

Policy Document - Terms and Conditions of your policy

ICICI Pru Non- Linked Goal Protect Rider

(A Non-Participating Non-Linked Health Individual Pure Risk Rider)

PART B

Definitions

- 1. Accident** means sudden, unforeseen, and involuntary event caused by external, visible and violent means. **2. Accidental death** means death of the Life Assured by or due to a bodily injury caused by an Accident, independent of all other causes of death. **3. Age** means the age of the Life Assured named under this rider in completed years as on Date of Commencement of Risk of Rider. **4. Annualized Premium** means the premium amount payable in a year excluding taxes, underwriting extra premiums, and loading for modal premiums, if any. **5. Base Policy** means the underlying base plan to which this Rider policy is attached to. **6. Base Policy Anniversary** means the annual anniversary of the date of commencement of risk of the base policy. **7. Claimant** means the person entitled to receive the Rider benefits and as per the terms and conditions of the Policy and includes, the Policyholder, the Nominee(s), the assignee, the legal heir, the legal representative(s) or the holder(s) of succession certificate of the Policyholder/ Nominee(s) as the case may be. **8. Date of Commencement of Risk** is later of Rider Issue Date or Rider Acceptance Date. **9. Date of Maturity** means the date specified in the Rider Schedule on which the term of the Benefit Option(s) ends and cover under the Rider(s) ceases to exist. **10. Death Benefit** means the benefit amount payable on death of the Life Assured during the policy term as per the Base Policy. **11. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner. **12. Life Assured/ Policyholder/ You/ Your** means the person named in the Rider Schedule on whose life the Rider has been issued and who is the owner of this rider Policy. **13. Limited Pay** means premiums need to be paid regularly for a limited portion of the Rider Term. **14. Maturity benefit** means benefit amount which would have been payable on the survival of the Life Assured till the date of maturity of the Base Policy and as specified in the Rider Schedule. **15. Medical Practitioner** means 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 its scope and jurisdiction of license. The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage, nor share the same residence as the Life Assured. **16. Regular Pay** means premiums need to be paid regularly throughout the Policy Term. **17. Rider** is an optional benefit which can be added to the Base Policy as per Your choice. This rider can be attached to the Base Policy only at inception. **18. Rider Acceptance Date** means the date as specified in the Rider Schedule from which this Rider was effected. **19. Rider Issue Date** means the date as specified in the Rider Schedule. **20. Rider Term** means the period in complete years (excluding Date of Maturity) during which risk cover in respect of the chosen Benefit Option is in effect and is as mentioned in your Rider Schedule. **21. Rider Schedule** means the Rider Schedule forming part of the Rider document. **22. Survival Benefit** means the benefit amount which would have been payable on survival of the Life Assured on the respective due dates during the policy term under the Base Policy and as specified in the Rider Schedule. **23. Terminal Illness** is a condition diagnosed to the Life Assured which in the opinion of two independent Medical practitioners specializing in treatment of such illness, is highly likely to lead to Life Assured's death within 6 months. It must be diagnosed and confirmed by Medical Practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment. **24. Total Premiums Paid** means the total of all premiums received, excluding any extra premium and taxes. **25. We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited.

PART C

1. Benefits

- This Rider ensures that the Survival and Maturity Benefits of the Base Policy continues to get paid upon death or diagnosis of Terminal Illness to the Life Assured, whichever is earlier and the Claimant shall continue to receive the Survival/ Maturity Benefits on the original due dates as defined in the Base Policy.
- This Rider offers two Benefit Options i.e. "Protect Option" and "Protect Plus Option". The Benefit Option(s) chosen by You at inception is as mentioned in the Rider Schedule. The Benefit Option once opted, cannot be changed later. **I. Protect option:** In the event of death or Terminal Illness of the Life Assured (whichever is earlier) during the Rider term and provided this Rider and the Base Policy are in-force, the following benefits shall be payable: i. Death: In the event where death of Life Assured happens first, then the Death Benefit under the Base Policy shall be paid by Us to the Nominee/ Beneficiary/ Appointee/ Assignee as per the applicable terms and conditions of the Base Policy. No future benefits or premiums will be payable under the Base Policy post acceptance of this claim. No further premiums are payable under this Rider. All future Survival and Maturity benefits will become payable to the Nominee/ Beneficiary/ Appointee/ Assignee (as applicable) through

this Rider as on the original due dates, even after the death of the Life Assured. Even in case where the Maturity Benefit for the Base Policy is payable as a series of income instalments or a combination of income and lumpsum, such benefits will be paid out through this Rider as on the original due dates. ii. Terminal Illness: In case the Life Assured is diagnosed with a Terminal Illness first, the applicable Death Benefit under the Base Policy will be accelerated and its value, as on the date of diagnosis, will be paid to the Policyholder. No future benefits or premiums will be payable under the Base Policy post acceptance of this claim. No further premiums are payable under this Rider. All future Survival and Maturity Benefit will become payable to the Policyholder through this Rider as on the original due dates. In the event of subsequent death of the Life Assured, no further Death Benefit under the Base Policy shall be payable. All future Survival and Maturity Benefit will become payable to the Nominee/ Beneficiary/ Appointee/ Assignee (as applicable) through this Rider as on the original due dates, even after the death of the Life Assured. Even in case where the Maturity benefit for the Base Policy is payable as a series of income instalments or a combination of income and lumpsum, such benefits will be paid out through this Rider as on the original due dates. **II. Protect Plus option:** In addition to the benefits available under Protect Option, added benefit will be payable in case of an Accidental Death of the Life Assured during the Rider term provided the Rider and the Base Policy are In-force. The following terms and conditions are applicable: i. In the event of an Accidental Death of the Life Assured, an additional benefit equal to 10 times the Annualized Premium of the Base Policy, will be paid in lump sum to the Claimant, provided this Rider is in-force at the time of Accident and Accidental Death occurs within 180 days from the date of Accident. ii. This benefit is also applicable if the Accidental Death occurs beyond the Rider Term but within 180 days from the date of Accident, provided the Accident occurs within the Rider Term and this Rider is in-force at the time of Accident. iii. We shall not be liable to pay the benefit, in the event of the Accidental Death of the Life Assured after 180 days from the date of Accident. **III.** Under both the Benefit Options, all Survival and Maturity Benefit payouts will follow the terms and conditions of the Base policy. **IV.** The Rider will be terminated once the final payout due on the original due date as per the Base Policy, is paid out and thereafter all rights, benefits and interests under the rider will stand extinguished. **V.** In case the Nominee/ Beneficiary/ Appointee/ Assignee (as applicable) dies during the period when the proceeds of the Rider are being paid out or due to be paid, the same shall continue to be payable (as on the respective due dates) to the legal heirs of the Nominee/ Beneficiary/ Appointee/ Assignee (as applicable) or to the legal heirs of the Life Assured as per Section 39 of the Insurance Act, 1938 as amended from time to time. **VI.** If any Survival/ Maturity benefit applicable under the Base Policy is based on the total premiums paid under the Base Policy, then this will include only the premiums which have been paid by the Policyholder before the occurrence of contingent event(s) covered under this Rider. **VII.** The terms and conditions of this Rider should be read in conjunction with that of the Base Policy. Wherever applicable, the terms and conditions of this Rider will override those of the Base Policy. **VIII.** Additionally, post acceptance of the claim under this Rider, optional features under the Base Policy like Flexi Save Option, Loans, Change in Income payout frequency, Save the Date, etc. cannot be exercised by the Claimant. In the event if any of the above mentioned optional features have been exercised post date of death or diagnosis of Terminal Illness (as applicable), the benefit amount will be adjusted accordingly. **IX.** Once a claim under this Rider has been accepted by the Company, the Claimant has an option to receive the commuted value of future Survival/ Maturity Benefits of the Base Policy as a lumpsum benefit if the future Survival Benefits/ Maturity Benefits are payable as income or combination of lumpsum and income under the Base Policy. This lumpsum benefit will be equal to the discounted value of the future Survival/ Maturity Benefits at 30-year Government Securities yield + 1.00%, rounded to nearest 0.25%. The yield on 30-year Government Securities will be sourced from www.bloomberg.com. The discount rate, applicable for commutation to lumpsum during, will be reviewed twice every year on 1st of June and 1st of December. **X.** There is no survival, or maturity benefits payable under this Rider, this Rider only facilitates the payment of Survival Benefits/ Maturity Benefits of the Base Policy on death or diagnosis of Terminal Illness whichever is earlier. **XI.** Any premium(s) paid between the date of death or date of diagnosis of Terminal Illness (as applicable) and acceptance of claim by the Company shall be paid back to the Claimant. **XII.** In the event Life Assured dies or is diagnosed with Terminal Illness or meets with an Accident on Date of Maturity, then the Benefits under this Rider is not payable and the Rider shall terminate with all rights and benefits thereunder.

2. Exclusions

Under Protect Plus Benefit option, in case of Accidental Death, following exclusions shall apply: a) Death caused due to Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction. b) Death caused by congenital external diseases, defects or anomalies or in consequence thereof c) Death arising out of or attributable to 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), participation in any naval, military or air-force operation, civil war, Riot, public defense, rebellion, revolution, insurrection, military or usurped power. d) Death caused by treatment directly

arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent. e) Death caused by 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. f) Death caused by participation of the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. g) Death of the Life Assured whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule. h) Death caused by engaging in hazardous sports / pastimes, i.e., taking part in (or practicing 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. i) Death arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death. b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

3. Premium payment

a) You are required to pay Premiums Instalments (including taxes) for the entire Premium Payment Term on the due dates and for the amount mentioned in the Rider Schedule. b) Premiums under the Rider can be paid in the frequency (yearly, half-yearly or monthly) as chosen by You under the Base Policy. c) For monthly and half-yearly modes of premium payments, additional loadings will be applied to the base premium and the extra mortality premium. The additional loadings, expressed as a percentage of the annual premium will be as given below:

Mode of Premium Payment	Loading (% of Annual Premium)
Yearly	0.0%
Half-yearly	2.50%
Monthly	4.50%

d) Any change in premium payment frequency will be allowed during the Premium Payment Term only on Base Policy Anniversary and subject to the premium payment frequency of the Rider being same as that of the Base Policy. e) If any premium instalment for the Rider along with the Base Policy is not paid within the Grace Period, then the Rider shall lapse and the cover will cease. On revival of the Rider along with the Base Policy, the original benefit under the Benefit Option will be restored provided the request for revival is received within the Policy Term of the Rider. You may pay premium through any of the following modes, as selected for the Base Policy : i. Cheque ii. Demand Draft iii. Pay Order iv. Banker's cheque v. Internet facility as approved by us from time to time vi. Electronic Clearing System/Direct Debit vii. Credit or Debit cards held in your name viii. a n y other mode, subject to applicable laws and Company's internal policies. g) Amount and modalities will be subject to our rules and relevant legislation or regulation. h) 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/digital receipt is issued by Us. i) No person or individual or entity is authorized to collect cash or self-cheque or bearer cheque or vide electronic payments on Our behalf. Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited. k) Please ensure that You mention the proposal number for the first premium deposit and the Base Policy number for the renewal premiums on the cheque or demand draft. l) In the event, first premium deposit or renewal premium is being paid You via online/ internet banking then please mention the application number or policy number as applicable in the comment section during the transaction. m) 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 mod. n) In case the payment made towards the first premium or renewal premium is not realized by us due to any reason whatsoever you shall be solely responsible for the verification of such realization. o) In case the payment made towards the first Premium is not realized by us due to any reason whatsoever, the Rider if issued, shall stand automatically cancelled. p) 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 Rider terms and conditions.

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 cover continues during the grace period. In case of any of the contingent event happening during the Grace Period, then We will pay the benefit subject to terms and conditions of this Rider.

5. 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 and advance premium for Base Policy is also collected for the same duration. Provided the premium due in one financial year is being collected in advance in earlier financial year for a maximum period of three months in advance from the due date of the premium. The renewal premium so collected in advance shall only be adjusted on the due date of the premium.

PART D

1. Free look Period (30 days refund policy)

On receipt of the Rider policy document, whether received electronically or otherwise, You have an option to review the Rider terms and conditions. If You are not satisfied or have any disagreement with the terms and conditions of the Rider or otherwise and have not made any claim, Rider Document needs to be returned to the Company with reasons for cancellation within 30 days from the date of receipt of the Rider 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 Rider will terminate on payment of this amount and all rights, benefits and interests under this Rider will stand extinguished.

The rider can be terminated during the Free look period either on its own or along with its Base Policy. In case the Base Policy is cancelled within free-look period, the rider will also be automatically cancelled.

2. Surrender

i. Unexpired risk premium value, if any, will be payable, if You surrender the Base Policy along with the Rider or Surrender the Rider only. ii. Surrender Value equal to Unexpired risk premium value will be as follows:

Limited Pay: • If one full year's premium is not paid, unexpired risk premium value = 0. • If one full year's premium has been paid, then the unexpired risk premium value = 25% X [Number of months for which premiums are paid / (Premium Payment Term X 12)] X [1 – (Policy Month of surrender – 1)/ (Policy Term X 12)] X Total Premiums Paid. **Regular Pay:** a) No Unexpired risk premium value is payable. iii. This Rider cannot be surrendered once a claim has been accepted by the Company. iv. On payment of the Surrender Value, the Rider will terminate and all rights, benefits and interests under the Rider will stand extinguished.

3 Revival

Rider along with the Base Policy which has discontinued payment of premium may be revived subject to underwriting and the following conditions: • Where the request for revival has been received for the Rider along with the Base Policy • The revival period applicable for the Rider will be same as the revival period applicable to the Base Policy from the due date of the first unpaid premium and before the Date of Maturity. Revival will be based on the prevailing Board Approved Underwriting Policy. • You furnish, at Your own expense, satisfactory evidence of health of the Life Assured if required by the prevailing Board Approved Underwriting Policy. • The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are paid. Revival interest rate will be same as applicable for revival of Base Policy. • The revival of the Rider may be on terms different from those applicable to the Rider before premiums were discontinued; for example, extra mortality/ morbidity premiums or charges may be applicable. • The revival of the Rider must happen along with the Base Policy and will take effect only if it is specifically communicated by the Company to the Policyholder. • The Company reserves the right to refuse to revive this Rider Any change in revival conditions will be disclosed to policyholders.

4. Lapsation

If any instalment Premium for the Rider is not paid within the Grace Period, then the Rider shall lapse, and the cover will cease. If this Rider is not revived within the Revival Period (along with the Base Policy), then the Surrender Value (if applicable, computed as on date of premium discontinuance) shall become payable on the earliest of the following events: a) Death or diagnosis of Terminal Illness (whichever happens earlier) of the Life Assured within the revival period, b) At the end of Revival Period, and c) Date of Maturity. Post payment of such surrender value (if any), then the Rider shall foreclose and all rights and benefits under the Rider shall stand extinguished.

5. Paid-up Value

No paid-up value is payable under this Rider.

6. To whom benefits are payable

Benefits under this Rider are payable to the Policyholder/ Life Assured or Nominee/

Appointee (as applicable) or Assignee or to the legal heirs of the Nominee(s)/ Life Assured/ Assignee(s), where an endorsement has been recorded in accordance with Section 39 and Section 38 of the Insurance Act, 1938 as maybe applicable. 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) Our satisfaction of the title of the said person or persons claiming payment,

7. Cancellation

The Rider shall be terminated by Us on the occurrence of any of the below mentioned conditions: a) When the coverage under the Base Policy to which the Rider is attached expires due to cancellation or Surrender or termination of the Base Policy due to any other reason. b) When the coverage under the Base Policy to which the Rider is attached lapses/ becomes paid-up (if applicable) on account of non-payment of premiums and has not been revived within the Rider Term. c) When the Rider along with the Base Policy has not been Revived within the Revival Period. d) Upon expiry of the Rider Term i.e. on Date of Maturity of the Rider. e) On cancellation of the Rider by the Company for any reason whatsoever. f) On payment of free look cancellation proceeds.

PART E

Rider premium is levied in addition to premium for Base Policy and no Rider charge would be deducted.

PART F

General Conditions

1. Age

We have issued this Rider considering the date of birth of the Life Assured as declared by You in the proposal form to be true and correct. However, if at any point of time it is found that the age of the Life Assured as declared in the proposal form is different from the actual Age of the Life Assured, then the Company reserves the right to cancel the Rider.

2. Nomination

Nomination under the Policy will be governed by Section 39 of the Insurance Act, 1938 as amended from time to time. Details of nomination will be as mentioned for the Base Policy. Please refer to Appendix I 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 Appendix II 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 Appendix III 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 Appendix III for details on this section. The Rider is subject to the terms and conditions as mentioned in the Rider 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,
Unit 901A & 901B, 9th floor, Prism Towers,
MindSPACE Link Road, Goregaon (West),
Mumbai - 400 104, Maharashtra.
Telephone: 1800-2660
Facsimile: 022 4205 8222
E-mail: lifeline@icicprulife.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 rider is subject to the terms and conditions as mentioned in the Rider 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 rider.

9. Legislative changes

All benefits payable under the rider are subject to the tax laws and other financial enactments as they exist from time to time. The Rider terms and conditions may be altered based on any future legislative or regulatory changes.

10. Payment of claim:

a) For processing a death claim, we require the following mandatory documents • Duly filled and signed Claimant Statement Form • Copy of Death Certificate of the Life Assured, issued by government authority • Claimant address proof • Claimant photo identity proof • Recent photograph of the claimant • Pan card / Form 60 of the claimant • Duly filled and signed Payout mandate form with bank

account details of the claimant • Copy of cancelled cheque / bank statement / bank passbook with printed account number and name of the claimant. b) Documents required based on cause of death i. In case of death due to Unnatural causes such as Accidents (Road / Rail / Air etc), Murder, Suicide, etc. • Medico-legal cause of death certificate • First Information Report (FIR) from the police authority • Inquest/ Panchnama Report • Final police investigation report • Post Mortem Report (PMR) issued by the hospital • Viscera / Chemical examination report • Newspaper Cutting, if any • Driving License (of the Life Assured driving the vehicle in case of death due to a road accident) • Hospitalization / treatment records if any • Duly filled in Medical/ Hospital Attendant Certificate • Duly filled in Employer Certificate (only if Life Assured was a salaried individual) ii. In Case of death due to Natural or medical causes (death at home, hospital) • Medico-legal / Medical cause of death certificate • Past medical records and treatment papers • All hospitalization records of the Life Assured such as: i. Admission form ii. Indoor Case Papers (ICPs) iii. Discharge summary iv. Diagnostic test reports such as USG, Pathology / Lab reports etc., • Duly filled in Treating Doctor Certificate • Duly filled in Medical/ Hospital Attendant Certificate • Duly filled in employer certificate (only if Life Assured was a salaried individual) c) For processing Terminal Illness claim under this Rider, We will require the following documents (as may be relevant): • Duly filled and signed health claim form • Payout mandate form with bank account details of the claimant • Copy of cancelled cheque / bank statement / bank passbook of the claimant • Medical documents confirming diagnosis i. A precise diagnosis of the treatment for which a claim is made ii. All hospitalization records of the Life Assured such as: Admission form, Indoor Case Papers (ICPs), Discharge summary, Diagnostic test reports confirming diagnosis • Claimant's statement / claim intimation form • Medical practitioner certificate stating the illness specializing in treatment of illness, is highly likely to lead to death within 6 months from 2 specialist doctors. Claimant address proof • Claimant photo identity proof/Recent photograph of the claimant • Pan card / Form 60 of the claimant d) A claim under a life insurance policy shall be paid or be rejected or repudiated giving all the relevant reasons, within 15 days from the date of receipt of all mandatory documents. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate the same at the earliest and complete such investigation expeditiously and claim shall be paid or be rejected or repudiated giving all the relevant reasons within 45 days from the day of receipt of all mandatory documents. e) If there is delay on the part of Insurer beyond the timelines as mentioned above, the insurer shall pay interest at a rate, which is 2% above bank rate from the date of receipt of last necessary document.

11. Suicide

In case of death of the Life assured due to suicide within 12 months from the Date of Commencement of Risk under the Rider or from the date of revival of the Rider, as applicable, the Claimant shall be entitled to at least 80% of the Total Premiums Paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the rider is in force.

The Rider will terminate on making such a payment along with the Base Policy and all rights, benefits and interests under the rider will stand extinguished.

12. Issue of duplicate rider document

We shall issue a duplicate of Rider 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 rider is Rs. 200. Free look option is not available on issue of duplicate rider document.

13. Amendment to Rider document

Any variations, modifications or amendment of any terms of the Rider document shall be communicated to you in writing.

PART G

Policy Servicing and Grievance Handling Mechanism

1. Customer service

For any clarification or assistance, You may submit your query or request through 'write to us' section on our mobile app or website.

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 in the policy document or on Our website: www.icicprulife.com. For our NRI customers or any claim related assistance or enquiries, you can call us 24*7 on the numbers specified in the policy document or on Our website: www.icicprulife.com except on national holidays. Additionally, you can touch base with us through chat and WhatsApp for a host of servicing enquiries or request submissions.

Alternatively, You may communicate with Us at any of our branches or the customer service desk whose details are mentioned in the policy document. For updated contact details, we request You to regularly check Our website. The concerns of senior citizens will be resolved on priority ensuring there is a speedy disposal of the grievances.

i. Grievance Redressal Officer: If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may submit your concern to the designated grievance redressal officer (GRO) at the 'grievance redressal' section

on our website, or write to us at gro@icicprulife.com. Alternatively, you may send a letter at the communication address mentioned below

Address: ICICI Prudential Life Insurance Company Limited,
Unit No. 901A,901B,1001A and 1002B, Prism Towers,
Mindspace, Link Road, Goregaon (West),
Mumbai – 400104 Maharashtra

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 'grievance redressal' section on our website or write a letter at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.
Unit No. 901A,901B,1001A and 1002B, Prism Towers,
Mindspace, Link Road, Goregaon (West),
Mumbai – 400104, Maharashtra.

iii. Policyholders' Protection and Grievance Redressal Department: If you are not satisfied with the response or do not receive a response from us within two weeks, 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

You can also register your complaint online at bimabharosa.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.

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 (as amended till 09.11.2023), 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 and their agents and intermediaries; g. issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the 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 insurance 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 or 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 Fifty 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.icicprulife.com or the website of the Council for Insurance Ombudsmen (CIO) at <https://www.cioins.co.in/Ombudsman> 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. Email: bimalokpal.ahmedabad@cioins.co.in **Areas of Jurisdiction:** Gujarat, Dadra & Nagar Haveli, Daman and Diu.
- 2. BENGALURU:** Office of the 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.: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@cioins.co.in **Areas of Jurisdiction:** Karnataka.
- 3. BHOPAL:** Office of the Insurance Ombudsman, 1st floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755-2769201 / 2769202 / 2769203. 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 / 2596429 / 2596003. Email: bimalokpal.bhubaneswar@cioins.co.in **Areas of Jurisdiction:** Odisha.
- 5. CHANDIGARH:** Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, SCO 20-27, Sector-17-A, Chandigarh - 160017. Tel.: 0172 - 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 / 24333678. 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 - 46013992 / 23213504 / 23232481. Email: bimalokpal.delhi@cioins.co.in **Areas of Jurisdiction:** Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
- 8. KOCHI:** Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759. 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, S.S. Road, Guwahati – 781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307. Email: bimalokpal.guwahati@cioins.co.in **Areas of Jurisdiction:** Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
- 10. HYDERABAD:** Office of the Insurance Ombudsman, 6-2-46, 1st floor, Moin Court, Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325. Email: bimalokpal.hyderabad@cioins.co.in **Areas of Jurisdiction:** Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
- 11. JAIPUR:** Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in **Areas of Jurisdiction:** Rajasthan.
- 12. KOLKATA:** Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkatta - 700 072. Tel.: 033 - 22124339 / 22124341. Email: bimalokpal.kolkata@cioins.co.in **Areas of Jurisdiction:** West Bengal, Sikkim, Andaman & Nicobar Islands.
- 13. LUCKNOW:** Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613. Email: bimalokpal.lucknow@cioins.co.in **Areas of Jurisdiction:** Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur,

Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

14. MUMBAI: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in **Areas of Jurisdiction:** List of wards under Mumbai Metropolitan Region excluding wards in Mumbai - i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.

15. NOIDA: Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, Noida-201301, Uttar Pradesh. Tel.: 0120-2514252 / 2514253. Email: bimalokpal.noida@cioins.co.in **Areas of Jurisdiction:** State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

16. PATNA: Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna - 800 001. Tel.: 0612-2547068. Email: bimalokpal.patna@cioins.co.in **Areas of Jurisdiction:** Bihar, Jharkhand.

17. PUNE: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel: 020-24471175. Email: bimalokpal.pune@cioins.co.in **Areas of Jurisdiction:** State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region.

18. THANE: Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasanttrao Naik Mahamarg, Thane (West), Thane - 400604. Email: bimalokpal.thane@cioins.co.in **Areas of Jurisdiction:** Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.

Note:- For list of wards for Mumbai and Thane Ombudsman location, kindly refer the details updated on the following link of Council for Insurance Ombudsmen - <https://www.cioins.co.in/Ombudsman>

The above mortality charges are for male lives. For female lives the mortality charge is charge for age less 2 years of that of male lives. Mortality charges for transgender lives is same as that of male lives.

Appendix I – 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.

Appendix II – 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 acknowledgement 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 surrender 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.

Appendix III – 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. 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.