

## CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

| SI No | Title                                              | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Policy Clause Number |
|-------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1     | <b>Name of Insurance Product/Policy</b>            | <ul style="list-style-type: none"> <li>ICICI Pru Non-Linked Health Protect Rider &lt;UIN&gt;<br/>Benefit option: Critical Illness Benefit Option Package :&lt;&gt;</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rider Schedule       |
| 2     | <b>Policy Number/Application Number</b>            | <Application Number>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Rider Schedule       |
| 3     | <b>Type of Insurance Product/ Policy</b>           | A Non-Participating Non- Linked Health Individual Pure Risk Rider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Rider Schedule       |
| 4     | <b>Sum Insured (Basis) (Along with amount)</b>     | Sum Assured (in ₹): <Amount>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rider Schedule       |
| 5     | <b>Policy Coverage (What the policy covers?)</b>   | <p>Under this rider ,in the event life assured is diagnosed with any of the covered Critical Illness during the coverage term provided the benefit option is inforce, then the company shall pay the sum assured to the claimant. Thereafter the benefit option shall terminate and all rights, benefits and interests under this benefit option will stand extinguished.</p> <p>For more details, please refer Part C clause 1 of Rider document.</p>                                                                                                                                                            | Part C, Clause 1     |
| 6     | <b>Exclusions (what the policy does not cover)</b> | <p>Following exclusions shall apply:</p> <p>i. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Rider;</p> <p>ii. Any Critical Illness caused by any Pre-existing Disease (PED) or any complications arising therefrom.</p> <p>Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:</p> <p>a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the Rider issued by the insurer or</p> <p>b) For which medical advice or treatment was recommended by, or received from, a</p> | Part C, Clause 2,3,4 |

| SI No | Title | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Policy Clause Number |
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|       |       | <p>physician not more than 36 months prior to the date of commencement of the Rider or its reinstatement.</p> <p>iii .Any Critical Illness caused due to treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <p>iv. Any Critical Illness caused due to narcotics used by the Life Assured unless taken as prescribed by a Medical Practitioner,</p> <p>v. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide</p> <p>vi. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;</p> <p>vii. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel or caused by nuclear, chemical or biological attack.</p> <p>viii. Any Critical Illness caused by Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Life Assured;</p> <p>ix. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving etc.</p> <p>x. Any Critical Illness caused by any treatment necessitated due to participation by the Life Assured in any flying activity, except as a bona fide, fare- paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.</p> |                      |

| SI No | Title | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Policy Clause Number |
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|       |       | <p>xi. Any Critical Illness occurring as a direct or indirect result of service in the military/paramilitary, naval, air forces or police organizations and participation in operations requiring the use of arms or ammunitions where the participation is ordered by such authorities for combating terrorists, rebels and the like.</p> <p>xii. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>xiii. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.</p> <p>xiv. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.</p> <p>xv. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> <p>xvi. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> <li>Surgery to be conducted is upon the advice of the Medical Practitioner</li> <li>The Surgery / Procedure conducted should be supported by clinical protocols.</li> <li>The member has to be 18 years of age or older and</li> <li>Body Mass Index (BMI):           <ul style="list-style-type: none"> <li>greater than or equal to 40 or</li> <li>greater than or equal to 35 in conjunction with any of the following severe co-</li> </ul> </li> </ol> |                      |

| SI No | Title                        | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Policy Clause Number |
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|       |                              | <p>morbidities</p> <p>I. Obesity related cardiomyopathy</p> <p>II. Coronary heart disease</p> <p>III. Severe Sleep Apnea</p> <p>IV. Uncontrolled Type 2 Diabetes</p> <p>xvii. Any Critical Illness caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law.</p> <p>xviii. In the event of the death of the Life Assured within the stipulated survival period as set out in the policy terms and conditions.</p> <p>xix. Any Critical Illness caused by sterility and infertility. This includes:</p> <p>a. Any type of contraception, sterilization</p> <p>b. Gestational Surrogacy</p> <p>c. Reversal of sterilization</p> <p>For more details ,please refer to Part C clause 2 ,3,4 of Rider document</p> |                      |
| 7     | Waiting period               | <p>90 days</p> <p>For more details ,please refer to Part C clause 3 of Rider document</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Part C, Clause 3     |
| 8     | Financial limits of coverage | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 9     | Claims / Claims Procedure    | <p>Turn around Time – For TAT details for death claim refer to</p> <p><a href="https://www.iciciprulife.com/contact-us/our-services-turn-around-times.html">https://www.iciciprulife.com/contact-us/our-services-turn-around-times.html</a></p> <p>For any assistance on Claims, you can call Us on 1800-2660 (for calls within India) or +91 8069385555 (for calls outside India). You can also register a health or a death claim by sending us an email a <a href="mailto:claimsupport@iciciprulife.com">claimsupport@iciciprulife.com</a></p> <p>The claim form can be downloaded from the following links:</p> <p>Digital Claim Form Link:</p>                                                                                                                                   | Part F, Clause 10    |

| SI No | Title            | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Policy Clause Number |
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|       |                  | <a href="https://buy.iciciprulife.com/buy/Claim-Intimation.htm?execution=e2s1">https://buy.iciciprulife.com/buy/Claim-Intimation.htm?execution=e2s1</a><br><br>Physical Claim Form Link:<br><a href="https://www.iciciprulife.com/insurance-library/life-insurance-claims-related-faqs.html#linked_content">https://www.iciciprulife.com/insurance-library/life-insurance-claims-related-faqs.html#linked_content</a><br><br>For information on documents required to process claims, please refer to the policy document (Part F, Clause 10) under the section 'Specimen Policy Document' available on our website at<br><a href="https://www.iciciprulife.com/services/download-centre.html">https://www.iciciprulife.com/services/download-centre.html</a>                                                                                   |                      |
| 10    | Policy Servicing | Turn around Time – For TAT details for policy servicing - refer to<br><a href="https://www.iciciprulife.com/contact-us/our-services-turn-around-times.html">https://www.iciciprulife.com/contact-us/our-services-turn-around-times.html</a><br><br>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 1800-2660 or visit Our website: <a href="http://www.iciciprulife.com">www.iciciprulife.com</a> .<br>Alternatively, You may communicate with Us at any of our branches or the customer service helpline number 1800-2660 or email at <a href="mailto:lifeline@iciciprulife.com">lifeline@iciciprulife.com</a> . For updated contact details, We request You to regularly check Our website. | Part G , Clause 1    |

| SI No | Title                 | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Policy Clause Number |
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| 11    | Grievances/Complaints | <p>1. You may write to gro by visiting the grievance redressal page of our website: <a href="https://www.iciciprulife.com/services/grievance-redressal.html">https://www.iciciprulife.com/services/grievance-redressal.html</a>. Alternatively, you can contact the Grievance redressal officer at our branches or write to us at <a href="mailto:gro@iciciprulife.com">gro@iciciprulife.com</a></p> <p>2. <a href="https://www.iciciprulife.com/services/grievance-redressal.html">https://www.iciciprulife.com/services/grievance-redressal.html</a></p> <p>3. Kindly refer the Insurance Ombudsman details under part G under the 'Specimen Policy Document' available at <a href="#">Download Centre   ICICI Prulife</a> . This is subject to change from time to time</p> <p>Additionally, the contact details of Ombudsman can be accessed through <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> <p>The concerns of senior citizens will be resolved on priority ensuring there is a speedy disposal of the grievances.</p> | Part G               |
| 12    | Things to Remember    | <p>Free Look: 30 days</p> <p>For more information, refer to Part D, Clause 1 of policy document</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Part D, Clause 1     |
| 13    | Insured's Obligations | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Material information includes:</p> <p>Age, Gender, Education, Income, Occupation</p> <p>Nationality &amp; country of residence, Question on criminal charges, Avocation/dangerous hobbies, Address, Details of existing &amp; applied insurance policies with other companies &amp; terms of acceptance , Personal details like habits, Height &amp; weight and Health Questions</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place:

(Signature of the Policyholder)

Date