assured may also appoint a person to receive the money during the minority of the nominee. Nomination may be made by an endorsement on the Policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected before the termination of the Policy shall also be communicated to the Company.

The Company does not express itself upon the validity or accept any responsibility on the assignment or nomination in recording the assignment or registering the nomination or change in nomination.

4. Suicide

If the Life Assured, whether sane or insane, commits suicide within one year from date of issue of this policy, then only the Fund Value shall be paid and the policy shall terminate the said payment.

Further, if the Life Assured, whether sane or insane, commits suicide within one year from the effective date of increase in the Sum Assured, then the amount of increase shall not be considered in the calculation of the Death Benefit.

5. Special Provisions

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

6. Policy Alterations

Policy Alterations would be allowed after payment of atleast one full years premium subject to the rules of the company and IRDA guidelines at that point that point in time

7. Incontestability

a. 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 Life Assured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statements was 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 Assured was incorrectly stated in the proposal.

b. The Company would declare the Policy void in case of suppression / mis-statement / mis-representation of facts and all the monies paid under the Policy shall belong to the Company

8. Notices

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

In case of the Policyholder/ Nominee

As per the details specified by the Policy holder / Nominee in the Proposal Form / Change of Address intimation submitted by him.

In case of the Company:

Address : Customer Service Desk
ICICI Prudential Life Insurance Company Limited
Vinod Silk Mills Compound,
Chakravarthy Ashok Nagar, Ashok Road
Kandivali (East)
Mumbai- 400 101

Fax : 022 67100803 / 805

E-mail : lifeline@iciciprulife.com

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

It is very important that the Policyholder immediately informs the Company about the change in the address or the nominee particulars to enable the company to service him effectively.

9. Payment of Claim

Before payment of any claim under the Policy, the Company shall require the delivery of the original of this Policy document along with written intimation and other documents as mentioned below establishing the right of the claimant or claimants to receive payment.

- a. Claimant's statement
- b. Death certificate issued by the local and medical authority in case of death claim
- c. Medical evidence
- d. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

10. Legislative Changes

The terms and conditions including the premiums and the benefits payable are subject to variation in accordance with the relevant legislations

11. Electronic Transactions

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

12. Customer Service

- a. For any clarification or assistance, the policy holder may contact our advisor or get in touch with any of the touch points as mentioned on the reverse of this booklet.

Alternatively you may communicate with us:

By mail at : 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@iciciprulife.com

- b. The Company has a grievance Redressal mechanism for resolution of any dispute and any grievance or complaint in respect of this policy may be addressed to:-

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

- c. The Central Government has established an office of the Insurance Ombudsman for Redressal of grievances with respect to life insurance policies. For details of the Ombudsman log on to our website www.iciciprulife.com or contact our Customer Service Desk. The addresses of the Office of the Insurance Ombudsman are given below:

Insurance Ombudsman Centres	Jurisdiction
Ahmedabad Centre Office of Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad-380 014.	State of Gujarat and Union Territories of Dadra and Nagar Haveli and Daman and Diu
Bhopal Centre Office of Insurance Ombudsman, 1st floor, 117, Zone-II (Above D.M. Motors Pvt Ltd.) Maharana Pratap Nagar, Bhopal- 462 011.	States of Madhya Pradesh and Chattisgarh
Bhubneshwar Centre Office of Insurance Ombudsman, 62, Forest Park, Bhubneshwar- 751 009.	State of Orrisa
Chandigarh Centre Office of Insurance Ombudsman, S.C.O. No. 101,	States of Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir and Union territory of

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102 & 103, 2nd floor, Batra Building, Sector 17-D, Chandigarh- 160 017.	Chandigarh
Chennai Centre Office of Insurance Ombudsman, Fatima Akhtar Court, 4th floor, 453 (old 312), Anna Salai, Teynampet, Chennai- 600 018.	State of Tamil Nadu and Union Territories-Pondichery Town and Karaikal (which are part of Union Territory of Pondicherry)
Delhi Centre Office of Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi- 110 002.	States of Delhi and Rajasthan
Guwahati Centre Office of Insurance Ombudsman, Acquarius, Bhaskar Nagar, R.G. Baruah Road, Guwahati- 781 021.	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
Hyderabad Centre Office of Insurance Ombudsman, 6-2-47, Yeturu Towers Lane, Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad- 500 004.	States of Andhra Pradesh, Karnataka and Union Territory of Yaman-a part of the Union Territory of Pondicherry.
Kochi Centre Office of Insurance Ombudsman, 2nd floor, CC 27/2603,Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam – 682 015.	State of Kerala and Union Territory of Lakshadweep, Mahe-a Part of Union Territory of Pondichery
Kolkata Centre Office of Insurance Ombudsman, North British Bldg., 3rd floor, 29, N. S. Road, Kolkata- 700 001.	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands
Lucknow Centre Office of Insurance Ombudsman, Chintel's House, 1st floor, 16, Station Road, Lucknow- 226 001.	State of Uttar Pradesh and Uttaranchal
Mumbai Centre Office of Insurance Ombudsman, 3rd floor, Jeevan Seva Annexe (Above MTNL), S.V.Road, Santacruz (W), Mumbai- 400 054.	States of Maharashtra and Goa

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 U39 : 5)

ANNEXURE Rider Benefit(s) applicable if opted for

A. Accidental Death and Disability Benefit Rider

(i) Accidental Death Benefit

Subject to the conditions set out below, if whilst the policy is in force, the Life Assured is involved in an accident, but before the policy anniversary on which his age nearer birthday is 65, resulting in his death the Company agrees to pay the person/s to whom the benefits are payable under the Policy an additional amount equal to the Accidental Death and Disability Benefit Sum Assured (hereinafter referred to as "accidental cover") under this rider benefit.

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

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

- a) The death due to accident must be caused by violent, external and visible means;
- b) The death due to accident is not caused -
 - i) by attempted suicide or self inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or
 - ii) by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft (being a multi-engined aircraft) operating on a regular scheduled route; or
 - iii) by the Life Assured committing any breach of law; or
 - iv) due to war, whether declared or not or civil commotion; or
 - v) by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

- c) The accident shall result in bodily injury or injuries to the Life Assured independently of any other means;
- d) Such injury or injuries shall, within 180 days of its occurrence, directly and independently of any other means cause the death of the Life Assured; and
- e) The death of the Life Assured shall occur before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier;

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

The Policy must be in force on the date of accident as well as on the date of death.

(ii) Disability Benefit

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

1. Commencing from the first anniversary of the Disability Date and on each anniversary thereafter pay in ten annual installments, each equal to one-tenth of the amount of accidental cover under this Rider Benefit. In the event of the policy resulting in a claim before the receipt by the Life Assured of the last such installment, then the installments remaining unpaid shall become payable along with the claim.
2. The conditions subject to which the benefit is payable, are:
 - (a) The disability must be caused by violent, external and visible means;
 - (b) The disability is not caused,
 - i) by attempted suicide or self inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or
 - ii) by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft operating (being a multi engined aircraft) on a regular scheduled route; or
 - iii) by the Life Assured committing any breach of law; or
 - iv) due to war, whether declared or not or civil commotion; or
 - v) by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

- (c) If there are any other benefits payable under this rider benefit, then all such benefits shall cease to be available on and after the Disability Date.
- (d) The Disability must result within 180 days from the date of occurrence of the accident.
- (e) Written notice of any claim for the benefit shall be served on the Company within 120 days of the Disability Date and the admission of any claim for Disability Benefit will be subject to such proof (at the expense of the Life Assured), as the Company may reasonably require, that the Life Assured has become totally and permanently disabled. Such proof shall be furnished to the Company along with the submission of the notice of the disability
- (f) The Company reserves the right to call for such medical examinations as they may require and for this purpose, may advise the Life Assured to submit himself to one or more medical examinations conducted by medical practitioner/s appointed by the Company, the cost of which shall be borne by the company.
- (g) The payment of the Disability Benefit and the continuation thereof shall be subject to such proof, as the Company may require, that the Life Assured has been totally and permanently disabled and has continued to be totally and permanently disabled. If such proof is not furnished or if the Life Assured shall refuse or fail to submit for medical examination/s when required to do so, or if at any time the Company is satisfied that a claim for benefit under this clause has been wrongly admitted, the Life Assured shall be deemed to have ceased to be totally and permanently disabled immediately from the date on which the Company has requested for the supply of such proof or submission to medical examination/s or, as the case may be, from the date on which the Life Assured is communicated of wrongful admission of the claim, and thereafter the policy shall continue under such terms and conditions as the Company may decide.

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For the purpose of this benefit, a person shall only be regarded as 'Totally and permanently disabled' if that person, due to accident or injury has suffered a loss such as :

- the loss by physical separation of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation of one limb accompanied by the complete and irremediable loss of sight in one eye (where limb means an entire hand or foot), or
- has been continuously disabled for a period of six consecutive months and has been determined by the Company, after consideration of the reports and other information supplied by the Company's own medical practitioner, appointed to examine that person, to be incapacitated to such an extent as to render that person unlikely ever to resume work or to attend any gainful employment or occupation.

B. Critical Illness Benefit Rider

Provided the policy is in force and the Life Assured is diagnosed to be suffering from any one of the Critical Illnesses (as defined below) after six months from the Date of issue of the Policy but before the Policy anniversary on which he attains age 65 years nearer birthday, an amount equal to Sum Assured under this rider benefit shall fall to be paid, subject to conditions set out below: -

- (1) **The benefit shall not be payable in respect of any illness other than those defined as Critical Illness, nor shall it apply or be payable in respect of any of those said illnesses the symptoms of which have occurred or which has been diagnosed or for which the insured person received treatment prior to or during the first 6 months from the date of issue of the policy or from the date of commencement of this rider.**
- (2) **The benefit shall be payable on the Life Assured surviving 28 days from such diagnosis.**
- (3) **The Critical Illness shall not have been caused by the existence of Acquired Immune Deficiency Syndrome or the presence of any Human Immuno-deficiency Virus Infection in the person of the Life Assured, self inflicted injury, drug abuse, failure to follow medical advice, war, whether declared or not and civil commotion, pregnancy, breach of law, aviation other than as a fare paying passenger in a commercial licensed aircraft (being a multi-engined aircraft), hazardous sports and pastimes;**
- (4) **Written Notice of any claim for the benefit must be given to the Company within 60 days of such diagnosis.**
- (5) **The admission of any claim for this benefit will be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any one of the specified Critical Illness, as the Company may reasonably require.**
- (6) **The benefit shall automatically cease to be available when the policy is surrendered.**

Note 1: A "Critical Illness" shall mean anyone of the following illnesses as defined separately hereunder occurring after 6 months from the issue date of policy:-

- (a) **Cancer: -** A malignant tumour characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed. The term Cancer includes Leukemia but excludes the following:-
 - i) All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
 - ii) All forms of lymphoma in presence of any Human Immuno-deficiency Virus;
 - iii) Kaposi's Sarcoma in the presence of any Human Immuno-deficiency virus;
 - iv) Any Skin Cancer other than invasive malignant melanoma; and
 - v) Early Prostate Cancer which is histologically described as T1 (including T1a and T1b) or another equivalent or lesser classification.
- (b) **Coronary Artery By-Pass Graft Surgery (CABGS) -** the undergoing of open heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts; Angiographic evidence to support the necessity of the surgery will be required. Balloon angioplasty, laser or any catheter-based procedures are not covered.
- (c) **Heart attack -** The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiographic changes and by elevation of the cardiac enzymes. Diagnosis must be confirmed by a consultant physician.

- (d) **Kidney failure -** End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end stage kidney disease must be provided and the requirement for dialysis or transplantation must be confirmed by a consultant physician
- (e) **Major Organ Transplant -** The actual undergoing as a recipient of a transplant of heart, liver, lung, pancreas or bone marrow as a result of chronic irreversible failure. Evidence of end stage disease must be provided and the requirement for transplantation must be confirmed by a consultant physician.
- (f) **Stroke -** A cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.
- (g) **Paralysis- Complete and permanent loss of the use of two or more limbs as a result of injury or disease of the brain or spinal cord. To establish permanence the paralysis must normally have persisted for at least 6 months.**
- (h) **Aorta-surgery- The actual undergoing of surgery (including key hole type) for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.**
- (i) **Heart valve replacement/surgery- The undergoing of open heart surgery, on the advice of a consultant cardiologist, to replace or repair one or more heart valves**

Note 2:
"Diagnosis" shall mean diagnosis made by a physician based on such specific evidence as referred to in the definition of the particular Critical Illness concerned or, in the absence of such specified reference, based upon radiological, clinical, histological or laboratory tests acceptable to the Company.

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

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

Note 3:
The charges under the Critical Illness Benefit rider are not guaranteed and may be revised with prospective effect subject to approval from IRDA and after giving a notice to the policyholders.

C. Waiver of Premium Rider

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

The premium, being the amount not exceeding the Sum Assured of "waiver of premium" rider at the time of the claim under this rider, falling due on or after the Disability Date shall be advanced by the company till the end of the term of this rider benefit or till the death of the life assured whichever is earlier.

The conditions, subject to which the benefit is allowed, are:

- (a) The disability must be caused by violent, external and visible means;
- (b) The disability is not caused,
 - i) by attempted suicide or self inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or
 - ii) by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft operating (being a multi engined aircraft) on a regular scheduled route; or
 - iii) by the Life Assured committing any breach of law: or
 - iv) due to war, whether declared or not or civil commotion :or
 - v) by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- (c) The Disability must result within 180 days from the date of occurrence of the accident.

Policy Document - Cont

- (d) Written notice of any claim for the benefit shall be served on the Company within 120 days of the Disability Date and the admission of any claim for Waiver of Premium Benefit will be subject to such proof (at the expense of the Life Assured), as the Company may reasonably require, that the Life Assured has become totally and permanently disabled. Such proof shall be furnished to the Company along with the submission of the notice of the disability.
- (e) The Company reserves the right to call for such medical examinations as they may require and for this purpose, may advise the Life Assured to submit himself to one or more medical examinations conducted by medical practitioner/s appointed by the Company, the cost of which shall be borne by the company.
- (f) The admittance of this Benefit and the continuation thereof shall be subject to such proof, as the Company may require, that the Life Assured has been totally and permanently disabled and has continued to be totally and permanently disabled. If such proof is not furnished or if the Life Assured shall refuse or fail to submit for medical examination/s when required to do so, or if at any time the Company is satisfied that a claim for this rider benefit has been wrongly admitted, the Life Assured shall be deemed to have ceased to be totally and permanently disabled immediately from the date on which the Company has requested for the supply of such proof or submission to medical examination/s or, as the case may be, from the date on which the Life Assured is communicated of wrongful admission of the claim, and thereafter the policy shall continue under such terms and conditions as the Company may decide.

Notes :

1. The mortality charges applicable to Female Life Assured will be two years younger as compared to Male Life Assured.
2. For Female life Assured of age 7 and 8, the rates will be those applicable to Male Life Assured of age 7.

Critical Illness Benefit Rider

Standard Rider charges per thousand Sum Assured

Age nearest Birthday	Males	Females
18	0.61	0.54
19	0.61	0.54
20	0.61	0.54
21	0.63	0.58
22	0.65	0.63
23	0.69	0.68
24	0.71	0.74
25	0.75	0.81
26	0.80	0.89
27	0.86	0.99
28	0.93	1.11
29	1.03	1.25
30	1.14	1.40
31	1.28	1.59
32	1.44	1.79
33	1.63	2.00
34	1.85	2.25
35	2.09	2.51
36	2.35	2.79
37	2.64	3.10
38	2.94	3.43
39	3.25	3.79
40	3.60	4.15
41	3.98	4.54
42	4.41	4.96
43	4.94	5.40
44	5.54	5.90
45	6.23	6.43
46	7.01	7.01
47	7.89	7.65
48	8.89	8.33
49	9.99	9.03
50	11.11	9.73
51	12.21	10.40
52	13.30	11.06
53	14.36	11.70
54	15.39	12.33
55	16.31	12.95
56	17.18	13.59
57	18.03	14.29
58	18.96	15.06
59	19.98	15.93
60	21.06	16.84
61	22.21	17.78
62	23.48	18.74
63	24.83	19.73
64	26.25	20.70
65	27.69	21.68

Note: These rates are not guaranteed. Any change would be made with approval from IRDA.

Accidental Death and Disability Benefit Rider

Charges for all ages	Rs 0.9 per thousand Sum assured
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For the purpose of this benefit, a person shall only be regarded as "Totally and Permanently Disabled" if that person, due to accident or injury has suffered the following:

- The loss by physical separation of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation of one limb accompanied by the complete and irremediable loss of sight in one eye (where limb means an entire hand or foot), or
- Has been continuously disabled for a period of six consecutive months and has been determined by the Company, after consideration of the reports and other information supplied by the Company's own medical practitioner, appointed to examine that person, to be incapacitated to such an extent as to render that person unlikely ever to resume work or to attend any gainful employment or occupation.

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 U39:4)

Annexure

Standard Mortality Charges per thousand Life Insurance Cover (for Male Life Assured)

Age Nearest Birthday	Basic Mortality Charges	Age Nearest Birthday	Basic Mortality Charges
		41	2.65
7	0.72	42	2.82
8	0.72	43	3.04
9	0.75	44	3.31
10	0.77	45	3.62
11	0.85	46	3.98
12	0.96	47	4.39
13	1.02	48	4.85
14	1.08	49	5.35
15	1.13	50	5.91
16	1.17	51	6.51
17	1.22	52	7.15
18	1.26	53	7.85
19	1.29	54	8.60
20	1.33	55	9.39
21	1.35	56	10.23
22	1.38	57	10.93
23	1.40	58	11.83
24	1.42	59	12.93
25	1.43	60	14.21
26	1.45	61	15.69
27	1.45	62	17.37
28	1.46	63	19.25
29	1.46	64	21.32
30	1.46	65	22.42
31	1.49	66	25.30
32	1.53	67	28.51
33	1.59	68	32.09
34	1.66	69	36.08
35	1.75	70	40.51
36	1.86	71	45.44
37	1.98	72	50.92
38	2.12	73	57.00
39	2.30	74	63.75
40	2.48	75	71.25

