

**CUSTOMER INFORMATION SHEET/KNOW  
YOUR POLICY**

This document provides key information about your policy. You are also advised to go through your policy document.

SI No	Title	Description  (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	<b>Name of Insurance Product/Policy</b>	<ul style="list-style-type: none"> <li>• ICICI Pru Non-Linked Waiver of Premium Rider</li> </ul> <p style="margin-left: 40px;">Benefit Option: Life &amp; Health option</p>	
2	<b>Application/Policy number</b>	<Application Number>	
3	<b>Type of Insurance/Policy</b>	Waiver of Premium	
4	<b>Sum Insured (Basis)  (Along with amount)</b>	<p>Sum Assured - &lt;Sum Assured&gt;</p> <p><i>Sum Assured is the sum of the Annualized Premium and Annualized Underwriting Extra Premium amount of the Base Policy or the subsisting other rider(s) as applicable that will be waived by the Company every year of the outstanding premium payment term, on occurrence of the contingent event.</i></p>	Rider Schedule
5	<b>Policy Coverage (What the policy covers?)  (Policy Clause Number/s)</b>	<p>This WoP Rider can be attached to Your Base Policy or other Subsisting Rider(s) if any. Depending on the manner of attachment, the following benefit is applicable on the occurrence of the contingent event, as mentioned under the chosen Benefit Option:</p> <ul style="list-style-type: none"> <li>a. <b>If attached with the Base Policy:</b> all future premiums payable under the Base Policy including any Underwriting Extra Premiums will be waived off;</li> <li>b. <b>If attached with Subsisting Rider(s) if any:</b> all future premiums payable under the Subsisting Rider(s) including any Underwriting Extra Premiums shall be waived off.</li> </ul> <p>Waiver of Premium on the first occurrence of Death or Terminal Illness</p>	Part C, Clause A

or Accidental Total and Permanent Disability or diagnosis of any of the covered Critical Illnesses.

For Accidental Total and Permanent Disability, the Life Assured named under this rider should mandatorily satisfy at least one of the following conditions:

Condition 1:

The Life Assured named under this rider suffers any of the following disabilities due to an Injury/Accident due to which there is total and irrecoverable disability:

- Loss of Use of at least two limbs
- Loss of Sight of both eyes
- Loss of hearing and loss of speech
- Loss of Use of four fingers and Thumb of both hands
- Loss of Use of one limb and sight of one eye
- Loss of Use of one limb and hearing
- Loss of Use of one limb and speech
- Loss of sight of one eye and speech
- Loss of sight of one eye and hearing
- Loss by severance of two or more limbs at or above wrists or ankles
- Loss by severance of four Fingers and Thumb of both hands
- Loss by severance of one limb and sight of one eye
- Loss by severance of one limb and hearing
- Loss by severance of one limb and speech

Or,

Condition 2:

The Life Assured named under this rider must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit.

Or,

Condition 3:

The Life Assured named under this rider must be unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Work":

- a. Mobility: The ability to walk a distance of 200 meters on flat ground.
- b. Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
- c. Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- d. Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- e. Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
- f. Blindness: permanent and irreversible – Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

The list of Covered Critical Illnesses under this option are as follows:

- Cancer of Specified Severity
- Myocardial Infarction or First Heart Attack of Specified Severity
- Open Chest CABG
- Stroke resulting in permanent

		<p>symptoms.</p> <ul style="list-style-type: none"> <li>• Kidney Failure Requiring Regular Dialysis</li> <li>• Major Organ/ Bone Marrow Transplant</li> <li>• Multiple Sclerosis with Persisting Symptoms</li> <li>• Alzheimer's Disease</li> <li>• Heart Valve Surgery (Open Heart Replacement or Repair of Heart Valves)</li> <li>• Apallic Syndrome</li> <li>• Benign Brain Tumour</li> <li>• Brain Surgery</li> <li>• Coma of Specified Severity</li> <li>• Major Head Trauma</li> <li>• Major Burns</li> </ul> <p>For more information please refer to the policy document (Part C, Clause A) under the section 'Specimen Policy Document' available on our website at <a href="https://www.icicprulife.com/services/download-centre.html">https://www.icicprulife.com/services/download-centre.html</a></p>	
6	<p><b>Exclusions</b></p> <p><b>(what the policy does not cover)</b></p>	<p>For more information please refer to the policy document (Part C, Clause B) under the section 'Specimen Policy Document' available on our website at <a href="https://www.icicprulife.com/services/download-centre.html">https://www.icicprulife.com/services/download-centre.html</a> for exclusions and conditions applicable</p>	Part C, Clause B
7	<p><b>Waiting period</b></p> <ul style="list-style-type: none"> <li>• <b>Time period during which specified diseases/treatments are not covered</b></li> <li>• <b>It is counted from the beginning of the policy coverage</b></li> </ul>	<ul style="list-style-type: none"> <li>• Waiting period is applicable for Critical Illness Benefit. The benefit shall not apply in respect of any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the first six months from the Date of Commencement of Risk or 3 months from the Rider revival date where this rider has lapsed for more than 3</li> </ul>	Part C, Clause C

		<p>months.</p> <ul style="list-style-type: none"> <li>• No waiting period applies where Critical Illness is due to Accident.</li> </ul>	
8	<p><b>Financial limits of coverage</b></p> <p><b>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of the limit)</b></p> <p><b>ii. Co- payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</b></p> <p><b>iii. Deductible (It is a specified amount:</b></p> <ul style="list-style-type: none"> <li>- Up to which an insurance company will not pay any claim, any</li> <li>- Which will be deducted from total claim amount (if claim amount is more than the specified amount)</li> </ul> <p><b>iv. Any other limit (as applicable)</b></p>	Not Applicable	
9	<b>Claims/Claims Procedure</b>	<p>For processing a death claim, we will require the following documents (as may be relevant):</p> <p>For natural deaths:</p> <ul style="list-style-type: none"> <li>a) Claimant's Statement</li> <li>b) Original Policy Document</li> <li>c) Death Certificate of the Life Assured issued by the local municipal authority</li> <li>d) Cancelled Cheque for processing electronic payment</li> <li>e) Claimant's Photo Identity proof and</li> </ul>	Part F, Clause 10

		<p>address proof</p> <p>f) Medical cause of the death certificate issued by the last treating/ last attending doctor, if any</p> <p>g) Medical records (Admission notes, Discharge Summary/Death summary, test reports etc., if any</p> <p>h) Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the death.</p> <p>For unnatural deaths:</p> <p>a) Claimant's Statement</p> <p>b) Original Policy Document</p> <p>c) Death Certificate of the Life Assured issued by the local municipal authority</p> <p>d) Cancelled Cheque for processing electronic payment</p> <p>e) Claimant's Photo Identity proof &amp; address proof</p> <p>f) Post Mortem report &amp; viscera/ chemical analysis report</p> <p>g) FIR report, final police investigation report, police panchnama/ Inquest report, driving license</p> <p>h) Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the death.</p> <p>For processing a Terminal Illness claim under this Rider, We will require the following documents (as may be relevant):</p> <p>a) Claimant's Statement</p> <p>b) Original Policy Certificate</p> <p>c) Claimant ID Proof.</p> <p>d) Claimant's residence proof</p> <p>e) Recent Photograph of LA</p> <p>f) PAN/form 60</p> <p>g) EPM form with cancelled cheque</p> <p>h) Certificate from two independent medical practitioners giving life</p>	
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		<p>expectancy of life assured in view of terminal illness.</p> <p>i) First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up paper</p> <p>j) Current and previous medical records for last 5 years, if any.</p> <p>k) Other Insurance policy Life/health/mediclaime with details of past claims/ settlement letters.</p> <p>We may ask for below requirements basis case to case</p> <ul style="list-style-type: none"> <li>• Certificate from employer.</li> <li>• Income documents: Salary slip of last 6 months/ITR for last 3years/ Bank Statement of last 1 year giving income credit.</li> </ul> <p>For processing an Accidental Total and Permanent disability claim under this Rider, We will require the following documents (as may be relevant):</p> <ol style="list-style-type: none"> <li>a) Claimant's Statement</li> <li>b) Original Policy Certificate</li> <li>c) Claimant ID Proof.</li> <li>d) Claimant's residence proof</li> <li>e) Certificate from Medical Practitioner</li> <li>f) Recent Photograph of LA</li> <li>g) PAN/form 60</li> <li>h) EPM form with cancelled cheque</li> <li>i) Treating doctor's certificate giving exact duration, diagnosis, prognosis and treatment given post accident</li> <li>j) First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up papers since onset of accident.</li> <li>k) Current and previous medical records for last 5 years, if any.</li> </ol>	
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- l) Certificate from employer.
- m) Income documents: Salary slip of last 6 months/ITR for last 3years/ Bank Statement of last 1 year giving income credit.
- n) Other Insurance policy Life/health/medicclaim with details of past claim settlement letters.

For processing a Critical Illness claim under this Rider, We will require the following documents (as may be relevant):

- Claimant's Statement
- Original Policy Certificate
- Claimant ID Proof.
- Claimant's residence proof
- Recent Photograph of LA
- PAN/form 60
- EPM form with cancelled cheque
- Treating doctor's certificate giving exact duration, diagnosis, prognosis, and treatment given for critical illness
- First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up papers since onset of critical illness.
- Current and previous medical records for last 5 years, if any.
- Other Insurance policy Life/health/medicclaim with details of past claims/ settlement letters.

We may ask for below requirements basis case to case:

- Certificate from employer.
- Income documents: Salary slip of last 6 months/ITR for last 3years/ Bank Statement of last 1 year giving income credit.
- FIR or MLC copy



		<p>For any assistance on Claims, you can call Us on 1-860-266-7766 (for calls within India) or +91 8069385555 (for calls outside India). You can also register a health or a death claim by sending us an email at <a href="mailto:claimsupport@icicprulife.com">claimsupport@icicprulife.com</a></p> <p>The claim form can be downloaded from the following links:</p> <p>Digital Claim Form Link:  <a href="https://buy.icicprulife.com/buy/Claim-Intimation.htm?execution=e2s1">https://buy.icicprulife.com/buy/Claim-Intimation.htm?execution=e2s1</a></p> <p>Physical Claim Form Link:  <a href="https://www.icicprulife.com/insurance-library/life-insurance-claims-related-faqs.html#linked_content">https://www.icicprulife.com/insurance-library/life-insurance-claims-related-faqs.html#linked_content</a></p>	
10	Policy Servicing	<p>For any clarification or assistance, You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on 1-860-266-7766 or visit Our website: <a href="http://www.icicprulife.com">www.icicprulife.com</a>. Alternatively, You may communicate with Us at any of our branches or the customer service helpline number 1-860-266-7766 or email at <a href="mailto:lifeline@icicprulife.com">lifeline@icicprulife.com</a>. For updated contact details, We request You to regularly check Our website.</p>	Part G
11	Grievances/Complaints	<p><b>i. Grievance Redressal Officer:</b></p> <p>If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at <a href="mailto:gro@icicprulife.com">gro@icicprulife.com</a> or 1860 266 7766.</p> <p>Address: ICICI Prudential Life</p>	Part G

Insurance Company Limited,  
Ground Floor & Upper  
Basement,  
Unit No. 1A & 2A, Raheja  
Tipco Plaza,  
Rani Sati Marg, Malad  
(East),  
Mumbai-400097

The concerns of senior citizens will be resolved on priority ensuring there is a speedy disposal of the grievances.

For more details please refer to the "Grievance Redressal" section on [www.iciciprulife.com](http://www.iciciprulife.com).

**ii. Grievance Redressal Committee:**

If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may escalate the matter to Our internal grievance redressal committee at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.  
Ground Floor & Upper Basement,  
Unit No. 1A & 2A, RahejaTipco Plaza,  
Rani Sati Marg, Malad  
(East),Mumbai- 400097  
Maharashtra.

**• IRDAI/(IGMS/Call Centre):**

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

		<p>IRDAI Grievance Call Centre (IGCC)  TOLL FREE NO: <b>155255 (or) 1800 4254 732</b>  Email ID: <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a></p> <p>You can also register your complaint online at <a href="http://igms.irda.gov.in">igms.irda.gov.in</a>  Address for communication for complaints by fax/paper:  Consumer Affairs Department  Insurance Regulatory and Development Authority of India  Survey No. 115/1, Financial District,  Nanakramguda, Gachibowli,  Hyderabad, Telangana State – 500032</p> <p><b>Ombudsman list:</b> Please refer to ‘Specimen Policy Document’ available at  <a href="https://www.iciciprulife.com/services/download-centre.html">https://www.iciciprulife.com/services/download-centre.html</a></p>	
12	<b>Things to remember</b>	<p>Free Look cancellation: You have an option to review the Rider within &lt;15/30&gt; days from the date you receive it. In this period, if you are not satisfied with the Rider terms and conditions, you can return the Rider to us with reasons for cancellation. We will refund the premium paid for rider after deduction of Stamp duty, proportionate risk premium for the period of cover and the expenses borne by us on medical tests, if any. In case the Base Policy is cancelled within free-look period, Rider will also be automatically cancelled.</p> <p>Policy renewal: Not Applicable</p> <p>Migration and Portability: Not Applicable</p> <p>Change in Sum Insured: Not Applicable</p> <p>Moratorium Period: Not Applicable</p>	

<b>13</b>	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before a rider. Non-disclosure may affect the claim settlement.</p> <p>Material information includes:</p> <ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Gender</li> <li>• Education</li> <li>• Annual Income</li> <li>• Occupation details</li> <li>• Nationality &amp; country of residence</li> <li>• Question on criminal charges</li> <li>• Avocation/dangerous hobbies</li> <li>• Address &amp; Pincode</li> <li>• Details of existing &amp; applied insurance policies with other companies &amp; terms of acceptance</li> <li>• Personal details like habits, Height &amp; weight</li> <li>• Health Questions</li> </ul>	