

An insurance plan that provides cover for women specific health conditions.

Cover amount paid immediately on diagnosis

Launching

ICICI Pru

W I S H

A Non-Participating Non-Linked Health Individual Pure Risk Insurance Product



ICICI PRUDENTIAL 
L I F E I N S U R A N C E

A Plan to Fit Your Needs

You are the pillar of your family, holding everything together with love, care, and unshakable strength. Balancing numerous responsibilities- family commitments, work deadlines, and maintaining a social life, can often leave little time to focus on your own well-being. While the health of your family, spouse, and children may take priority, it is equally important to prioritize your own health. After all, your well-being is the foundation that supports everything you do.

At ICICI Prudential Life Insurance Co. Ltd., we understand that as a woman, you often prioritize the needs of your loved ones above your own, sometimes at the expense of your own well-being. That's why we are here to support and safeguard your needs, ensuring you are always protected. With ICICI Pru Wish we offer coverage for women-specific critical illnesses where critical illness means any illness, medical event or surgical procedure as specifically defined under Vital Care Benefit, Surgical Care Benefit and Maternity Care Benefit and whose signs or symptoms first commenced post the specified Waiting Period after the Date of Commencement of Risk. With this plan we aim to make your Wish for good health come true!

Salient features that make ICICI Pru Wish suitable for you



Comprehensive coverage against women specific critical illnesses and surgeries



Cover for surgeries resulting from specific illnesses



Fixed lump sum pay-out on diagnosis of any of the covered critical illnesses



Premium remains guaranteed* throughout the coverage term



Coverage for pregnancy complications and newborn complications through Maternity Care Benefit under Health Care Plus plan option



Premium Sabbatical Benefit which allows you to get one full year's premium holiday, while enjoying full policy benefits

*In case discount is applicable on 1st year premium, the premiums from 2nd year onwards will change accordingly.

Plan at a Glance- Eligibility Criteria to buy the product

Benefit option	Coverage Term (CT) & Premium Payment Term (PPT) (years)	Entry Age (years)	Maximum Cover ceasing age (years)										
<p>Vital Care benefit and Surgical Care benefit</p>	<p>Regular pay: Coverage term: Minimum: 8; Maximum: 30 PPT: Equal to the policy term</p> <p>Limited Pay:</p> <table border="1" data-bbox="339 558 811 779"> <thead> <tr> <th>Coverage Term</th> <th>PPT</th> </tr> </thead> <tbody> <tr> <td>15</td> <td>10</td> </tr> <tr> <td>20</td> <td>10, 15</td> </tr> <tr> <td>25</td> <td>10, 15</td> </tr> <tr> <td>30</td> <td>10, 15</td> </tr> </tbody> </table>	Coverage Term	PPT	15	10	20	10, 15	25	10, 15	30	10, 15	<p>Minimum: 21 years Maximum: 55 years</p>	<p>75 Years;</p>
Coverage Term	PPT												
15	10												
20	10, 15												
25	10, 15												
30	10, 15												
<p>Maternity care benefit</p>	<p>Regular pay: Coverage term: Minimum: 8; Maximum: 24</p> <p>Limited Pay: Minimum of (45 minus Entry age, PPT of Vital care benefit chosen at inception) PPT for both Regular & Limited pay will be the same as that of Vital Care Benefit, subject to life assured attaining 45 years of age. In which case PPT will be 45 minus age at entry.</p>	<p>Minimum: 21 years Maximum: 37 years</p>	<p>45 Years;</p>										

All references to age in the table are as on age as on last birthday.

The coverage term for Maternity Care benefit will always be less than or equal to coverage term for Vital Care and Surgical Care subject to minimum and maximum coverage term allowed as per above limits

Minimum Vital Care Sum Assured: ₹10,00,000

Maximum Vital Care Sum Assured: ₹50,00,000

Minimum Annualized Premium: ₹5,000

Maximum Premium: Corresponding to the maximum sum assured mentioned above

Premium Payment Frequency: Annual, Half-Yearly, Monthly

Goods and Services Tax is applicable on premiums as per the prevailing Tax Laws. The tax laws are subject to amendments from time to time.

***Annualized Premium** means the premium amount payable in a year, excluding the taxes, underwriting extra premiums and loadings for modal premiums, if any.

The product is available for sale through online mode.

Plan options in detail

ICICI Pru Wish offers two Plan Options i.e. Health Care Plan Option and Health Care Plus Plan Option. The Policyholders can choose from the following two options depending on their need:

- i. Health Care Plan Option provides cover against the Minor and Major Critical Illnesses under Vital Care Benefit and against Surgeries under Surgical Care Benefit. The list of Critical Illnesses and Surgeries are mentioned later in this section.
- ii. Health Care Plus Plan Option provides the Vital Care and Surgical Care Benefit and an additional Maternity Care Benefit which covers the maternity and childbirth related complications. The detailed list of Critical illnesses covered under Maternity Care Benefit is mentioned later in this section.

Premium will vary depending upon the Plan option chosen

Plan Option chosen at the time of inception cannot be altered any time during the Coverage Term

1. Health Care option

This Plan Option provides two types of Benefits options i.e. Vital Care Benefit and Surgical Care Benefit to the Life Assured during the Coverage Term. The terms and conditions applicable for the respective Benefit Options are as mentioned below:

1.1 Vital Care Benefit

Under this Benefit Option, the Life Assured is covered for Minor and Major critical illness conditions mentioned in Table 1 and Table 2 below. On diagnosis of any of the Major or Minor Conditions during the Coverage Term whilst the policy is in-force, the percentage of Vital Care Sum Assured as mentioned in the Table 1 and Table 2 will be paid to the Claimant. In order for a Minor or a Major Condition to be valid it should satisfy the terms and conditions of the Critical Illnesses as referred under Annexure 1.

i. Minor Conditions: Table 1 shows the list of Minor Conditions covered under Vital Care Benefit

Table 1: Minor Conditions covered under Vital Care Benefit:

Critical Illness (CI) Covered	Benefit payable on diagnosis of the condition
1 Carcinoma In Situ (CIS) of the Breast, Cervix Uteri	Lower of: <ul style="list-style-type: none">• 50% of Vital Care Sum Assured• 100% of Vital Care Sum Assured less any claims already paid for Minor Conditions
2 Osteoporotic fractures of the hip and vertebra treated with surgery	
3 Urinary Incontinence requiring Surgical Repair	Lower of: <ul style="list-style-type: none">• 10% of Vital Care Sum Assured• 100% of Vital Care Sum Assured less any claims already paid for Minor Conditions
4 Uterine Prolapse	
5 Pelvic floor dysfunction treated with Hysterectomy	
6 Thyroid disorders causing Thyroid Storm treated in ICU	

- a. In the event Life Assured is diagnosed with any of the above listed Minor Conditions during the Coverage Term, whilst the policy is in-force, then the percentage of Vital Care Sum Assured as mentioned in above Table 1 will be paid to the Claimant.
- b. Upon acceptance of a Minor Condition claim by the Company, the Vital Care Sum Assured shall be reduced to the extent of the claim(s) paid under Minor Condition.
- c. The Company shall process claims for other Minor Conditions so long as the Vital Care Sum Assured is completely exhausted, and the claims being raised are for unique Minor Conditions.
- d. Upon complete exhaustion of the Vital Care Sum Assured then Vital Care Benefit shall terminate with all rights and benefits thereunder.
- e. Once a claim has been paid for a specific Minor Condition, no further claims shall be honoured by the Company for the same Minor Condition.
- f. Upon termination of the Vital Care Benefit, the Policy shall continue only for the Surgical Procedures mentioned under Clause 1.2 (b) for a period of 365 days (within the Coverage Term) commencing from the date of diagnosis of the Minor Condition which led to exhaustion of the Vital Care Sum Assured.
- g. This cover will only pay one claim per qualifying “surgical procedure” with reference to Minor Conditions Urinary Incontinence requiring Surgical Repair, Uterine Prolapse and Pelvic floor dysfunction treated with Hysterectomy. If a hysterectomy has been carried out under any of these conditions, regardless of the need for the procedure, no other benefits which require a hysterectomy are eligible to be claimed.
- h. A Cooling-off Period will be applicable in case of diagnosis of consecutive Minor Conditions. A Cooling-Off Period shall not be applicable in the case of diagnosis of any claim for a Major Condition following a Minor Condition claim. In case of diagnosis of a Minor Condition during Cooling off period, the claim will not be admissible.

ii. Major Conditions: Table 2 shows the list of Major Conditions covered under Vital Care Benefit

Table 2: Major Conditions covered under Vital Care Benefit

	Critical Illness Covered	Benefit payable on diagnosis of the condition
Major CI	1 Major cancers (of Breast, Cervix Uteri, Uterus, Fallopian tube, Ovary, Vagina, Vulva)	100% of Vital Care Sum Assured less any Minor Critical Illness claim already paid
	2 Myocardial Infarction (First Heart Attack of specific severity)	
	3 Stroke resulting in permanent symptoms	
	4 Systemic Lupus Erythematosus with Lupus Nephritis	
	5 Rheumatoid Arthritis	

a. In the event, the Life Assured is diagnosed with any of the Major Conditions listed above in Table 2 during the Coverage Term, whilst the Policy is In-Force, then the Vital Care Sum Assured as may be applicable at the time of diagnosis will be paid to the Claimant. Thereafter, Vital Care Benefit will be terminated with all rights and benefits thereunder.

b. Upon exhaustion of the 100% of Sum Assured under Vital Care Benefit, the Policy shall continue only for the Surgical Procedures mentioned under Clause 1.2 (b) for a period of 365 days (within the Coverage Term) commencing from the date of diagnosis of the Major Condition which led to exhaustion of the Vital Care Sum Assured.

c. There can only be one claim for any of the Major Conditions covered under the Vital Care Benefit.

iii. In the event the Life Assured is diagnosed with any of the covered Minor or Major Conditions on the Date of Maturity then Vital Care Sum Assured shall not be payable and the Vital Care Benefit shall terminate with all rights and benefits thereunder.

1.2

Surgical Care Benefit

1.2 Surgical Care Benefit: Under this Benefit, the Life Assured is covered only for the Surgical Procedures mentioned under Table 3.

Table 3: Surgical procedures covered under the plan

	Surgical procedures covered	Amount payable	
Additional surgery cover	1 Breast Reconstructive Surgery following a Mastectomy	100% of Surgical Care Sum Assured	
	2 Skin grafting due to major burns*		
	3 Radical Vulvectomy required due to a malignant/ Invasive condition		
	4 Radical hysterectomy required due to a malignant/ Invasive condition		
	5 Total Pelvic Exenteration required due to a malignant/ invasive condition		
	6 Hysterectomy required due to a malignant/ invasive condition		
	7 Mastectomy required due to a malignant/ invasive condition		40% of Surgical Care Sum Assured
	8 Complicated repair of a Vaginal Fistula		
	9 Bilateral or Unilateral Breast Lumpectomy due to a malignant condition or carcinoma in situ		

*The major burns referred in Serial No 2 above is required to occur during Coverage Term to make it an eligible claim.

- a. Under this benefit only one claim for the surgical procedures covered can be made. The percentage of Surgical Care Sum Assured payable against each surgery is provided in the Table 3 above.
- b. In the event the Life Assured undergoes with any of the surgeries listed from Serial number 1 – 5 in Table 3, then the Surgical Care Benefit shall terminate upon payment of the 100% of Surgical Care Sum Assured. And in the event the Life Assured undergoes with any of the surgeries listed from Serial number 6 – 9 in Table 3, then the Surgical Care Benefit shall terminate upon payment of the 40% of Surgical Care Sum Assured.
- c. **If Surgical Care Benefit claim is made before 100% of the Vital Care Sum Assured is exhausted:** In the event, the Life Assured undergoes any of the covered Surgical Procedures during the Coverage Term, whilst the policy is in-force, the percentage of Surgical Care Sum Assured applicable for the Surgical Procedures as shown in Table 3 will be paid. Upon payment of the respective Surgical Care Sum Assured, the Surgical Benefit shall terminate with all rights and benefits thereunder.
- d. **If Surgical Care Benefit claim is made after 100% of the Vital Care Sum Assured is exhausted:**
You can claim the Surgical Care Benefit if you undergo surgery for any of the following conditions within 365 days from the date of diagnosis of the latest Minor or Major Condition (which led to exhausting the Vital Care Sum Assured), provided that the 365-day period falls within the Coverage Term:
 - Only Surgeries under Surgical Care Benefit listed in Table 3, linked to Minor or Major condition that lead to the exhaustion of the Vital Care Benefit
 - Skin grafting due to major burns*; or
 - Complicated repair of a Vaginal Fistula

*The major burns referred in the above condition is required to occur during Coverage Term to make it an eligible claim.

- e. The Surgical Care Benefit shall terminate on the earlier of:
 - On payment of the applicable claim amount in case of a claim under Surgical Care Benefit; or
 - On the expiry of 365 days from the date of diagnosis of the latest Minor or Major Condition which has resulted in the termination of the Vital Care Benefit.

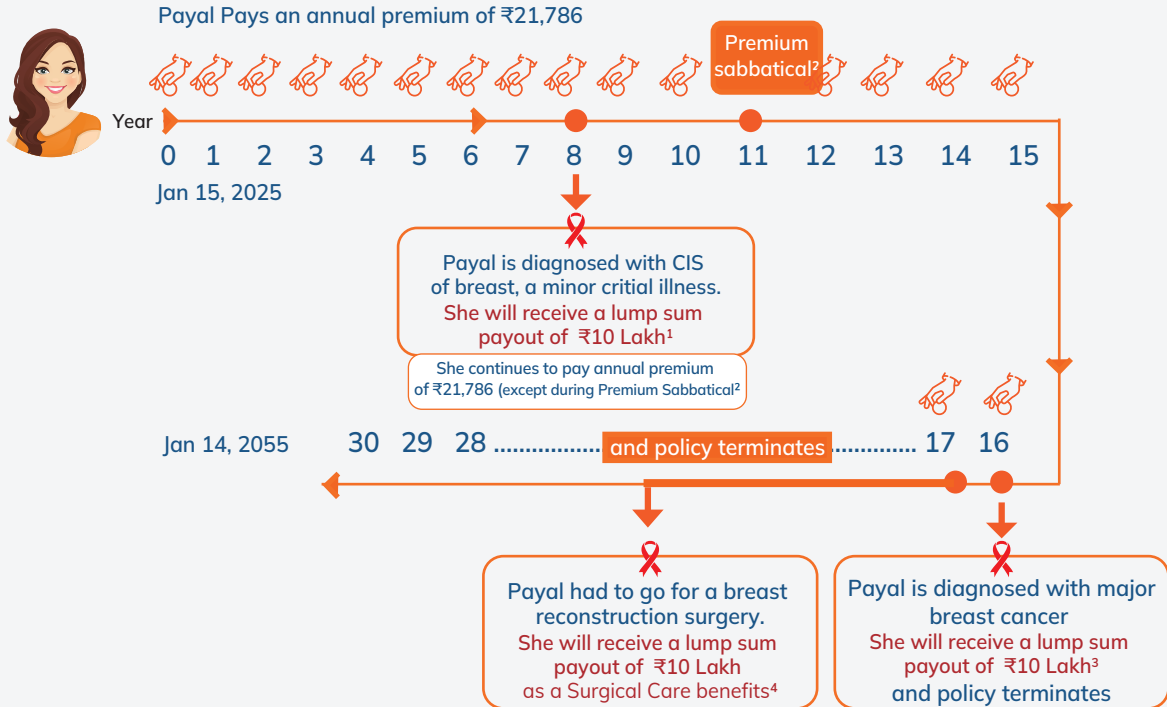
- f. In the event, Life Assured undergoes any listed Surgical Procedures on the Date of Maturity then the Surgical Benefit Sum Assured shall not be payable and the Surgical Care Benefit shall terminate with all rights and benefits thereunder.
 - g. In case the Surgical Care Benefit terminates before Vital Care Benefit, the Vital Care Benefit will continue with the total instalment premium reduced to the extent of the instalment premium for Surgical benefit.
 - h. The payouts made under Vital Care Benefit will not affect the Sum Assured of Surgical Care Benefit.
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How does Vital Care and Surgical Care work?

Illustration 1:



Payal is a 25-year-old working woman who wants to ensure that in case of any unforeseen event her health-related expenses are taken care of. She decides to purchase Health Care Option under ICICI Pru Wish plan for herself. She opts for a Regular pay policy with coverage term of 30 years for a Sum Assured of Rs. 20 Lakh. Here, the Surgical Care Benefit will be Rs. 10 Lakh, which will be additional to the Vital Care Sum Assured.



^Goods and Services tax (if any) will be charged extra, as per applicable rates.

1. On diagnosis of CIS of the breast, a minor critical illness, 50% of Vital Care Sum Assured, i.e., ₹10,00,000 will be paid out to Payal.
2. Payal took a break from work thus she opted for a premium sabbatical, which will waive off 1 year's premium for her.
3. Payal gets diagnosed with major breast cancer in 16th year. She will receive the remaining of the Vital Care benefit of ₹10,00,000. The policy will terminate with all its benefits except for the Surgical Care Benefit continuing for next 365 days provided 365 days period falls within Coverage Term.
4. Due to breast cancer, she had to go for breast reconstruction surgery. A Surgical Care Benefit of ₹10,00,000. The Surgical Care benefit will terminate.

2. Health Care Plus

Under this Plan Option, in addition to the Vital Care Benefit and Surgical Care Benefit as mentioned in Clause 1 of this document, the Life Assured shall also be covered for Maternity Care Benefit. Maternity Care Benefit covered under this Plan Option shall also include the below listed Pregnancy Complications and Newborn Complications/Congenital illnesses.

2.1 Maternity Care Benefit:

- a. Under Maternity Care Benefit, upon diagnosis of any of the covered Critical Illnesses /procedures shown in Table 4 below, during the applicable Coverage Term while the Policy is In-force, the Maternity Care Sum Assured will be payable to the Claimant, thereafter the Maternity Care Benefit shall terminate with all rights and benefits thereunder.
- b. Only one claim for one condition for Maternity Care Benefit can be made post which the Maternity Care Benefit shall terminate.

Table 4: Maternity complications and Congenital Illnesses covered under the plan

Benefit	Critical illness / surgical procedure	Benefits as a % of Maternity Care Sum Assured
Pregnancy complications	1 Uterine rupture	100% of Maternity Care Sum Assured
	2 Ectopic pregnancy	
	3 Eclampsia	
	4 Molar pregnancy	
	5 Disseminated Intravascular Coagulation	
	6 Postpartum Haemorrhage requiring Hysterectomy	
	7 Placenta Increta / Percreta'	
	8 HELLP syndrome	
	9 Choriocarcinoma	

Congenital illness or Newborn Complications	10 Down's syndrome	100% of Maternity and Child Care cover
	11 Spina bifida	
	12 Oesophageal atresia and tracheoesophageal Fistula	
	13 Anal atresia	
	14 Cleft palate	
	15 Club feet	
	16 Tetralogy of Fallot	
	17 Transposition of great vessels	
	18 Patent ductus arteriosus	
	19 Total anomalous pulmonary venous return (TAPVR)	
	20 Tricuspid atresia	
	21 Atrial Septal Defect	
22 Ventricular Septal Defect		

- c. The payouts made under Surgical Care Benefit and Vital Care Benefit will not affect the Sum Assured of Maternity Care Benefit.
- d. Upon termination of the Vital Care Benefit (i.e., upon exhaustion of 100% of Vital Care Sum Assured) no claim for a Maternity Care Benefit shall be admissible and the Maternity Care Benefit shall terminate. This is applicable even if no claims have been made under the Maternity Care Benefit.
- e. In case the Maternity Care Benefit terminates before Vital Care Benefit, the Policy shall continue with Vital Care Benefit and Surgical Care Benefit (if not exhausted earlier) for the remaining applicable Coverage Term. The Total Instalment Premium payable for the Policy thereafter will reduce to the extent of the premium applicable for Maternity Care Benefit.
- f. In the event of diagnosis of any of the covered Critical Illnesses on the Date of Maturity (applicable for Maternity Care Benefit), then the Maternity Care Sum Assured shall not be payable and the Benefit shall terminate with all rights and benefits thereunder.

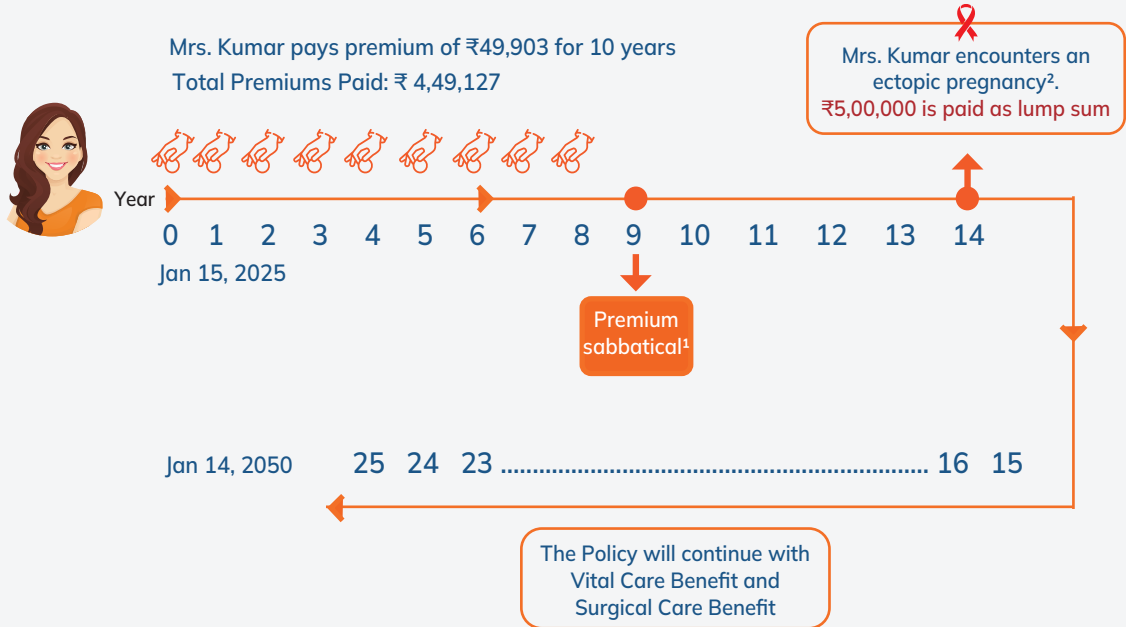
No Benefit will be payable on death of Life Assured or the Newborn child (if case Health Care Plus Option is chosen) under this Policy

How Maternity Care Benefit will work?

Illustration 2:



Mrs. Kumar is a 25-year-old working woman. She purchases the Health Care Plus plan for herself and opts for a Premium Payment Term of 10 years along with coverage term of 25 years with a Vital Care Sum Assured of ₹20,00,000.



¹Goods and Services tax (if any) will be charged extra, as per applicable rates.

1. Mrs. Kumar did not take any premium sabbatical during the premium payment term, thus last year's premium is waived off.
2. Mrs. Kumar conceives during the coverage term, but unfortunately, encounters an Ectopic Pregnancy where she has to undergo an immediate surgical removal of the complete fallopian tube. Maternity Care Benefit will be paid out to her. On claiming this benefit, Maternity Care benefit will terminate.

Premium Sabbatical

This product provides you with the flexibility to stop paying your premiums for one policy year anytime during the premium payment term by opting for Premium Sabbatical. Policy will be considered as In-force during Premium Sabbatical Year. This option can be availed only once during the entire Premium Payment Term.

The following terms and conditions are applicable for Premium Sabbatical:

- In order to avail Premium Sabbatical, You will have to submit a written request to Us and will be effective only upon specific communication by Us.
 - This option has to be availed by You at least 15 days prior to the Policy Anniversary of the Policy Year during which you wish to waive off premiums payable.
 - Once opted Premium Sabbatical will commence only from the immediate Policy Anniversary and will be applicable for one full Policy Year.
 - If the frequency is Monthly or Half- yearly then the premiums will have to be paid till the upcoming Policy Anniversary from when the Premium Sabbatical commences.
 - In case of non-payment of premium either on the premium due date or within the Grace Period after Policy Anniversary on which the Premium Sabbatical Year comes to an end then the Policy shall lapse and You may revive the Policy during the Revival Period.
 - If You do not avail this benefit anytime during the Premium Payment Term, the Company will waive off the premium payable for the last year of the Premium Payment Term.
-

Surrender Benefit

You can Surrender the policy any time after payment of at least one full year's Premiums. Prior to receipt of one full year's premium, no surrender value is payable.

On Policy Surrender, Surrender Value equal to Unexpired Risk Premium Value will be payable to the Claimant provided no claims have been paid out in the Policy.

Limited Pay

i For Vital Care Benefit and Surgical Care Benefit:

If one full year's premium is not paid, Unexpired risk premium value = 0

Unexpired risk premium value = $25\% \times [\text{Number of months for which premiums are paid} / (\text{PPT}_{\text{VTL}} \times 12)] \times [1 - (\text{Policy Month of surrender} - 1) / (\text{CT}_{\text{VTL}} \times 12)] \times \text{Total Premiums Paid for Vital Care benefit and Surgical Care benefit.}$

ii For Maternity Care Benefit:

If one full year's Premium is not paid, Unexpired Risk Premium Value = 0.

Unexpired risk premium value = $25\% \times [\text{Number of months for which premiums are paid} / (\text{PPT}_{\text{MT}} \times 12)] \times [1 - (\text{Policy Month of surrender} - 1) / (\text{CT}_{\text{MT}} \times 12)] \times \text{Total Premiums Paid for Maternity Care benefit}$

In Health Care Plus Option, you do not have the option to surrender only Maternity Care Benefit and to continue with Vital Care and Surgical Care Benefit.

Surrender Value payable under Health Care Plus will be a Sum of Surrender Value calculated for Vital Care Benefit and Surgical Care Benefit and Maternity Care Benefit as mentioned above.

Where,

PPT= Premium Payment Term | CT = Coverage Term | MT= Maternity Care | VTL= Vital Care

Regular Pay

There will be no Surrender Value applicable for Regular Pay policies.

On payment of the Surrender Value, the policy will terminate and all rights, benefits and interests under the policy will stand extinguished.

Revival

A Policy which has lapsed for nonpayment of premium, within the grace period, may be revived subject to underwriting and the following conditions:

- a) The application for revival is made within five years from the due date of the first unpaid premium and before the Date of Maturity of the respective Benefit Option. Revival will be based on the prevailing Board approved underwriting policy.
- b) Policyholder has to furnish, at their own expense, satisfactory evidence of the Life Assured's health as required by the Company.
- c) The arrears of Premiums together with interest at such rate as the Company may charge for late payment of premiums are paid.
- d) Revival interest rates will be set monthly based on the prevailing yield on 10-year Government Securities and is equal to 150 basis points over the yield. The yield on 10 year Government Securities will be sourced from www.bloomberg.com. The revival interest rate for November 2024 is 8.36% p.a. compounded half-yearly.
- e) The revival interest rate will be reviewed on the 15th day of every month by the company based on the 10-year G-Sec yield of one day prior to such review.
- f) The revival of the Policy may be on terms different from those applicable to the Policy before premiums were discontinued; for example, extra mortality premiums or charges may be applicable. The Company reserves the right to refuse to revive the Policy. The revival will take effect only if it is specifically communicated by the Company to the Policyholder.
- g) Any change in revival conditions will be subject to prior approval from IRDAI and will be disclosed to policyholders.

Policy may be revived for the lower of the Sum Assured as applicable on the date of premium discontinuance or the reduced Sum Assured as approved during the Revival.

Terms & Conditions

1. No Benefit will be payable on death of Life Assured or the New Born child (if case Health Care Plus Option is chosen) under this Policy.
2. Suicide clause: Not Applicable
3. Loan: Not Applicable
4. Waiting Period is defined as the period commencing from Date of Commencement of Risk or date of revival whichever is later.

No Benefit will be payable if the Life Assured is diagnosed with any of the Critical Illnesses or any signs or symptoms related to any Critical Illness which arises within the Waiting Period. The Waiting Period for the respective Benefit Options are mentioned below:

Name of Cover or Plan or Option	Waiting Period
Vital Care	90 Days
Surgical Care	90 Days
Maternity Care Benefit	365 Days

5. **Cooling off period:** A cooling-off period will apply in case of diagnosis of consecutive Minor Conditions. Cooling off period means a consecutive period of 180 days commencing from the date of diagnosis of one Minor Condition to the date of diagnosis of a subsequent Minor Condition. In case of diagnosis of a Minor Condition during Cooling off period, the claim will not be admissible.
6. **Survival Period:** The Survival Period is defined as a period of 14 days commencing from the date of first diagnosis of covered Critical Illness Condition that the Life Assured or the newborn child under the Maternity

Care Benefit has to survive to be eligible for receiving the benefit amount covered under this Policy.

No benefit will be payable if Life Assured or the new born child under the Maternity Care Benefit does not survive during this period.

7. **Free look period:** On receipt of the policy document, whether received electronically or otherwise, You have an option to review the policy terms and conditions. If You are not satisfied or have any disagreement with the terms and conditions of the Policy or otherwise and have not made any claim, the Policy Document needs to be returned to the Company with reasons for cancellation within 30 days from the date of receipt of the Policy Document. We will refund the premium paid after deduction of Stamp duty, proportionate risk premium for the period of cover and the expenses borne by Us on medical tests, if any. The Policy shall terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

8. Exclusions:

The Life Assured will not be entitled for any benefit if the covered conditions fall within the exclusions mentioned below. These exclusions apply in addition to the exclusions specified in the definitions mentioned in Annexure 1.

1. Pre-existing Disease means any condition, ailment, injury or disease: -

- i. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the risk of the policy issued by

Us or its reinstatement or,

- ii. For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the Date of Commencement of the risk of the Policy issued by Us or its reinstatement.
 2. For any medical condition or medical procedure resulting directly or indirectly from self-inflicted injuries, attempted suicide.
 3. Any external congenital anomaly: Congenital anomaly which is in the visible and accessible parts of the body. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 4. For any medical condition or any medical procedure arising from the donation of any of the life assured's organs.
 5. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
 6. For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
 7. Treatment for injury or illness caused by avocations or 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.
 8. Participation by the life assured in a criminal or unlawful act.
 9. Taking part in any naval, military or air force operation during peace time.
 10. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
 11. Participation by the life assured in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
 12. Service in the armed forces, or any police organization, of any country at war or service in any force of an international body.
 13. No benefit shall be paid for any pregnancy complications and any congenital anomalies covered under the Maternity Care benefits if the pregnancy results from fertility treatment such as assisted reproduction services including artificial insemination, advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and Gestational surrogacy.
- 9. Tax benefits:** Premiums and the benefits under the policy, will be subject to the taxes and other statutory levies as may be applicable from time to time.
- The Policyholder will be required to pay goods and services tax, cess or any other form of taxes or charges or levies as per the prevailing laws, regulations and other financial enactments as may exist from time to time, wherever applicable.
- All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time.
- All provisions stated in this Policy are subject to the

current guidelines issued by the Regulator as on date. All future guidelines that may be issued by the Regulator from time to time may also be applicable to this Policy.

10. **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 applicable cover continues during the Grace Period. In case of diagnosis of any of the covered conditions/undergoing any covered surgery of Life Assured during the Grace Period, We will pay the applicable Benefit.

11. **Lapsation:**

If any premium instalment is not paid within the grace period, then the policy shall lapse, and the cover will cease. If the policy is not revived within the revival period, then the surrender value (if applicable, computed as on date of premium discontinuance), if any, shall become payable on the earliest of the following events:

- Event of death of the Life Assured within the revival period,
- End of the revival period, and
- Date of Maturity.

Post payment of such surrender value (if any), then the policy shall foreclose and all rights and benefits under the policy shall stand extinguished.

12. **Renewal Premium in Advance:** Collection of renewal premium in advance shall be allowed within the

same financial year for the premium due in that financial year,. However, where the renewal premium due in one financial year is being collected in advance in earlier financial year, Company may collect the same for a maximum period of three months in advance of the due date of the premium. The renewal premium so collected in advance shall only be adjusted on the due date of the premium.

13. **Change of frequency of premium payment:** You have the flexibility to change the frequency of premium payment on policy anniversary.
14. **Modal loadings:** Loadings for various modes of premium payment are given below

Premium paying frequency	Modal Loading (as a % of Annualized Premium)
Yearly	0%
Half-yearly	1.25%
Monthly	2.50%

15. **Nomination:** Nomination in the Policy will be governed by Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on this section, please refer to our website.
16. **Section 41 of the Insurance Act, 1938 as amended from time to time:** In accordance to the Section 41 of the Insurance Act, 1938 as amended from time to time, no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out

or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

17. **Policies where Policyholder and Life Assured are different individuals:** 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,

18. The product is also available for sale through online mode.

19. **Policy Servicing and Grievance Handling Mechanism:** 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. For updated contact details, We request You to regularly check Our website. 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 1800-2660.

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.

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. 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,
Raheja Tipco Plaza, Rani Sati Marg,
Malad (East), Mumbai- 40009, Maharashtra.

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach Policyholders’ Protection and Grievance Redressal Department, the Grievance Cell of the Insurance Regulatory and Development Authority of

India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (BIMA BHAROSA
SHIKAYAT NIVARAN KENDRA)

155255 (or) 1800 4254 732

Email ID: complaints@irdai.gov.in

Address for communication for complaints by
fax/paper:

Policyholders' Protection and Grievance Redressal
Department – Grievance Redressal Cell

Insurance Regulatory and Development Authority of

India

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

Hyderabad, Telangana State – 500032

You can also register your complaint online at
bimabharosa.irdai.gov.in.

This is subject to change from time to time. Refer
<https://www.iciciprulife.com/services/grievance-redressal.html> for more details.

About ICICI Prudential Life Insurance

ICICI Prudential Life Insurance Company Limited is a joint venture between ICICI Bank Limited and Prudential Corporation Holdings Limited, a part of the Prudential group. ICICI Prudential began its operations in Fiscal 2001 after receiving approval from Insurance Regulatory Development Authority of India (IRDAI) in November 2000.

ICICI Prudential Life Insurance has maintained its focus on offering a wide range of savings and protection products that meet the different life stage requirements of customers.



For More Information:

Customers calling from anywhere in India, please dial 1800 2660

Do not prefix this number with "+" or "91" or "00"

Call Centre Timings: 10.00 am to 7.00 pm

Monday to Saturday, except National Holidays.

To know more, please visit www.iciciprulife.com

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BEWARE OF SUSPICIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.

Public receiving such phone calls are requested to lodge a police complaint.

Annexure I

Critical Illness Conditions

Vital Care Major Conditions:

1) Major Cancer of: Breast, Cervix uteri, uterus, fallopian tube, ovary, vagina or vulva

Malignant Cancer of breast, cervix uteri, uterus, fallopian tube, ovary, vagina or vulva covers primary Cancer of the breast, cervix uteri, uterus, fallopian tube, ovary, vagina, or vulva only.

Cancer is a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist. The following are excluded:

- a. Tumours showing the malignant changes of carcinoma in situ and tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, non-invasive, all grades of dysplasia, all grades of Squamous intraepithelial lesions (HSIL and LSIL), and all grades intra-epithelial neoplasia [CIN1, CIN2, CIN3 or VIN 1-3).
- b. Secondary cancer, which has originated from other organs and spread to the female genital tract and breast.

2) Myocardial Infarction (First Heart Attack of specific severity)

- I. 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:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3) Stroke resulting in permanent symptoms

- I. 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.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4) Systemic Lupus Erythematosus with Lupus Nephritis

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.

5. Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- (a) Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- (b) Permanent inability to perform at least two (2) Activities of Daily Living;

- (c) Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- (d) The foregoing conditions have been present for at least six (6) months."

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.

Vital Care Minor Conditions:

6) CIS of the Breast, Cervix Uteri

Only CIS of the breast and cervix uteri will be covered. Carcinoma-in-situ means the presence of malignant cancer cells that remain within the cell group from which they arose. It must involve the full thickness of the epithelium but does not cross basement membranes and it does not invade the surrounding tissue or organ.

The diagnosis must be established by histological evidence and to be confirmed by confirmed by an oncologist or pathologist.

All tumors which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, all grades of dysplasia, all grades of squamous intraepithelial lesion and all grades intra-epithelial neoplasia are excluded except CIN3.

7) Urinary Incontinence requiring Surgical Repair

Urinary Incontinence requiring surgical repair is a condition where all the following conditions are met:

- a) Urinary Incontinence has been diagnosed by a Specialist medical practitioner; and
- b) The insured is under continuous medical treatment for Urinary Incontinence; and
- c) Surgical repair has been undertaken for the sole purpose of correcting the Urinary Incontinence.

Any surgery or procedure which is not purely or solely for treatment of Urinary Incontinence is excluded.
All non-invasive procedures including laser incontinence treatment are also specifically excluded.

This benefit is not payable if Urinary Incontinence was diagnosed before the Date of Commencement of Risk or date of reinstatement (if any) of this benefit. Coverage for this impairment will cease at age seventy (70) or on Date of Maturity, whichever is earlier.

8) Osteoporotic fractures of the hip and vertebra treated with surgery

Osteoporotic fractures of the hip and vertebra treated with surgery refers to osteoporosis requiring invasive surgery as a direct result of a fracture of the vertebra and/or pelvis, performed on the advice of a medical specialist, and is required to repair or replace parts of the vertebrae and/or pelvis.

The diagnosis of Osteoporosis must be confirmed by a specialist medical practitioner supported by a bone density reading which satisfies the WHO definition of Osteoporosis. The WHO Definition of Osteoporosis: Bone Density reading with a T -score of less than -2.5 (i.e., 2.5 standard deviations below the peak bone density of a normal 25 -30-year-old adult).

Only osteoporotic fractures of the hip and/or vertebra after completed surgery is covered. Coverage for this impairment will cease at age seventy (70) or on Date of Maturity, whichever is earlier.

This benefit is not payable if Osteoporosis was diagnosed before the Date of Commencement of Risk or date of reinstatement (if any) of this benefit.

9) Uterine Prolapse

Uterine prolapse is a condition where all of the following diagnostic conditions are met:

Uterine prolapse has been diagnosed by a Specialist Medical Practitioner; and Medically Necessary surgical Hysterectomy has been undertaken for the sole purpose of correcting the loosening of the support muscles and tissues in the pelvic area.

Hysterectomy for any other reason is specifically excluded.

This benefit is not payable if Uterine prolapse Pelvic floor dysfunction was diagnosed before the Date of Commencement of Risk or date of reinstatement (if any) of this benefit.

Coverage for this impairment will cease at age seventy (70) or on Date of Maturity, whichever is earlier.

10) Pelvic floor dysfunction treated with Hysterectomy

Pelvic floor dysfunction treated with Hysterectomy is a condition where all of the following diagnostic conditions are met:

Pelvic floor dysfunction has been diagnosed by a Specialist Medical Practitioner; and Medically Necessary surgical Hysterectomy has been undertaken for the sole purpose of correcting the loosening of the support

muscles and tissues in the pelvic area.

Hysterectomy for any other reason is specifically excluded.

This benefit is not payable if Uterine prolapse Pelvic floor dysfunction was diagnosed before the Date of Commencement of Risk or date of reinstatement (if any) of this benefit.

Coverage for this impairment will cease at age seventy (70) or on Date of Maturity, whichever is earlier.

11) Thyroid disorders causing Thyroid Storm treated in ICU

Thyroid storm, also known as thyrotoxic crisis, is an acute, life-threatening complication of hyperthyroidism that presents with multi-system involvement.

The confirmed diagnosis of a Thyroid Storm based upon the presence of severe and life-threatening symptoms including hyperpyrexia, cardiovascular dysfunction (tachycardia, atrial fibrillation, cardiac failure), altered mentation (agitation, delirium, psychosis, stupor or coma) and gastrointestinal symptoms (nausea, vomiting, abdominal pain) in a patient with biochemical evidence of hyperthyroidism.

Admission in an Intensive Care Unit (ICU) for at least 96 hours is necessary to meet the definition. Diagnosis and evidence has to be certified by the treating endocrinologist or specialist medical practitioner.

Hospitalisation for treating hyperthyroidism other than Thyroid Storm are excluded.

Surgical Care :

1) Breast Reconstructive Surgery following a Mastectomy

Breast reconstructive surgery following a Mastectomy" means the actual undergoing of plastic or reconstructive surgery of the breast following surgical removal of at least one quadrant of the tissue of the breast due to a diagnosis of malignant [invasive breast cancer. The surgical removal of breast tissue must be deemed Medically Necessary by a specialist medical practitioner.

2) Skin grafting due to major burns

Skin grafting due to major burns means the undergoing of skin grafting due to burns resulting in full thickness skin destruction of at least 10% of the body surface area of the life assured. It is necessary for the burns which require skin grafting to occur during the Coverage Term. Correction of facial disfigurement is excluded under this benefit.

3) Radical Vulvectomy required due to a malignant/Invasive condition

Radical vulvectomy means surgical removal of the labia majora, labia minora, clitoris and regional lymph nodes The surgery must be deemed Medically Necessary and carried out by specialist medical practitioner together with histological confirmation.

4) Radical hysterectomy required due to a malignant/ Invasive condition

A radical hysterectomy which includes removal of the uterus, fallopian tubes, wide excision of parametrium, tissues surrounding the upper vagina, and all the pelvic lymph nodes due to gynaecological cancers.

The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation.

5) Total Pelvic Exenteration required due to a malignant /invasive condition

Actual undergoing of excision of the bladder, lower uterus, vagina uterus, adnexa, the pelvic and lower sigmoid colon, pelvic lymph nodes and all the pelvic peritoneum, due to gynaecological cancers. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation.

6) Hysterectomy required due to a malignant/invasive condition

The removal of the uterus (at least the corpus and cervix or corpus only) with supporting evidence of carcinoma of the uterus, fallopian tube, ovary, vagina or endometrium, advanced cervical carcinoma. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation.

7) Mastectomy required due to a malignant/invasive condition

Mastectomy means surgical removal of at least one quadrant of the tissue of a breast. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation.

8) Complicated repair of a Vaginal Fistula

Complicated repair of a vaginal fistula means complicated surgical correction of an abnormal passage between the vagina and an internal organ. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation.

9) Bilateral or Unilateral Breast Lumpectomy due to a malignant condition or carcinoma in situ

Bilateral or Unilateral Breast Lumpectomy due to a malignant condition or carcinoma in situ" is the removal of a malignant tumour or Carcinoma in situ and surrounding breast tissue from both or Single breast. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation.

Maternity and Child Care - Pregnancy Complications:

1) Uterine rupture

Rupture of the uterus during pregnancy requiring a hysterectomy and emergency delivery of the foetus by caesarean section. (Hysterectomy must have been performed.

2) Ectopic pregnancy

Pregnancy, in which the fertilized ovum implants in the fallopian tube. The ectopic pregnancy must have required the immediate surgical, removal of the complete fallopian tube. The diagnosis must be confirmed with a pathology report. No benefit will be payable for partial salpingectomy and any other forms of treatment for ectopic pregnancy.

3) Eclampsia

Eclampsia is the occurrence of generalized tonic clonic grand mal seizures after the 20th week of pregnancy in a pregnant woman who has also has hypertension, proteinuria, and oedema. Eclampsia must be diagnosed by a Gynaecologist, Obstetrician or specialist medical practitioner. The eclampsia must require the emergency delivery of the foetus and placenta. Seizures due to other causes are excluded. Pre-eclampsia and postpartum eclampsia are excluded.

4) Molar pregnancy

Complete Hydatiform mole is a form of trophoblastic disease characterized by clusters of hydropic Villi and trophoblastic elements and atypia. The hydatiform mole must have been diagnosed by a specialist medical practitioner and confirmed with a pathology report. The condition must require a hysterectomy and the same must have been performed.

5) Disseminated Intravascular coagulation

DIC means a life-threatening complication of pregnancy, consisting of a systemic thrombo-hemorrhagic disorder, that is characterised by generalised bleeding and end organ damage.

The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation and supported by laboratory tests showing a combination of significant thrombocytopenia, pro-coagulant activation, fibrinolytic activation and inhibitor consumption. The benefit is payable only if the above condition requires treatment with frozen plasma and platelet concentrates.

6) Postpartum Haemorrhage requiring Hysterectomy

Postpartum Haemorrhage requiring Hysterectomy is the ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring surgical intervention in the form of a urgent hysterectomy and a direct result of post-partum bleeding or damage to the cervix or uterus that cannot be arrested by other means Confirmation of undergoing hysterectomy is required.

7) Placenta Increta / Percreta

Placenta Increta / Percreta refers to the abnormal adherent of the placenta to the myometrium resulting in severe haemorrhage requiring surgical removal of the placenta. The diagnosis of placenta increta or placenta percreta must be established via histological evidence and confirmed by a specialist medical practitioner. Placenta accreta is specifically excluded.

8) HELLP syndrome

HELLP Syndrome is a severe complication of a pregnancy as diagnosed by an obstetrician with evidence of Haemolysis, Elevated Liver enzymes and Low Platelets, which results in foetal death.

9) Choriocarcinoma

Choriocarcinoma means a highly malignant neoplasm derived from placental syncytial trophoblasts which form irregular sheets and cords, with neoplastic cells invading blood vessels. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

Maternity and Child Care - Congenital illness or New-born Complications:

10) Down's syndrome

Live birth of a baby with Down's syndrome (trisomy 21) as diagnosed by a specialist medical practitioner and proven on chromosomal analysis.

11) Spina bifida

Spina Bifida is a neural tube defect where there is failure of the spine to close properly during pregnancy. There must be a resultant meningocele or meningocele. The spina bifida must also have required corrective surgery. Spina bifida occulta is specifically excluded.

12) Oesophageal atresia and tracheoesophageal Fistula

Tracheo-Esophageal Fistula or Esophageal Atresia refers to Congenital esophageal atresia (EA) represents a failure of the esophagus to develop as a continuous passage.

Instead, it ends as a blind pouch. Tracheo-esophageal fistula (TEF) represents an abnormal opening between the trachea and esophagus. EA and TEF can occur separately or together.

13) Anal atresia

Anal Atresia is an anatomical malformation involving the absence of the anus or the absence of the canal between the rectum and anus. The diagnosis must be made by a specialist medical practitioner and surgery must have been performed to correct the abnormality.

14) Club palate

Cleft Palate/Cleft Lip and Palate is the diagnosis of Cleft Palate and/or Cleft Lip by a specialist medical practitioner. Surgery must have been performed to correct the abnormality.

Payment will be made for cases with cleft palate, or cleft lip and cleft palate. Cleft lip in isolation is specifically excluded.

15) Club feet

Club Feet (Talipes equinovarus) is a congenital abnormality of the lower extremity which consists of plantar flexion, inversion of the heel hindfoot and forefoot and adduction of the forefoot. The benefit will

only be paid if the condition is bilateral.

The diagnosis must be made by a specialist medical practitioner and surgery must have been performed to correct the abnormality. Metatarsus varus or abductus are excluded.

16) Tetralogy of Fallot

Tetralogy of Fallot means an anatomic abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular unoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.

17) Transposition of great vessels

"Transposition of the Great Vessels" means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must have been performed to correct the condition.

18) Patent ductus arteriosus

Patent Ductus Arteriosus refers to the surgical correction for the failure of closure of ductus arteriosus (a foetal vessel connecting the pulmonary artery with the aorta).

The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and corrective surgery must have been performed to correct the abnormality.

19) Total anomalous pulmonary venous return (TAPVR)

Total anomalous pulmonary venous return is a congenital malformation in which the pulmonary veins do not connect normally to the left atrium, but instead drain abnormally to the right atrium by way of an anomalous connection. Open heart surgery must have taken place to correct the congenital defect.

20) Tricuspid atresia

Tricuspid atresia is a congenital heart condition where there is the absence of any connection between the right atrium and the right ventricle. Open heart surgery must have taken place to correct the congenital defect.

21) Atrial Septal Defect

Atrial Septal Defect means a hole in the partition (septum) between the left and right atrium (upper chambers) of the heart permitting abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and corrective surgery must have been performed to correct the condition.

22) Ventricular Septal Defect

"Ventricular Septal Defect" is a hole in the partition (septum) between the left and right ventricle (lower chambers) of the heart permitting the abnormal circulation from the left side of the heart to the right side.

The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and corrective surgery must have been performed to correct the condition.

Additional supporting definitions:

- **Medical Practitioner**

Medical Practitioner means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed directly by the Policyholder/Life Insured/ ICICI Prudential Life Insurance Company/ shares the same residence as the Life Assured/ is a member of the Insured Person's Family.

- **Permanent Neurological Deficit**

Permanent neurological deficit with Persisting Clinical Symptoms is defined as signs and symptoms of dysfunction in the nervous system that are present on clinical examination by a Specialist and expected to last throughout the insured person's life. The following neurological symptoms are covered under this definition: numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, cognitive impairment, delirium and coma.

An abnormality seen on brain or other scans without definite related clinical symptoms, neurological signs occurring without symptomatic abnormality such as brisk reflexes without other symptoms and symptoms of psychological or psychiatric origin will not qualify as Permanent neurological deficit with Persisting Clinical Symptoms.