

Policy Document - Terms and Conditions of your policy

ICICI Pru iProtect Smart

(This is a Non-Linked Non-Par Life Individual Pure Risk Premium Product)

PART-B

Definitions

1. Age means age at last birthday. **2. Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means. **3. Accelerated Critical Illness Benefit (ACI Benefit)** means the benefit, which is payable upon the Life Assured being diagnosed on first occurrence of any of the covered 34 Critical Illnesses. **4. Annualized Premium** means the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any. **5. Appointee** means the person appointed by You to receive the benefits payable under the Policy till Your Nominee is a minor. **6. Death Benefit** means the benefit, which is payable on death or diagnosis of Terminal Illness as specified in the Policy Document. **7. Death Benefit Payout Option** is the manner in which the Nominee receives the Death Benefit payable under the Policy. **8. Claimant** means the person entitled to receive the Policy benefits and includes You, the nominee, the assignee, the legal heir, the legal representative(s) or the holder(s) of succession certificate as the case may be. **9. Date of commencement of risk** is later of Policy Issue Date or Policy Acceptance Date. **10. Date of Maturity** means the date specified in the Policy Schedule on which the term of the Policy ends. **11. Distance Mode** means every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) voice mode, which includes telephone-calling (ii) short messaging service (SMS) (iii) electronic mode which includes e-mail, internet and interactive television (DTH) (iv) physical mode which includes direct postal mail and newspaper and magazine inserts and (v) solicitation through any means of communication other than in person. **12. Hospital** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under: i) has qualified nursing staff under its employment round the clock; ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; iii) has qualified medical practitioner(s) in charge round the clock; iv) has a fully equipped operation theatre of its own where surgical procedures are carried out; v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel; **13. Insured event** is the event on the happening of which, benefits under Your policy become payable. **14. Income Term** means a period as chosen by You at policy inception and as specified in the Policy Schedule during which the Death Benefit is paid out as monthly income to the Claimant. **15. Life Assured** means the person named in the Policy Schedule on whose life the Policy has been issued. **16. Limited Pay** means premiums need to be paid regularly for a limited portion of the Policy Term. **17. Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage. **18. Nominee** means the person named in the Policy Schedule who has been nominated by You to receive benefits in respect of this Policy. **19. Policy** means the contract of Insurance entered into between You and Us as evidenced by the "Policy document". **20. Policy Acceptance Date** means the date as specified in the Policy Schedule, from which the policy was effected. **21. Policy document** means this document, the Proposal Form, the Policy Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form, and any endorsement issued by Us. **22. Policy Issue Date** means the date as specified in the Policy Schedule. **23. Policyholder or the Proposer or You or Your** means the owner of the Policy at any point of time. **24. Policy Term** means the period between the Policy Acceptance Date and the Date of Maturity specified in the Policy Schedule. **25. Policy Schedule** means the policy schedule and any endorsements attached to and forming part of this Policy. **26. Premium** means the instalment premium in case of Regular Pay and Limited Pay or single premium in case of Single Pay specified in the Policy Schedule which is payable/has been received under the Policy. **27. Pre-existing Disease** means any condition, ailment, injury or disease: i. that is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Company or its revival or ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its revival. **28. Premium Payment Term** means the period specified in the Policy Schedule during which Premium is payable. **29. Proposal Form** means a form to be completed by You for availing an insurance policy, and to furnish all Material information required by Us to assess risk and to decline or to undertake the risk, and in the event of acceptance of risk, to determine the rates, advantages, terms and conditions of a cover to be granted. Explanation: "Material" shall mean and include all important, essential and relevant information that enables Us to take an informed decision while underwriting the risk. **30. Regulator** means the authority that has regulatory jurisdiction and powers over

Us. Currently the Regulator is the Insurance Regulatory and Development Authority of India (IRDAI). **31. Regular Pay** means premiums need to be paid regularly throughout the Policy Term. **32. Revival of the Policy** means restoration of Policy benefits. **33. Revival period** means the period of five consecutive years from the due date of the first unpaid premium and before the termination date of the Policy, during which period You are entitled to revive the policy. **34. Sum Assured** means the amount specified in the Policy Schedule. **35. Surrender** means complete withdrawal/termination of the Policy by You. **36. Total Premiums Paid** means the total of all premiums received, excluding any extra premium, any rider premium and taxes. **37. Unexpired risk premium value** means an amount, if any, that becomes payable in case of surrender or discontinuance of premium in single/limited pay policies in accordance with the terms and conditions of the Policy. **38. You or Your** means the Policyholder of the Policy at any point of time. **39. We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited.

PART- C

1. Benefits available under the policy:

1.1 Death Benefit We shall pay the Death Benefit as per the Death Benefit Payout Option stated on Your Policy Schedule upon diagnosis of Terminal Illness or death of the Life Assured whichever is earlier provided the Policy is in force as on the date of diagnosis of Terminal Illness or the date of death of the Life Assured. A Life Assured shall be regarded as "Terminally Ill" only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two independent Medical Practitioners, specializing in treatment of such illness, is highly likely to lead to death within 6 months. The terminal illness must be diagnosed and confirmed by Medical Practitioners registered with Indian Medical Association and approved by Us. We reserve the right for independent assessment of the Terminal Illness. Death Benefit would be as per the below table:

Premium Payment Option	Death Benefit
Regular Pay and Limited Pay	Higher of 7 times the annualized premium or 105% of the total premiums received up to the date of death or the sum assured as stated on your policy schedule to be paid on death.

a. The Death Benefit will reduce by the extent of the ACI Benefit claim paid if the Death Benefit is higher than the ACI Benefit. ACI Benefit is as explained in section 1.4 below. **b.** The Policy shall terminate upon payment of the Death Benefit. **c.** The Death Benefit amount may be taxable as per the prevailing tax laws.

1.2 Waiver of Premium on Permanent Disability due to accident a. Upon the diagnosis of Permanent Disability (as defined below) of the Life Insured which arises due to an Accident, We shall waive all future premiums payable for all benefits under the Policy during the remaining Premium Payment Term of the Policy provided the Policy is in force as on the date of diagnosis of Permanent Disability of the Life Assured. **b.** The Policy will continue for the Death Benefit, Accidental Death Benefit and the Accelerated critical illness benefit. For the purpose of this benefit, and Permanent Disability means the inability of the Life Assured to perform at least 3 of the following 6 activities of daily work: • Mobility: The ability to walk a distance of 200 meters on flat ground. • 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. • Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed. • 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. • Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard. • Blindness: The 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. **c.** Provided that the disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by a Company empanelled Medical Practitioner. In the event of death of the insured within the above period, the policy shall terminate on payment of applicable benefits and all rights, benefits and interests under the policy shall stand extinguished. **d.** In case of incidences covered under accidental Permanent Disability as well as Critical Illness, benefits shall be paid out under both the options.

1.3 Accidental Death(AD) Benefit a. In the event of the Life Assured's death due to an Accident, where both Accident and death occur during the Accidental Death Benefit Term, the Accidental Death Benefit as mentioned on the Policy Schedule will be payable by Us forthwith as a lump sum subject to the terms and conditions below. This is an additional benefit and will be paid in addition to the Death Benefit. **b.** The Accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the Accident, directly and independently of any other means cause the death of the Life Assured before the expiry of the Accidental Death Benefit cover. In the event of the death of the Life Assured after 180 days of the occurrence of the Accident, the Company shall not be liable to pay the Accidental Death Benefit. The benefit will be payable if the accident occurs within the Accidental Death Benefit Term even if the death occurs beyond the Accidental Death Benefit Term (however within 180 days of the accident). **c.** The Policy must be in full force at the time of Accident. **d.** The Company shall not be liable to pay this benefit in case the accident and subsequent death of the Life Assured occurs after

the Accidental Death Benefit term. e. Upon payment of the Accidental Death Benefit, the Policy will terminate and all rights, benefits and interests under the Policy will stand extinguished. f. In case no AD Benefit is triggered within the AD Benefit term, then AD Benefit will terminate and premiums corresponding to it will not be payable. However You would be required to pay premiums for all other Benefits to keep the policy in force.

1.4 Accelerated Critical Illness (ACI) Benefit a. We shall pay the ACI Benefit upon the Life Assured being diagnosed on first occurrence of any of the covered 34 Critical Illnesses defined below within ACI Benefit term, provided the Policy is in force as on the date of diagnosis of Critical Illness of the Life Assured. **b.** Once ACI Benefit is triggered, • If ACI Benefit is less than the Death Benefit the policy will continue with a reduced Death Benefit by the extent of ACI Benefit paid. Premium payment on account of ACI Benefit will cease after payout of ACI Benefit. The future premiums for Death Benefit will reduce proportionately. • If ACI Benefit is equal to the Death Benefit the policy will terminate. • The benefit is payable irrespective of the actual expenses incurred by the policyholder. **c.** In case of Angioplasty: ACI Benefit payable is subject to a maximum of Rs. 5,00,000. On payment of Angioplasty, • The policy will continue for other covered CIs with ACI Benefit reduced by Angioplasty payout and future premiums for ACI benefit reduced proportionately and • The Policy will continue with Death Benefit reduced by Angioplasty payout, and future premiums for Death Benefit will reduce proportionately. **d.** In case of incidences covered under accidental Permanent Disability as well as Critical Illness, benefits shall be paid out under both the options. **e.** In case no ACI Benefit is triggered within the ACI Benefit term, then ACI Benefit will terminate and premiums corresponding to it will not be payable. However You would be required to pay premiums for all other Benefits to keep the policy in force.

Waiting Period for Accelerated Critical Illness Benefit a. The ACI benefit shall not apply or be payable 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 three months from the policy revival date where the policy has lapsed for more than three months. **b.** In the event of occurrence of any of the scenarios mentioned in 'a' above, or in case of a death claim, where it is established that the Life Assured was diagnosed to have any one of the covered critical illness during the waiting period for which a critical illness claim could have been made, the Company will refund the premiums corresponding to the ACI Benefit from date of commencement of risk of the policy or from the date of revival as applicable and the ACI Benefit will terminate with immediate effect. **c.** No waiting period applies where the Critical Illness arises due to an Accident. For the purpose of the ACI Benefit, "Critical Illness" means any of the following listed illnesses or procedures: **1. Cancer of Specified Severity:** A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded - **1.** All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3. **2.** Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; **3.** Malignant melanoma that has not caused invasion beyond the epidermis; **4.** All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 **5.** All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; **6.** Chronic lymphocytic leukaemia less than RAI stage 3 **7.** Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, **8.** All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; **2. Open Chest CABG:** The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. Excluded are: Angioplasty and/or any other intra-arterial procedures **3. Myocardial Infarction (First Heart Attack of Specified Severity):** The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: **1.** A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) **2.** New characteristic electrocardiogram changes **3.** Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: **1.** Other acute Coronary Syndromes **2.** Any type of angina pectoris **3.** A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure. **4. Heart Valve Surgery (Open Heart Replacement or Repair of Heart Valves):** The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a

consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded. **5. Surgery to aorta** The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. **6. Cardiomyopathy** An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, based on the following classification criteria: Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded. **7. Primary (Idiopathic) Pulmonary hypertension** An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment. The NYHA Classification of Cardiac Impairment are as follows: a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

8. Angioplasty Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded. **9. Blindness** Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by: a. corrected visual acuity being 3/60 or less in both eyes or ; b. the field of vision being less than 10 degrees in both eyes. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure. **10. End stage Lung Failure (Chronic Lung Disease):** End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following: **1.** FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and **2.** Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and **3.** Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and **4.** Dyspnea at rest. **11. End stage liver failure (Chronic liver disease):** Permanent and irreversible failure of liver function that has resulted in all three of the following: **1.** Permanent jaundice; and **2.** Ascites; and **3.** Hepatic encephalopathy. Liver failure secondary to drug or alcohol abuse is excluded. **12. Kidney Failure Requiring Regular Dialysis:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner. **13. Major Organ / Bone Marrow Transplant** The actual undergoing of a transplant of: **i.** One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or **ii.** Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. **iii.** The following are excluded: a. Other stem-cell transplants b. Where only islets of langerhans are transplanted. **14. Apallic Syndrome:** Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month. **15. Benign Brain Tumour:** Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist. **1.** Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or **2.** Undergone surgical resection or radiation therapy to treat the brain tumor. The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord. **16. Brain Surgery** The actual

undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

17. Coma of Specified Severity: A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: • no response to external stimuli continuously for at least 96 hours; • life support measures are necessary to sustain life; and • permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

18. Major Head Trauma Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. The Activities of Daily Living are: **1.** Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; **2.** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **3.** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; **4.** Mobility: the ability to move indoors from room to room on level surfaces; **5.** Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **6.** Feeding: the ability to feed oneself once food has been prepared and made available. The following are excluded: **1.** Spinal cord injury; **19. Permanent Paralysis of Limbs** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months. **20. Stroke resulting in permanent symptoms** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded: • Transient ischemic attacks (TIA) • Traumatic injury of the brain • Vascular disease affecting only the eye or optic nerve or vestibular functions. **21. Alzheimer's Disease** Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner. The disease must result in a permanent inability to perform three or more Activities of daily living with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days. The following conditions are however not covered: a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease b. alcohol related brain damage; and c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease. The Activities of Daily Living are: i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces; v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available. **22. Motor Neurone Disease with permanent symptoms** Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months. **23. Multiple Sclerosis with persisting symptoms** The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: **1.** investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and **2.** there must be

current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. Other causes of neurological damage such as SLE are excluded. **24. Muscular Dystrophy** Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions: **(a)** Family history of other affected individuals; **(b)** Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction; **(c)** Characteristic electromyogram; or **(d)** Clinical suspicion confirmed by muscle biopsy. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months. **25. Parkinson's Disease** Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition: **(a)** cannot be controlled with medication; **(b)** shows signs of progressive impairment; and **(c)** Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. Drug-induced or toxic causes of Parkinson's disease are excluded. **26. Poliomyelitis** The occurrence of Poliomyelitis where the following conditions are met: **1.** Poliovirus is identified as the cause and is proved by Stool Analysis, **2.** Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. **27. Loss of Independent Existence** The insured person is physically incapable of performing at least three (3) of the "Activities of Daily Living" as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor Who is a specialist. Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness. Activities of Daily Living: **1.** Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; **2.** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **3.** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; **4.** Mobility: the ability to move indoors from room to room on level surfaces; **5.** Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **6.** Feeding: the ability to feed oneself once food has been prepared and made available. **28. Loss of Limbs** The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. **29. Deafness** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears. **30. Loss of Speech** Total and irrecoverable loss of the ability to speak as a result of injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist. **31. Medullary Cystic Disease** Medullary Cystic Disease where the following criteria are met: **a)** the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; **b)** clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and **c)** the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit. **32. Systematic lupus Eryth. with Renal Involvement** Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded. Abbreviated ISN/RPS classification of lupus nephritis (2003): Class I - Minimal mesangial lupus nephritis Class II - Mesangial proliferative lupus nephritis Class III - Focal lupus nephritis Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis Class V - Membranous lupus nephritis Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology. **33. Third Degree Burns (Major Burns)** There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area. **34. Aplastic Anaemia** Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: **(a)** Blood product transfusion; **(b)** Marrow stimulating agents; **(c)** Immunosuppressive

agents; or (d) Bone marrow transplantation. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: - Absolute Neutrophil count of 500 per cubic millimetre or less; - Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and - Platelet count of 20,000 per cubic millimetre or less.

1.5 Life Stage Protection You can choose to increase the Death Benefit at the key milestones of marriage and child birth/ adoption of child, provided no claim has been admitted for any benefits under the policy and the policy is in force. The Death Benefit can be increased without any medicals on any one or all of the below events during the term of the Policy. This feature is available only to a Life Assured underwritten as a standard life at the time of inception of the Policy per the Board Approved Underwriting Policy.

Event	Additional Death Benefit (percentage of original Sum Assured)	Subject to maximum additional Death Benefit
Marriage	50%	₹ 50,00,000
Birth / Legal adoption of 1st child	25%	₹ 25,00,000
Birth / Legal adoption of 2nd child	25%	₹ 25,00,000

On exercising the option, You will have to pay an additional premium for the additional Sum Assured for the outstanding term of the policy based on your then age. Hence the future premium payable by You on exercising this option will be the sum of original premium and additional premium. No fee is chargeable for this option. This feature is available only with Regular premium payment option. Such increase in sum assured is only applicable to base death benefit. The ACI Benefit and AD Benefit will remain unchanged. Premium will be recalculated based on the increased Death Sum Assured and outstanding policy term. This is subject to:

- Minimum policy term (which is 5 years) available at the time of exercising this feature.
- The Life Assured being less than 50 years of age at the time of the event.

Such increase needs to be exercised within 6 months of the event and will be effective from the next policy anniversary. The additional premium will also be payable from next policy anniversary.

1.6 Death Benefit Payout Options The Death Benefit will be payable to the Claimant as per one of the below options chosen by You at the inception of Your policy and mentioned in Your Policy Schedule. **1. Lump Sum Option**– Entire death benefit amount is payable as lump sum. **2. Income Option** – A percentage of the Death Benefit amount is payable every year throughout the Income term. This will be payable in equal monthly instalments in advance at a defined rate of death benefit amount given in the table below:

The income term wise benefit amount payable is given below:

Income Term (in years)	% of Death Benefit payable every year	% of Death Benefit payable monthly in advance
10	10%	0.833333%
20	5%	0.416667%
30	3.33%	0.277778%

The Claimant can also advance the first year's income as lump sum. In such case, the monthly income payable to the claimant (in equal monthly instalments) shall be arrived at a different rate as mentioned below and payment shall commence from the subsequent month for the remaining Income Term (total income term less 1 year). The income term wise benefit amount payable is given below:

Income Term (in years)	% of Death Benefit payable monthly if year 1 benefit is taken as lumpsum
10	0.8%
20	0.4%
30	0.27%

3. Lump sum and Income – In this the Death Benefit will be paid as a combination of income and lump sum payout options. The part of the Death Benefit amount to be paid out as lump sum is chosen at inception. The balance Death Benefit amount will be paid out in equal monthly instalments in advance at a defined rate of death benefit for the Income Term chosen at inception given under Clause 1.6 (2) above.

4. Increasing Income Option – Benefit amount is payable in monthly instalments for 10 years starting with 10% of the benefit amount per annum in the first year. The income amount will increase at 10% p.a. simple interest every year thereafter. For options 2, 3, and 4, at the time of death claim approval or at any time after the start of monthly income, the Claimant will have the option to convert the outstanding monthly income into lump sum pay out. The Policy will terminate with all rights and benefits after the lump sum payout has been released to the Claimant. The lump sum amount will be the present value of future payouts calculated at a discount rate as given below:

- At the time of death claim approval: 4% p.a.
- At any time after the payment of first monthly income: Higher of 4% and 10-year Government Securities yield, rounded to nearest 0.25%. The yield on 10-year Government Securities will be sourced from www.bloomberg.com. This discount rate will be reviewed twice every year on 1st of June and 1st of December.

1.7 Smart Exit Benefit You have an option to cancel the Policy and receive Smart Exit Benefit, equal to Total Premiums Paid under the Policy. No additional premium is

payable to avail this option. The following conditions are applicable for availing Smart Exit benefit: • The Sum Assured in the policy at inception is ₹ 6,000,000 or above. • This option can be exercised in any policy year greater than 25 but not during the last 5 policy years, provided the age of the life assured is 60 years or more at the time of exercise. • The Policy is in-force with all due premiums paid at the time of exercising this option. • No claim for any of the underlying benefits has been registered and is under evaluation/ or accepted/ or paid/ being paid on the Policy. The Policy shall terminate on payment of this benefit (if exercised) and all rights, benefits and interests under this Policy will stand extinguished. You can either opt for Smart Exit Benefit or Unexpired Risk Premium Value as per Clause 3, Part D, i.e. you cannot avail both the benefits simultaneously. Where Life Stage Protection options has been exercised, Total Premiums Paid includes Premium paid for each tranche of additional sum assured purchased. In case the benefit term for additional benefit(s) (which are benefits other than as mentioned in Part C, Clause 1.1 and 1.2) has expired at the time of exercise of Smart Exit Benefit, then Total Premiums Paid shall exclude the Premium Paid towards such additional benefit(s).

2. Premium payment: i. You are required to pay Premiums on the due dates and for the amount mentioned in the Policy Schedule. ii. The grace period for payment of premium is 15 days for monthly frequency of premium payment and 30 days for other frequencies of premium payment. In case of occurrence of the covered events during the grace period, We will pay the benefits as per the terms and conditions of the Policy. iii. If any premium instalment is not paid within the grace period then the Policy shall lapse and all cover under the Policy will cease. iv. You are required to pay Premiums for the entire Premium Payment Term. v. We are not under any obligation to remind You about the premium due date, except as required by applicable regulations. vi. The loading based on premium paying modes are mentioned below:

Premium frequency	Loading as a % of Premium
Yearly	NA
Half-yearly	1.25%
Monthly	2.50%

vii. You may pay Premium through any of the following modes: a) Cheque b) Demand Draft c) Pay Order d) Banker's cheque e) Internet facility as approved by the Company from time to time f) Electronic Clearing System / Direct Debit g) Credit or Debit cards held in your name viii. Amount and modalities will be subject to our rules and relevant legislation or regulation ix. Any payment made towards first or renewal premium is deemed to be received by Us only when it is received at any of Our branch offices or authorized collection points and after an official printed receipt is issued by Us. x. No person or individual or entity is authorized to collect cash or self-cheque or bearer cheque on Our behalf. xi. Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited. xii. Please ensure that You mention the application number for the first premium deposit and the policy number for the renewal premiums on the cheque or demand draft. xiii. Where Premiums have been remitted otherwise than in cash, the application of the Premiums received will be conditional on the realization of the proceeds of the instrument of payment, including electronic mode. xiv. If You suspend payment of premium for any reason whatsoever, We will not be held liable. In such an event, benefits, if any, will be available only in accordance with the Policy terms and conditions. xv. Premiums need to be paid only for the chosen premium payment term. Once premiums have been paid for the premium payment term, the policy benefits will continue for the term of the policy. **3. Maturity/Survival Benefit:** No benefit will be payable upon the maturity of the Policy. At the end of the Policy Term, the Policy will automatically terminate and all rights, benefits and interests under the Policy will stand extinguished. **4. Grace Period** If you are unable to pay an instalment premium by the due date, you will be given a grace period of 15 days for payment of due instalment premium if You have chosen monthly frequency, and 30 days for payment of due instalment premium if You have chosen any other frequency, commencing from the premium due date. The life cover continues during the grace period. In case of death of Life Assured during the grace period, We will pay the applicable Death Benefit.

PART - D

1. Free look Period (15/ 30 days refund policy): You have an option to review the Policy following receipt of the Policy Document. If you are not satisfied with the terms and conditions of this Policy, please return the Policy Document to Us for cancellation with reasons within i. 15 days from the date you received it, if your Policy is not purchased through Distance Mode. ii. 30 days from the date you received it, if your Policy is an electronic policy or is purchased through Distance Mode. On cancellation of the Policy during the freelook period, We will return the premium paid subject to the following deductions: i. Proportionate risk premium for the period of cover ii. Stamp duty under the Policy iii. Expenses borne by the Company on medical examination, if any The Policy shall terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

2. Paid-up Value There is no paid-up value under this Policy.

3. Unexpired risk premium value For Limited Pay policies: i. Unexpired risk premium value, if any, will be payable if the policy holder voluntarily terminates the policy during the policy term Or for lapsed policies on earlier of: • Death of the Life Assured within the revival period, or • At the end of the revival period. Unexpired risk premium value = (Unexpired risk premium value factor/100) X Annual Premium Unexpired risk premium value factors are given in Annexure I. ii. The Policy will terminate on payment of this amount and all the rights / title and interest under the Policy shall stand extinguished. iii. Unexpired risk premium value may be taxable as per the prevailing tax laws. For Regular Pay policies: No unexpired risk premium value is payable for Regular Pay policies.

4. Exclusions

4.1 For Waiver of Premium on Permanent Disability due to accident the following exclusions shall apply: i. We will not be liable to provide the Waiver of Premium on Permanent Disability Benefit if the Permanent Disability is directly or indirectly due to or caused, occasioned, accelerated or aggravated by, any one of the following: • 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 except under the direction of a medical practitioner; or • Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or • The Life Assured with criminal intent committing any breach of law; or • Due to war, whether declared or not or civil commotion; or • 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. • PD due to accident must be caused by violent, external and visible means. ii. The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the PD of the Life Assured. In the event of PD of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. iii. The Company shall not be liable to pay this benefit in case PD of the Life Assured occurs after the date of termination of the policy.

4.2 For Accidental Death Benefit the following exclusions apply: We will not be liable to pay the Accidental Death Benefit if the Accident is directly or indirectly due to or caused, occasioned, accelerated or aggravated by, any one of the following: **a)** 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 except under the direction of a medical practitioner; or **b)** Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or **c)** The Life Assured with criminal intent, committing any breach of law; or **d)** Due to war, whether declared or not or civil commotion; or **e)** Engaging in hazardous sports or pastimes, e.g. 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.

4.3 For ACI Benefit the following exclusions apply: We will not be liable to pay any ACI Benefit in respect of any listed condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following: **a)** Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. Pre-existing Disease means any condition, ailment, injury or disease: i. that is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Company or its revival or ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its revival. **b)** Existence of any Sexually Transmitted Disease (STD) and its related complications **c)** Self-inflicted injury, suicide, insanity and deliberate participation of the life insured in an illegal or criminal act with criminal intent. **d)** Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner. **e)** War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence. **f)** Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft. **g)** Taking part in any act of a criminal nature with criminal intent. **h)** Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger. **i)** Radioactive contamination due to nuclear accident. **j)** Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy. **k)** Any treatment of a donor for the replacement of an organ. i. Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains aged 17.

5. Loan We will not provide loans under this Policy.

6. Riders Riders may be offered but only subject to prior approval of the regulator.

7. Revival A Policy which has lapsed for non-payment of premium within the grace period may be revived subject to underwriting and the following conditions: **a)** The application for revival is made within 5 years from the due date of the first unpaid premium and before the termination date of the Policy. Revival will be based on the prevailing Board approved underwriting policy. **b)** You furnish, at your own expense, satisfactory evidence of health as required by Us. **c)** The arrears of Premiums together with interest at such rate as We may charge for late payment of premiums are paid. The interest rate applicable in October 2023 is 8.82% p.a. compounded half yearly. **d)** The revival of the Policy may be on terms different from those applicable to the Policy before it lapsed for example, extra mortality premiums or charges may be applicable subject to our Board approved underwriting policy. **e)** We reserve the right to not revive the Policy. In that case, only the premiums paid towards the revival of the Policy shall be refunded without any interest. **f)** For ACI Benefit, a waiting period of 3 months will be applicable for any revivals after 3 months from the due date of the first unpaid premium. No waiting period will be applicable for any revival within 3 months of the due date of the first unpaid premium. **g)** The revival will take effect only if it is specifically communicated by Us to You.

8. To whom benefits are payable Benefits are payable to the Policyholder or to the Assignee(s), nominee where an endorsement has been recorded in accordance with Section 38 and Section 39 of the Insurance Act, 1938 as maybe applicable. If the Policyholder and the Life Assured are different, then in the event of death of the Policyholder and upon subsequent intimation of the death with the Company, the policy shall vest on the Life Assured. Thereafter, the Life Assured shall become the Policyholder and will be entitled to all benefits and subject to all liabilities as per the terms and conditions of the policy. The Life Assured cum Policyholder can register due nomination as per Section 39 of the Insurance Act, 1938 as amended from time to time. We hereby agree to pay the appropriate benefits under the Policy subject to: **a)** Our satisfaction of the benefits having become payable on the happening of an event as per the Policy terms and conditions, **b)** The title of the said person or persons claiming payment.

PART-E: Not Applicable

PART-F

General Conditions

- 1. Age:** We have calculated the premiums under the Policy on the basis of the Age of the Life Assured as declared by You in the Proposal Form. In case if the age proof of the Life Assured was not submitted at the time of Proposal, You will be required to submit such an Age proof of the Life Assured acceptable to Us, and have the Age admitted. If the Age of the life assured has been misstated, We will take one of the following actions: **a)** If the Correct Age of the Life Assured makes him ineligible for this product, We will offer a suitable plan as per Our underwriting norms. If You do not wish to opt for the alternative plan or if it is not possible for Us to grant any other plan, We will cancel the Policy and refund the premiums paid (without interest) under the Policy after adjustment against the paid benefits. The Policy will terminate on the said payment. **b)** If the Correct Age of the Life Assured makes him eligible for this Policy, revised Premium depending upon the Correct Age will be payable. Difference of premium from inception will be collected with interest, if age declared is higher and excess premium collected will be refunded without interest, if age is found to be lower. The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time shall be applicable.
- 2. Nomination:** Nomination under the Policy will be governed by Section 39 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure II for details on this section.
- 3. Assignment:** Assignment of the Policy will be governed by Section 38 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure III for details on this section.
- 4. Incontestability:** Incontestability will be as per Section 45 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure IV for details on this section.
- 5. Misstatement & Fraud:** Misstatement and Fraud will be as per Section 45 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure IV for details on this section. The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Laws of India.
- 6. Communication address:** Our communication address is: Address: **Customer Service Desk** ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097 Maharashtra. Telephone: 1860 266 7766, Facsimile: 022 4205 8222. E-mail: lifeline@iciciprulife.com We expect You to immediately inform Us about any change in Your address or contact details.
- 7. Electronic transactions:** All transactions carried out by You through Internet, electronic, call centres, tele-service operations, computer, automated machines network or through other means of communication will be valid and legally binding on Us as well as You. This will be subject to the relevant guidelines and terms and conditions as may be specified by Us
- 8. Jurisdiction:** The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India. Indian courts shall have exclusive jurisdiction over all differences or disputes arising in relation to this Policy.
- 9. Legislative changes:** All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time. The Policy terms and conditions may be altered based on any future legislative or regulatory changes.
- 10. Payment of claim:** For processing a death claim under this Policy, We will require the following documents (as may be relevant): For natural deaths: **a)** Claimant's Statement **b)** Original Policy Document **c)** Death Certificate of the Life Assured issued by the local municipal authority **d)** Cancelled Cheque for processing electronic payment **e)** Claimant's Photo Identity proof and address proof **f)** Medical cause of the death certificate issued by the last treating/ last attending doctor, if any **g)** Medical records (Admission notes, Discharge Summary/Death summary, test reports etc., if any) **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. For unnatural deaths: **a)** Claimant's Statement **b)** Original Policy Document **c)** Death Certificate of the Life Assured issued by the local municipal authority **d)** Cancelled Cheque for processing electronic payment **e)** Claimant's Photo Identity proof & address proof **f)** Post Mortem report & viscera/ chemical analysis report **g)** FIR report, final police investigation report, police panchnama/ Inquest report, driving license **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. Claim payments are made only in Indian currency in accordance with the prevailing Exchange control regulations and other relevant laws and regulations in India. In case the Claimant is unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, the Company may at its own discretion conduct an investigation and may subsequently settle the claim.
- 11. Suicide:** If the Life Assured, whether sane or insane, commits suicide within 12

months from the date of commencement of risk of this Policy, We will refund higher of 80% of the total premiums paid if any till the date of death or unexpired risk premium value as available on the date of death, provided the policy is in force. In the case of a revived Policy, if the Life Assured, whether sane or insane, commits suicide within 12 months of the date of revival of the Policy, higher of 80% of the total premiums paid if any till date of death or unexpired risk premium value as available on date of death will be payable by Us. The Policy will terminate on making such a payment and all rights, benefits and interests under the Policy will stand extinguished.

12. Issue of duplicate policy: We shall issue a duplicate of Policy document, on receipt of a written request for the same from You along with the necessary documents as may be required by Us and at such charges as may be applicable from time to time. The current charges for issuance of duplicate policy is ₹ 200. Freelook option is not available on issue of duplicate Policy document.

13. Amendment to policy document Any variations, modifications or amendment of any terms of the Policy document shall be communicated to you in writing.

PART - G

Grievance Redressal Mechanism and List of Ombudsman

1. Customer service

For any clarification or assistance You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m., Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: www.iciciprulife.com.

Alternatively, You may communicate with Us at any of our branches or the customer service desk whose details are mentioned in the Welcome Letter.

For updated contact details, We request You to regularly check Our website.

i. Grievance Redressal Officer: If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at gro@iciciprulife.com or 1860 266 7766.

Address: ICICI Prudential Life Insurance Company Limited,

Ground Floor & Upper Basement,

Unit No. 1A & 2A, Raheja Tipco Plaza,

Rani Sati Marg, Malad (East),

Mumbai-400097.

Maharashtra.

For more details please refer to the "Grievance Redressal" section on www.iciciprulife.com.

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

ICICI Prudential Life Insurance Company Limited,

Ground Floor & Upper Basement,

Unit No. 1A & 2A, Raheja Tipco Plaza,

Rani Sati Marg, Malad (East),

Mumbai- 400097.

Maharashtra.

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

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: **155255**

Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in>

Address for communication by fax/paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Sy No. 115/1, Financial District, Nanakramguda, Gachibowli,

Hyderabad - 500032.

Insurance Ombudsman: The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. As per Insurance Ombudsman Rules, 2017 and Insurance Ombudsman (Amendment) Rules, 2021, the Ombudsman shall receive and consider complaints or alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker, on any of the following Grounds: a. delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999; b. any partial or total repudiation of claims by the life insurer, General insurer or the health insurer; c. disputes over premium paid or payable in terms of insurance policy; d. misrepresentation of policy terms and conditions at any time in the policy document or policy contract; e. legal construction of insurance policies in so far as the dispute relates to claim; f. policy servicing related grievances against insurers their agents and intermediaries; g. issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with proposal form submitted by the proposer; h. non-issuance of insurance policy after receipt of premium; in life insurance and general insurance including health insurance; and i. any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, in so far as such matter relates to issues referred to in clauses (a) to (h).

Manner in which complaint to be made: 1. Any person who has a grievance against an insurer or insurance broker, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer or the insurer broker, as the case may be complained against or the residential address or place of residence of the complainant is located. 2. The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. 3. No complaint to the Insurance Ombudsman shall lie unless— a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned the insurer named in the complaint and— i. either the insurer or insurance broker, as the case may be had rejected the complaint; or ii. the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be received his representation; or iii. the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be; b) The complaint is made within one year— i. after the order of the insurer rejecting the representation is received; or ii. after receipt of decision of the insurer or insurance broker, as the case may be which is not to the satisfaction of the complainant; iii. after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be if the insurer or insurance broker, as the case may be named fails to furnish reply to the complainant. 4. The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules. 5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator. 6. The Council for Insurance Ombudsmen shall develop a complaints management system, which shall include an online platform developed for the purpose of online submission and tracking of the status of complaints made under rule 14.

The Ombudsman shall not award compensation exceeding more than Rupees Thirty Lakhs (including relevant expenses, if any). We have given below the details of the existing offices of the Insurance Ombudsman. We request You to regularly check our website at www.iciciprulife.com or the website of the IRDAI at www.irdai.gov.in for updated contact details.

- 1. AHMEDABAD:** Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel:- 079 - 25501201/02/05/06. Email: bimalokpal.ahmedabad@cioins.co.in **Areas of Jurisdiction:** Gujarat, Dadra & Nagar Haveli, Daman and Diu.
- 2. BENGALURU:** Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel No: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@cioins.co.in **Areas of Jurisdiction:** Karnataka.
- 3. BHOPAL:** Office of the Insurance Ombudsman, 1st floor of LIC Zonal Office Building, Jeevan Shikha, 60-B, Hoshangabad Road, (Opp. Gayatri Mandir), Bhopal – 462 011. Tel:- 0755 - 2769201 / 2769202. Email: bimalokpal.bhopal@cioins.co.in **Areas of Jurisdiction:** Madhya Pradesh, Chhattisgarh.
- 4. BHUBANESHWAR:** Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel:- 0674 - 2596461 /2596455. Email: bimalokpal.bhubaneswar@cioins.co.in **Areas of Jurisdiction:** Odisha.
- 5. CHANDIGARH:** Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel:- 0172 - 2706196 / 2706468. Email: bimalokpal.chandigarh@cioins.co.in **Areas of Jurisdiction:** Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
- 6. CHENNAI:** Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel:- 044 - 24333668 / 24335284. Email: bimalokpal.chennai@cioins.co.in **Areas of Jurisdiction:** Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
- 7. DELHI:** Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel:- 011 - 23232481/23213504. Email: bimalokpal.delhi@cioins.co.in **Areas of Jurisdiction:** Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
- 8. ERNAKULAM:** Office of the Insurance Ombudsman, 10th Floor, LIC Building 'Jeevan Prakash', M G Road, Ernakulam, Kochi – 682 011. Tel: 0484 - 2358759 / 2359338. Email: bimalokpal.ernakulam@cioins.co.in **Areas of Jurisdiction:** Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
- 9. GUWAHATI:** Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel:- Tel: 0361 - 2632204 / 2602205. Email: bimalokpal.guwahati@cioins.co.in **Areas of Jurisdiction:** Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

Annexure II – Section 39 – Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows: **1.** The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death. **2.** Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer. **3.** Nomination can be made at any time before the maturity of the policy. **4.** Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy. **5.** Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be. **6.** A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer. **7.** Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations. **8.** On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof. **9.** A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan. **10.** The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination. **11.** In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate. **12.** In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s). **13.** Where the policyholder whose life is insured nominates his a. parents or b. spouse or c. children or d. spouse and children e. or any of them the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title. **14.** If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s). **15.** If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy. **16.** The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply. Disclaimer: This is a simplified version of Section 39 of the Insurance Act, 1938 as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.

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

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows. **1.** This policy may be transferred/assigned, wholly or in part, with or without consideration. **2.** An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer. **3.** The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made. **4.** The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness. **5.** The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer. **6.** Fee to be paid for assignment or transfer can be specified by the Authority through Regulations. **7.** On receipt of notice with fee, the insurer should Grant a written acknowledgment of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice. **8.** If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced. **9.** The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is a. not bonafide or b. not in the interest of the policyholder or c. not in public interest or d. is for the purpose of trading of the insurance policy. **10.** Before refusing to act upon endorsement, the Insurer should record the reasons in

writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment. **11.** In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer. **12.** The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority. **13.** Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR b. where the transfer or assignment is made upon condition that i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR ii. the insured surviving the term of the policy Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position. **14.** In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and b. may institute any proceedings in relation to the policy c. obtain loan under the policy or d. the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings. Disclaimer: This is a simplified version of Section 38 of the Insurance Act, 1938 as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.

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

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938 as amended from time to time are as follows: **1.** No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from a) the date of issuance of policy or b) the date of commencement of risk or c) the date of revival of policy or d) the date of rider to the policy whichever is later. **2.** On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from a) the date of issuance of policy or b) the date of commencement of risk or c) the date of revival of policy or d) the date of rider to the policy whichever is later. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based. **3.** Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true; b) The active concealment of a fact by the insured having knowledge or belief of the fact; c) Any other act fitted to deceive; and d) Any such act or omission as the law specifically declares to be fraudulent. **4.** Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak. **5.** No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries. **6.** Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based. **7.** In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation. **8.** Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured. **9.** The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.