

Policy Document - Terms and Conditions of your policy

ICICI Pru LifeTime Premier

In this Policy, the investment risk in investment portfolio is borne by the Policyholder.

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

UIN number: ICICI Pru LifeTime Premier: 105L12V01

In this document, "you" or "your" will refer to the Policyholder i.e. the owner of this Policy and "we", "us", "our", "insurer" or "the Company" will refer to ICICI Prudential Life Insurance Company Limited, or any of its successors.

Freelook Period: A period of 15 days is available to you to review the Policy. If you do not find the Policy suitable, this Policy Document must be returned to the Company for cancellation within 15 days from the date you received it. On cancellation of the Policy during the freelook period, we will return the premium adjusted for fluctuation in NAV, if any, subject to the deduction of: **a.** Stamp duty under the Policy, if any, **b.** Expenses borne by the Company on medical examination, if any. The Policy shall terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

1. Definitions

In the Policy Document, unless the context otherwise requires: **i. Allocation** is attachment of Units to your Policy at the applicable NAV. **ii. Extended Period** we will send you a notice within a period of 15 days from the date of expiry of grace period. A period of 30 days shall be given to you to intimate us of your choice from the following options: **a)** Revive the Policy; or **b)** Completely withdraw the policy without any risk cover. The Extended Period shall be co-terminus with this period of 30 days. In any case, if you do not exercise the option within 75 days of the premium due date, you shall be deemed to have completely withdrawn the policy without any risk cover. **iii. Fund** is the pool of assets hypothecated to the unit-linked liabilities and invested to achieve the Fund's objective. The price of each Unit in a Fund depends on how the investments in the Fund perform. The Fund is managed by the Company. **iv. Fund Value** is the Value obtained by multiplying the number of units allocated to your Policy by their corresponding NAVs. **v. Life Assured** is the person on whose life the Policy contract has been issued. **vi. Life Insurance Cover** means the Sum Assured. **vi. Minimum Death Benefit** is 105% of the total premiums (including Top-Up premiums) paid less the amount of partial withdrawals made during the two years immediately preceding the date of death of Life Assured where death occurs before or at age 60 last birthday and the amount of all partial withdrawals made after attaining age 58 last birthday where the death of Life Assured occurs after age 60 last birthday. **vii. Net Asset Value (NAV)** is the price of the unit calculated in Rupees. **viii. Policyholder** is the Proposer under the Policy or the owner of the Policy at any point of time. **ix. Regulator** is the authority that has regulatory jurisdiction and powers over the Company. **x. Settlement Option** means an option available to the Policyholder to receive the maturity benefit as a structured payout over a period of up to 5 years after Date of Maturity. **xi. Sum Assured** is the fixed amount, payable on the death of the Life Assured, in addition to the Fund Value. **xii. Unit** is a portion or a part of the Fund.

2. Benefits Payable

2.1 Death Benefit: i. In the unfortunate event of death of Life Assured during the term of the Policy (subject to the Policy being in force), we shall pay the Sum Assured plus Fund Value, subject to Minimum Death Benefit. **ii.** The Policy shall terminate on payment of the Death Benefit. **iii.** All rights, benefits and interests under this Policy shall stand extinguished upon this payment. **iv.** Death Benefit may be taxable as per the prevailing tax laws.

2.2 Maturity Benefit: i. On survival of the Life Assured and subject to the Policy being in force on the Date of Maturity, we shall pay Fund Value including the Top up Fund Value, if any, as on the Date of Maturity. **ii.** You shall have an option to receive the Maturity Benefit in lump sum or by way of Settlement Option (structured payments), as described in Clause 6.13, after the Date of Maturity. **iii.** On payment of Maturity Benefit, the Policy would be terminated and all the rights, benefits and interest under the Policy shall be extinguished. **iv.** Maturity Benefit may be taxable as per prevailing tax laws.

2.3 Loyalty Additions: A Loyalty Addition will be allocated to your policy every fifth policy year, starting from the end of the tenth policy year. This will be equal to 2% of the average of the Fund Value on the last day of the preceding eight policy quarters to the said allocation.

2.4 Surrender: Surrender means voluntary termination of the Policy by you. You can surrender the Policy only after completion of five policy years. On surrender after completion of the fifth policy year, the policy shall terminate and Fund Value including the Top up Fund Value, if any, shall be paid to you. The Policy shall terminate on payment of the Surrender Value. The surrender shall extinguish all rights, benefits and interests under the Policy.

2.5 To whom the Benefits are Payable: To the Policyholder, or the assignee(s) where a valid assignment (in accordance with Section 38 of the Insurance Act, 1938), or the nominee(s) where a valid nomination has been registered by the Company (in accordance with Section 39 of the Insurance Act, 1938), or the executors, administrators or other legal representatives who should take out representation to the Policyholder's estate or to such person as directed by a court of competent jurisdiction in India, limited at all times to the monies payable under this Policy. The Company does hereby agree that on proof to the satisfaction of the Company of the benefits having become payable as stated in this document and of the title of the said person or persons claiming payment and of the correctness of the age of the Life Assured stated in the Proposal or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Assured or appropriate benefit will be paid by the Company.

3. Premium Payment: i. You are required to pay premiums on the due dates and for the amount mentioned in the Policy certificate. There is a grace period of 30 days for paying the premium. **ii.** Only annual frequency is allowed for payment of premiums. **iii.** Premiums are payable up to and including the due date of last premium payable as shown in the Policy certificate. **iv.** Premiums are payable without any obligation on us to issue a reminder notice to you. **v.** You may pay premium through any of the following modes: **a.** Cash **b.** Cheque **c.** Demand Draft **d.** Pay Order **e.** Banker's Cheque **f.** Internet **g.** Electronic Clearing System **h.** Credit Card. Amount and modalities will be subject to our rules and relevant legislation or regulation. **vi.** Premiums shall be construed to be received by us only when received at any of our offices. **vii.** Where premiums have been remitted otherwise than in cash, the application of the premiums received is conditional upon the realization of the proceeds of the instrument of payment, including electronic mode. **viii.** If you suspend payment of premium for any reason whatsoever, we shall not be held liable. In such an event, benefits if any will be available only in accordance with the Policy terms and conditions.

4. Premium Discontinuance: Premium Discontinuance date is the date on which the Company receives the intimation from the Policyholder about discontinuance of the Policy or on the completion of the Extended Period or 75 days from the due date of the unpaid premium, whichever is earlier.

4.1 Premium Discontinuance During the First Five Policy Years: If the policy is not revived within the Extended Period the life insurance cover and rider cover, if any, shall cease. At the end of the Extended Period, the Fund Value shall be transferred to the discontinued policy fund after deduction of applicable discontinuance charge. Thereafter, no other charges shall be deducted. In case of death of the Life Assured before the end of the fifth policy year, the discontinued policy value shall be paid and the Policy will terminate thereafter. At the end of the fifth policy year, the discontinued policy value shall be paid to the Policyholder, subject to his survival to that date. The interest credited during the discontinued period shall be subject to a minimum 3.50% p.a. compound or any other such rate as may be prescribed by the Regulator from time to time. The policy cannot be revived after the Extended Period. The Premium Discontinuance Charge shall be applicable as per the table given below:

Year in which premium is discontinued	Premium Discontinuance Charge	
	Annual premium ≤ Rs. 25,000	Annual premium > Rs. 25,000
1	20% of lower of (AP or FV), subject to a maximum of Rs. 3000	6% of lower of (AP or FV), subject to a maximum of Rs. 6000
2	15% of lower of (AP or FV), subject to a maximum of Rs. 2000	4% of lower of (AP or FV), subject to a maximum of Rs. 5000
3	10% of lower of (AP or FV), subject to a maximum of Rs. 1500	3% of lower of (AP or FV), subject to a maximum of Rs. 4000
4	5% of lower of (AP or FV), subject to a maximum of Rs. 1000	2% of lower of (AP or FV), subject to a maximum of Rs. 2000
5 and onwards	NIL	NIL

Note: "AP" stands for Annual premium and "FV" stands for Fund Value as on the date of premium discontinuance.

4.2 Premium Discontinuance after Completion of the Fifth Policy Year: If the Policy is not revived within the Extended Period the life insurance cover and rider cover, if any, shall cease and Fund Value will be paid to the Policyholder. The policy cannot be revived after the Extended Period.

5. Funds

5.1 Investment Objectives of the Funds and Portfolio Allocation:

Fund Name and Its Objective	Indicative Portfolio Allocation	% (Min)	% (Max)	Potential Risk-Reward Profile
Multi Cap Growth Fund: To generate superior long-term returns from a diversified portfolio of equity and equity related instruments of large, mid and small cap companies.	Equity & Equity Related Securities Debt, Money Market & Cash	80% 0%	100% 20%	High
Opportunities Fund: To generate superior long-term returns from a diversified portfolio of equity and equity related instruments of companies operating in four important types of industries viz., Resources, Investment-related, Consumption-related and Human Capital leveraged industries.	Equity & Equity Related Securities Debt, Money Market & Cash	80% 0%	100% 20%	High
Bluechip Fund: To provide long-term capital appreciation from equity portfolio predominantly invested in NIFTY scrips.	Equity & Equity Related Securities Debt, Money Market & Cash	80% 0%	100% 20%	High
Multi Cap balanced Fund: To achieve a balance between capital appreciation and stable returns by investing in a mix of equity and equity related instruments of large, mid and small cap companies and debt and debt related instruments.	Equity & Equity Related Securities Debt, Money Market & Cash	0% 40%	60% 100%	Moderate
Income Fund: To provide accumulation of income through investment in various fixed income securities. The fund seeks to provide capital appreciation while maintaining a suitable balance between return, safety and liquidity.	Debt Instruments, Money Market & Cash	100%	100%	Low
Money Market Fund: To provide suitable returns through low risk investments in debt and money market instruments while attempting to protect the capital deployed in the fund.	Debt Instruments Money Market & Cash	0% 50%	50% 100%	Low
Return Guarantee Fund*: To provide guaranteed returns through investment in a diversified portfolio of high quality fixed income instruments.	Debt Instruments, Money Market & Cash	100%	100%	Low

Fund Name & Its Objective	P/E Range	Allocation in Equity and Equity related securities	Potential Risk-Reward Profile
Dynamic P/E Fund: To provide long term capital appreciation through dynamic asset allocation between equity and debt. The allocation in equity and equity related securities is determined by reference to the P/E multiple on the NIFTY 50 ¹ ; the remainder is to be invested in debt instruments, money market and cash.	< 14 14 to 16 16 to 18 18 to 20 > 20	90% to 100% 80% to 100% 60% to 100% 40% to 80% 0% to 40%	High

*Source: Based on prices and consensus earnings estimates from Bloomberg.

*The Return Guarantee Fund (RGF) consists of closed ended tranches of terms 5 and 10 years. They are intended to provide a return over a specified period, subject to a guarantee. The Fund is offered in tranches, each of which is open for subscription for a brief period of time and terminates on a specified date. The NAV applicable at the termination of each tranche is higher of the guaranteed NAV and the then prevailing NAV. The guaranteed NAV is declared at the beginning of the subscription period. We shall guarantee the NAV only at the termination of each tranche. Units may be withdrawn or switched from a tranche before its termination at the then prevailing NAV by redemption of Units. The guaranteed NAV will continue to apply on the remaining units, if any, in the Fund. In case the Policy is surrendered before the termination of a tranche of the RGF that you are invested in, the Units will be redeemed at the prevailing NAV. If you opt for RGF at inception, only your first instalment premium will be directed to the fund. Subsequent premiums will be allocated to the other funds in a proportion specified by you at inception of the Policy. You have an option to switch into RGF in case a tranche is open for subscription at that time. In case the remaining term of the policy is less than the term of the RGF tranche open for subscription at that time, you cannot invest in RGF. On termination of the RGF tranche, the proceeds will be allocated into the other funds in the same proportion as the fund portfolio at that time. In the exceptional case of the entire fund being invested in RGF at the time of termination of a tranche, the proceeds would be allocated to the funds opted for at inception of the Policy.

5.2 Units: The nominal Value of the Units is Rs. 10 each. The Units are allocated in the manner described below and such allocations may be made up to 1/1000th of a Unit or such other fraction as the Company may, in its sole discretion, decide.

5.3 NAV: The NAV will be based on the appropriation price when the Fund is expanding and the expropriation price when the Fund is contracting. **The appropriation price is defined as follows.** (Market or Fair Value of the Investments plus expenses incurred in the purchase of assets plus Current Assets and accrued interest (net of Fund management charges) less Current Liabilities and provisions). Divided by, Number of Units outstanding under the Fund at Valuation Date, before any new Units are created. **The expropriation price is defined as follows.** (Market or Fair Value of the Investments less expenses incurred in the sale of assets plus Current Assets and

accrued interest (net of Fund management charges) less Current Liabilities and provisions], Divided By, Number of Units outstanding under the Fund at Valuation Date, before any Units are cancelled.

5.4 Risks of Investment in the Funds: Investment in Funds is subject to the following risks, amongst others:

i. The investment risk in the investment portfolio is borne by you. **ii.** ICICI Pru LifeTime Premier is only the name of the Policy and does not in any way indicate the quality of the Policy, its future prospects or returns. **iii.** Names of the Funds mentioned above do not in any manner indicate the quality of the Funds, their future prospects or returns. **iv.** The investments in the Funds are subject to market and other risks and there can be no assurance that the objectives of the Funds will be achieved. **v.** The past performance of our Funds is not necessarily indicative of the future performance of the Funds available with this Policy.

5.5 Valuation Date: Valuation Date is any date when NAV is declared by us. The NAV for the different funds shall be declared by the Company on a daily basis except on which Banks or Exchange are closed or on account of political or economic "Force Majeure" conditions. NAV computation will be as per Unit Linked Guidelines issued by Regulator from time to time.

5.6 Valuation of the Funds: Valuation of Funds is the determination of the Value of the underlying assets of the Funds. The valuation of the assets shall be made as per the valuation norms prescribed by the Regulator and implemented by us.

5.7 Investment of the Funds: We shall select the investments, including derivatives and units of mutual Funds, for each Fund at our sole discretion subject to the investment objectives of the respective Funds and applicable regulations.

5.8 Your Rights with Respect to the Funds: The Policy enables you to participate only in the investment performance of the Funds, to the extent of allocated units. It does not in any way confer any right whatsoever on you or on the Life Assured to share in the profits or surplus of the business of the Company in any manner whatsoever or make any claim in relation to the assets of the Company. All assets relating to the Funds shall be and shall remain in the absolute beneficial ownership and control of the Company. There is no trust created, whether express or implied, by the Company in respect of the investments in favour of the Policyholder or Assignee or Nominee of the Policy or any other person.

5.9 Fund Closure: **i.** Although all the Funds, except Return Guarantee Fund, are open ended, we may, at our sole discretion and subject to approval from the Regulator, completely close any of the Funds on the happening of any event, which in our sole opinion requires the said Fund to be closed. You shall be given at least three months' prior written notice of our intention to close any of the Funds completely or partially except in 'Force Majeure' situations (as stated in clause 9.2) where we may give a shorter notice. **ii.** In case of complete closure of a Fund, on and from the date of such closure, we shall cease to issue and cancel Units of the said Fund and cease to carry on activities in respect of the said Fund, except such acts as are required to complete the closure. In such an event if the Units are not switched to another Fund by you, we will switch the said Units to any other Fund at our discretion, subject to prior approval from Regulator. However no fee would be charged by us for switching to another Fund or exiting from the Policy in the event of complete closure of Funds. **iii.** In case of complete closure of the any of the Fund(s) of Trigger Portfolio Strategy, the Company shall continue the Trigger Portfolio Strategy by switching all the Units in the closed Fund(s) to other Fund(s) with similar asset allocation and risk-reward profile. **iv.** In case of partial closure of a Fund, after giving notice as above of the date of such closure, the Company shall cease to accept any premium for investing in the said Fund.

6. Options Available

6.1 Top up Premium: **i.** The Policyholder can pay Top up premiums at any time during the term of the Policy. Top up premiums cannot be paid in the last 5 years before the Maturity Date. **ii.** Top up premiums can be paid only when all due premiums have been paid, subject to underwriting. **iii.** Currently the minimum Top up premium is Rs. 2,000, and shall be subject to change as per the rules of the Company from time to time. **iv.** A 2% allocation charge will apply to all Top up premiums. **v.** There will be an increase in Sum Assured on payment of Top up premium. Increase in Sum Assured will depend on age of the life assured at the time of payment of top-up premium. **vi.** There is a lock in period of 5 years for each top-up premium or any such limit as may be prescribed by the Regulator from time to time for the purpose of partial withdrawals only.

6.2 Partial Withdrawal: You shall have an option to withdraw units by either specifying the number of Units to be withdrawn or the amount to be withdrawn, subject to the conditions mentioned below: **(a)** Partial Withdrawal shall be allowed only after completion of five policy years. **(b)** Only one Partial Withdrawal will be allowed in a Policy year and the maximum amount that can be withdrawn shall be upto 20% of the Fund Value as on the date of Partial Withdrawal. **(c)** Any unused partial withdrawal cannot be carried forward. **(d)** There would be no charge for this partial withdrawal. **(e)** Currently, the minimum partial withdrawal amount is Rs. 2,000, and shall be subject to change as per the rules of the Company from time to time. **(f)** There will be a 5 years lock-in period (from the date of payment) on the Top up premiums for the purpose of partial withdrawal. **(g)** For policies issued on minor lives, Partial Withdrawals will be allowed only after the Policyholder has attained age 18 years last birthday.

6.3 Switches: You have an option to switch Units from one Fund to another by redeeming Units in the first Fund and allocation of Units in the second Fund, based on the NAV of the relevant Funds. **i.** This feature will be available to policyholders who have all their funds in Fixed Portfolio Strategy at the time of switching. **ii.** During the first five policy years, switches will be allowed only if all due premiums have been paid. **iii.** You are allowed four free switches in each Policy year starting from the date of commencement of the Policy. Any unutilized free switch cannot be carried forward. **iv.** Currently, for any non-free switch, a Switching charge of Rs. 100 shall be applicable except in case of complete or partial closure of the Funds. This charge is subject to change, as per the rules of the Company from time to time, subject to Regulator's approval. **v.** Currently, the minimum amount per switch is Rs. 2,000 and shall be subject to change as per the rules of the Company from time to time. **vi.** Switches into the RGF will not be allowed if subscription to a tranche is not open at the time of request or if the remaining term of the policy is less than the term of the RGF tranche open for subscription at that time.

6.4 Increase of Sum Assured: **i.** Increase in Sum Assured will be allowed only on a policy anniversary during the Policy term. **ii.** No increase in Sum Assured will be allowed if the Life Assured has attained age 60 last birthday. **iii.** Any increase in the Sum Assured will be subject to underwriting and the cost of any medical report(s) and charges shall be borne by you. **iv.** An increase in the Sum Assured will be allowed only in multiples of Rs. 1,000, subject to the maximum Sum Assured limit applicable as specified in Annexure II. **v.** You shall have to pay increased mortality charges, if any, as a result of this increase. **vi.** All costs and increased mortality charges shall be recovered through cancellation of units. **vii.** The multiple of Rs. 1,000 referred above may be changed from time to time as per the rules of the Company.

6.5 Decrease of Sum Assured: **i.** Decrease in Sum Assured will be allowed only on a Policy anniversary during the Policy term. **ii.** Decrease in Sum Assured shall be in multiples of Rs. 1,000 subject to a minimum Sum Assured limit as applicable for this plan. **iii.** Once you opt for decrease in the Sum Assured, any subsequent request for increase of Sum Assured will be subject to the conditions as mentioned in Clause 6.4 above. **iv.** No reduction in premium is allowed.

6.6 Loans: No Loans are allowed under this policy.

6.7 Riders / Supplementary Benefits: Riders may be offered but only subject to the Regulator's prior approval.

6.8 Increase or Decrease in Premium: No increase or decrease in premium is allowed under this plan.

6.9 Portfolio Strategies: A choice of two asset allocation strategies is available to you viz Trigger Portfolio Strategy and Fixed Portfolio Strategy. **a. Trigger Portfolio Strategy:** Under this strategy, your investments will initially be distributed between two Funds - Multi Cap Growth Fund, an equity oriented Fund, and Income Fund, a debt oriented Fund - in a 75%:25% proportion. This allocation may subsequently change on account of market movements. We will re-balance the Funds in the portfolio on the occurrence of the trigger event. Working of the strategy: **a.** A trigger event is defined as a 15% upward or downward movement in NAV of Multi Cap Growth Fund,

since the previous rebalancing. For determining the first trigger event, the movement of 15% in NAV of Multi Cap Growth Fund will be measured vis-à-vis the NAV as on the date of allocation of units at the inception of your Policy.

b. On the occurrence of the trigger event, any value of units in Multi Cap Growth Fund which is in excess of three times the value of units in Income Fund is considered as gains and is transferred to the liquid Fund - Money Market Fund - by redemption of appropriate units from Multi Cap Growth Fund. This ensures that such gains are capitalized and protected from future equity market fluctuations, while maintaining the asset allocation between Multi Cap Growth Fund and Income Fund in the proportion of 75%:25%. **c.** In case there are no such gains, Units in Multi Cap Growth Fund and Income Fund are redistributed in the proportion of 75%:25% without any transfer to or from Money Market Fund. **b. Fixed Portfolio Strategy:** Under this, you have the option to choose among the Funds as outlined in Clause 5. You shall specify the Fund(s) and the proportion in which the premiums and any existing Fund Value are to be invested in the chosen Fund(s) at the inception of the Policy or at the time of change to the Fixed Portfolio Strategy from the Trigger Portfolio Strategy, as the case may be. You may have your funds in only one of the Portfolio strategies. However, if you have any monies in Return Guarantee Fund (RGF) under Fixed Portfolio Strategy, you have the option to invest your subsequent premiums, if any, in the Trigger Portfolio Strategy. You will also have the option to retain your monies in RGF if you choose to move out of the Fixed Portfolio strategy.

6.10 Change in Portfolio Strategy (CIPS): You have the flexibility to switch your portfolio between the Trigger Portfolio Strategy and the Fixed Portfolio Strategy. This option can be exercised only once every policy year and it shall be free of charge. On moving from the Fixed Portfolio Strategy to the Trigger Portfolio Strategy, the existing Policyholder's funds as well as future premiums will be allocated between Multi Cap Growth Fund and Income Fund as per the Trigger schedule mentioned earlier in Clause 6.9 (a). On moving from Trigger Portfolio Strategy to Fixed Portfolio Strategy, you must specify the proportions among the choice of eight funds available in which your existing funds and future premiums should be invested in Clause 6.9 (b).

6.11 Automatic Transfer Strategy: **a.** This option is available only with Fixed Portfolio Strategy. **b.** You may opt for an automatic monthly transfer of a pre-defined amount from your investments in the Money Market Fund, into any one of the equity Funds available under the policy (namely Bluechip Fund, Multi Cap Growth Fund, and Opportunities Fund). **c.** You may opt for a transfer date of either 1st or 15th of every month. **d.** If the 1st or 15th of the month is a non-valuation date then the next working day's NAV will be applicable. **e.** If you have not specified the transfer date, then the transfer will occur on the 1st of every month. **f.** At the time of transfer, the required number of units will be redeemed from Money Market Fund, at the applicable NAV and new units will be created in the chosen destination Fund. **g.** The minimum transfer amount is Rs. 2,000. This value is subject to change from time to time as per rules of the Company and subject to prior approval of the Regulator from time to time. **h.** The Automatic Transfer Strategy will be regularly processed till you notify us to discontinue it through a written communication. **i.** The Automatic Transfer Strategy will not be applicable if the source Fund Value is less than the amount nominated for transfer.

6.12 Premium Redirection: **i.** This feature will be available only with Fixed Portfolio Strategy. **ii.** You will have an option to specify the funds and the proportion in which the premiums are to be invested in the funds at the inception of the Policy. At the time of subsequent premiums, you may change the proportion in which the said premiums are to be invested. Once opted for, this fund allocation will apply for all subsequent premiums. **iii.** This option is available without any charge and it will not be counted as a switch. **iv.** However, RGF is not available as one of the funds for premium redirection. Money can be invested in RGF by means of a switch at a time that a tranche is open for subscription.

6.13 Settlement Option: This means an option available to you to receive the maturity benefit as a structured payout over a period of up to 5 years after maturity, subject to the following conditions: **i.** During this period the money remains invested in the respective funds and the investment risk in investment portfolio is borne by you. **ii.** You must inform us of this option at least one month prior to the Date of Maturity. **iii.** The Life Insurance Cover, all other benefits and rider benefits, if any, shall cease on the original Date of Maturity. No other options or transactions shall be allowed during this period. **iv.** Only the Fund Management Charges shall be levied during the Settlement period. **v.** You can choose to receive the payments in the form of monthly (only through electronic transfer), quarterly, half yearly or annual instalments spread over a period of up to five years from the Date of Maturity. The payment of instalments will be made in advance. **vi.** The available number of units under the Policy shall be divided by the residual number of instalments to arrive at number of units for each instalment. Further, in case of investment in more than one Fund, the number of units to be withdrawn shall be in the same proportion as the units held at the time of payment of each instalment. The value of payments will depend on the number of units and the respective fund NAV's as on the date of each payment. **vii.** No Premium Payment, Partial Withdrawal, Switch and CIPS will be allowed during this period. **viii.** The remaining Fund Value shall become payable at once in the event of death of the Life Assured during the Settlement Period. **ix.** You have the option to take the remaining Fund Value as lumpsum payment any time during the Settlement period. The policy shall terminate on this payment.

7. Applicability of NAV: **i.** The allocation and redemption of units for various transactions would be at the NAV as described below

Type of transaction	Applicable NAV (Where transaction is received before cut-off time #)
First Premium Deposit received by way of local cheque or pay order or demand drafts payable at par	NAV of the date of commencement of the Policy
First Premium Deposit received by way of outstation cheque or pay order or demand drafts	NAV of the date of commencement of Policy or date of realization of the amount by the Company, whichever is later
Renewal premiums received by way of Direct debit, ECS, credit card, etc.	NAV of the date of receipt of instruction or the due date, whichever is later
Renewal premiums received by way of local cheque or pay order or demand drafts payable at par	NAV of the date of receipt of instrument or the due date, whichever is later
Renewal premiums received by way of outstation cheque or pay order or demand drafts	NAV of the date of receipt of instrument or the due date or date of realization of the amount by the Company, whichever is later
<ul style="list-style-type: none"> Partial Withdrawal Switch 	NAV of the date of receipt of the request
<ul style="list-style-type: none"> Free Look cancellation Death claim 	NAV of the date of receipt of the request or intimation of claim (Intimation for the purpose of claim must be in writing. For free look cancellation, request must be in writing or any other manner as decided by the Company from time to time)
Surrender	NAV of the date of receipt of the request
Loyalty Additions	NAV of the date of allocation
Top Up	NAV of the date of realization of monies
Transfer to the premium discontinued policy fund	NAV of the date of policy discontinuance

ii. Currently the cut-off time is 3.00 p.m. The cut-off time may be changed as per the Regulator's prevailing guidelines. **iii.** If the transaction request is received after the cut-off time, then NAV of the next date or in case of prepayment of renewal premium, NAV of the due date, shall be applicable. **iv.** If the same day or the next day or the transaction due date is not a Valuation date, then we shall apply the NAV of the next immediate Valuation Date. **v.** In the event of the new applications or proposals received on the last day of the financial year, the NAV of that day would be applicable. The cut-off time shall not be applicable for such transactions. **vi.** The units allocated shall be reversed in case of non realization of the premium amount. **vii.** We shall follow the norms stated above for any transactions, which are not specifically mentioned herein but involve allocation and redemption of units.

8. Charges

8.1 Premium Allocation Charges: Premiums are allocated to the chosen fund after deducting the premium

allocation charges shown below:

Year 1	Year 2-3	Year 4-5	Year 6 onwards
9%	7%	6%	3%

8.2 Top up Allocation Charge: The top up premium allocation charge shall be 2% of the top up premium.

8.3 Mortality Charge: Mortality charge will be calculated on the Sum at Risk which is defined as follows:

Sum at Risk = Max {Sum Assured + Fund Value (including Top-up Fund Value, if any), Minimum Death Benefit} – Fund Value (including Top-up Fund Value, if any). Mortality charge will be deducted on a monthly basis by redemption of units. The mortality charges are given in Annexure I.

8.4 Fund Management Charge:

Fund Name	FMC as %age per annum of the Net Assets
Multi Cap Growth Fund	1.35%
Bluechip Fund	1.35%
Opportunities Fund	1.35%
Multi Cap Balanced Fund	1.35%
Income Fund	1.35%
Dynamic P/E Fund	1.35%
Return Guarantee Fund*	1.25%
Money Market Fund	0.75%

*An additional charge of 0.25% p.a. will be made for the investment guarantee by adjustment to NAV.

8.5 Miscellaneous Charge: If there are any policy alterations during the Policy term, there shall be subject to a one time miscellaneous charge of Rs. 250.

8.6 Nature of Charges: i. The Fund Management Charge and charge for unit guarantee will be made by adjustment to the NAV. ii. Premium allocation charge and Top-Up allocation charge are made by way of deduction from Premium. iii. All other charges would be made by redemption of Units. In the event that the Units are held in more than one Fund, the redemption of Units in respect of charges will be effected in the same proportion as the Fund Value held in each Fund.

8.7 Revision of Charges: i. We reserve the right to revise the following charges at any time during the term of the Policy. ii. Any revision will be with prospective effect subject to prior Regulator's approval and if permitted by the then prevailing rules, after giving notice to the Policyholders. The following limits are applicable:

Charge	Limit
Fund Management Charge	maximum of 2.50% per annum of the net assets of the plans
Miscellaneous Charge	maximum of Rs. 500 per alteration
Switching charge	maximum of Rs. 200 per switch

iii. In case you do not agree with the revision, you can cancel the units in the policy at the then prevailing NAV. The Policy shall terminate upon this payment. iv. The Mortality Charge, Premium Discontinuation Charge and Premium Allocation Charge are guaranteed for the term of the Policy.

9. General Conditions

9.1 Legislative Changes: This Policy including the 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. You shall be required to pay Service tax, education cess or any other form of taxes or charges or levies as per prevailing laws and regulations, wherever applicable. These will be deducted by redemption of units, 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.

9.2 Force Majeure: a. We may, in the general interest of the holders of unit linked policies and keeping in view unforeseen circumstances or unusual market conditions, limit the total number of Units withdrawn on any day to 5% of the total number of Units then outstanding. b. In exceptional circumstances such as unusually high volume of sale of investments within a short period, exceptional redemption, market conditions or political or economic Force Majeure, we may, at our sole discretion, defer the partial withdrawal of Units and the Surrender of the Policy for a period not exceeding one month from the date of receipt of application. c. If the performance by the Company of any of its obligations herein shall be in any way prevented or hindered in consequence of any act of God or State, Strike, Lock out, Legislation or restriction of any Government or other authority or on account of market conditions or political or economic "Force Majeure" conditions, the performance of this contract shall be wholly or partially suspended during the continuance of the contract. d. Force Majeure consists of: i) When one or more stock exchanges which provide a basis for valuation for a substantial portion of the assets of the Fund are closed other than for ordinary holidays, or when the corporate office is closed other than for ordinary circumstances ii) When, as a result of political, economic, monetary or any circumstances out of our control, the disposal of the assets of the unit Fund are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining unit holders. iii) During periods of extreme volatility of markets during which surrenders and switches would, in our opinion, be detrimental to the interests of the existing unit holders of the Fund. iv) In the case of natural calamities, strikes, war, civil unrest, riots and bandhs v) In the event of any disaster that affects our normal functioning vi) If so directed by Regulator

9.3 Age: i. We have calculated the Mortality charges on the basis of the age of the Life Assured as declared in the Proposal. In case you have not provided proof of age of the Life Assured with the proposal, you shall furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. ii. In the event the age so admitted (the "correct age") during the Policy term is found to be different from the age declared in the Proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, we shall take one of the following actions: a. If the correct age of the Life Assured makes him ineligible for this policy, we shall offer a suitable plan as per our underwriting norms. If you do not wish to opt for altered Plan or if it is not possible for us to grant any other Plan, the Policy shall stand cancelled from the date of issue and the Surrender Value shall be returned. b. If the correct age of the Life Assured is found to be higher than the age declared in the Proposal, we shall evaluate the case as per our underwriting norms. If the Life Assured is found insurable the revised mortality charges as per the correct age will be recovered from the next Policy anniversary date. Where the Life Assured is not found insurable, we would pay the Fund Value less Premium Discontinuation Charge and terminate the Policy. c. If the correct age of the Life Assured is found to be lower than the age declared in the Proposal, we shall evaluate the case as per our underwriting norms. If the Life Assured is found insurable the revised mortality charges as per the correct age will be charged from the next Policy anniversary date. Where the Life Assured is not found insurable, we would pay the Fund Value less Premium Discontinuation Charge and terminate the Policy. For the purpose of a, b and c clauses, the Fund Value less Premium Discontinuation Charge shall be calculated by using the NAV of the date of cancellation or termination of the Policy.

9.4 Assignment and Nomination: i. An assignment of this Policy may be made by an endorsement upon the Policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the Life Assured or the Policyholder. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company's recording the assignment in its books. Assignment will not be permitted where Policy is under the Married Women's Property Act, 1874. Section 38 of the Insurance Act, 1938 may be referred to for complete provision. ii. The Life Assured, where he is the holder of the Policy, may, at any time during the tenure of the Policy, make a nomination for the purpose of payment of the monies secured by the Policy in the event of his death. Where the nominee is a minor, the Life Assured may also appoint a person to receive the money during the minority of the nominee. Nomination may be made by an endorsement on the Policy and by communicating it in writing to the Company. Any change of nomination, which may be effected before the termination of the Policy shall also be communicated to the Company. Section 39 of the Insurance Act, 1938 may be referred to for complete provision. The Company does not express itself upon the validity or accept any responsibility on the assignment or nomination in recording the assignment or registering the nomination or change in nomination.

9.5 Suicide: If the Life Assured, whether sane or insane, commits suicide within one year from date of issue of this Policy, then the Policy shall terminate and only the Fund Value shall become payable. All rights, benefits and interests under this Policy will stand extinguished. If the Life Assured, whether sane or insane, commits suicide within one year from the effective date of increase in the Sum Assured, then the amount of increase shall not be considered in the calculation of the Death Benefit.

9.6 Policy Alterations: Policy Alterations would be allowed after payment of at least one full year's premium subject to the rules of the company and guidelines issued by the Regulator at that point in time.

9.7 Incontestability: a) In accordance with Section 45 of the Insurance Act, 1938: No Policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no Policy of life insurance shall after the expiry of two years from the date on which it was effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal of insurance or any report of a medical officer, or a referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statements were on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in the section shall prevent the insurer from calling 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 that the age of the Life Insured was incorrectly stated in the proposal.

b) We rely upon the information given by you in the proposal form and in any other document(s) submitted in support of the proposal form. We also rely upon your certification that the document(s) provided in support of the proposal form is or are genuine and bona fide. The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India.

9.8 Notices: Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, facsimile or e-mail. In case of the Policy holder or Nominee: As per the details specified by the Policy holder or Nominee in the Proposal Form or Change of Address intimation submitted to the Company. In case of the Company: Address: Customer Service Desk, ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravathy Ashok Nagar, Ashok Road, Kandivali (East), Mumbai- 400 101. Facsimile: 022 67100803/ 805, E-mail: lifeline@iciciprulife.com. Notice and instructions sent by us to the Policyholders will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail. It is very important that you immediately inform us about any change in the address or the nominee particulars.

9.9 Payment of Claim: Before payment of any claim under the Policy, the Company shall require the delivery of the original of this Policy document along with written intimation and the following documents establishing the right of the claimant or claimants to receive payment. Claim payments are made only in Indian currency. i. Claimant's statement ii. Death certificate issued by the local and medical authority in case of death claim iii. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim. The Company shall repudiate the claim if there is any discrepancy found in the age of the Life Assured as declared in the proposal form submitted to the Company.

9.10 Electronic Transactions: The Company provides certain facilities and may come up with additional facilities from time to time for carrying out transactions through Internet, World Wide Web, electronic data interchange, call centres, telex services operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication. All such transactions carried out by the Policyholder subject to the relevant guidelines and terms and conditions as may be made applicable by the Company shall be valid and legally binding on the Company as well as the Policyholder. The Company further reserves the sole right to terminate, stop or do away with all or any of the said facilities without any prior intimation to the Policyholder.

9.11 Jurisdiction: The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India. Only the Courts, Judicial, Quasi Judicial, Regulatory bodies created under laws or regulations prevailing in India for the time being in force shall have the jurisdiction to consider or adjudicate dispute, if any, under this Policy.

9.12 Customer Service: a. For any clarification or assistance, you may contact our advisor or get in touch with any of the touch points as mentioned on the reverse of this booklet. Alternatively you may communicate with us at the Customer Service Desk address mentioned above. The Company's website must be checked for the updated contact details. b. Grievance Redressal Officer: For any complaints or grievances, you may get in touch with our designated Grievance Redressal Officer (GRO). For GRO contact details please refer to the Grievance Redressal section on our website www.iciciprulife.com. c. Grievance Redressal Committee: In the event that any complaint or grievance addressed to the GRO is not resolved within 10 days you may escalate the matter to the Grievance Redressal Committee at the address mentioned below. ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravathy Ashok Nagar, Ashok Road, Kandivali (East), Mumbai- 400 101.

d. Insurance Ombudsman: i. The Central Government has established the office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. ii. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, a complaint to the Ombudsman can be made only if: • The grievance has been rejected by the Grievance Redressal Machinery of the Insurance Company • Within a period of one year from the date of rejection by the Insurance Company • If any other Judicial authority has not been approached iii. In case if the Complainant is not satisfied with the decision or resolution of the Company, the Complainant may approach the Insurance Ombudsman at the address given below if the grievance pertains to: • any partial or total repudiation of claims • the premium paid or payable in terms of the Policy • any claim related dispute on the legal construction of the policies in so far as such dispute relate to claims • delay in settlement of claims • non-issue of Policy document to customers after receipt of premiums iv. The complaint to the office of the Insurance Ombudsman (contact details given below) should be made in writing duly signed by the complainant (Policyholder) or by his legal heirs with full details of the complaint and the contact information of complainant.

1. Ahmedabad: Insurance Ombudsman Office of the Insurance Ombudsman, 2nd floor, Ambica House, Nr. C.U.Shah College, 5, Navvay Colony, Ashram Road, AHMEDABAD – 380 014. **Jurisdiction:** State of Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu. Tel: 079- 27546139/27546840, Fax: 079-27546142, E-mail: ins.omb@rediffmail.com.

2. Bhopal: Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd floor, Opposite Airtel Office, Malviya Nagar, BHOPAL. **Jurisdiction:** States of Madhya Pradesh & Chhattisgarh. Tel: 0755-2769201/02, Fax: 0755-2769203, E-mail: bimalokpalbhopal@airtelmail.in.

3. Bhubneshwar: Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneshwar – 751009. **Jurisdiction:** State of Orissa. Tel: 0674-2596461(Direct), Secretary No: 0674-2596455, Tele Fax: 0674-2596429, E-mail: ioobbsr@dataone.in.

4. Chandigarh: Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2nd floor, Batra Building, Sector 17-D Chandigarh - 160 017. **Jurisdiction:** State of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh. Tel: 0172-2706196/2706468, Fax: 0172-2708274, E-mail: ombchd@yahoo.co.in.

5. Chennai: Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI – 600 018. **Jurisdiction:** State of Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry) Tel: 044-24333678/668, Fax: 044-24333664, E-mail: chennaiinsuranceombudsman@gmail.com

6. New Delhi: Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI – 110 002. **Jurisdiction:** States of Delhi & Rajasthan. Tel: 011-23239611 / 23239633,

Fax: 011-23230858, E-mail: iobdelraj@rediffmail.com.

7. Guwahati: Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor, Nr. Panbazar Overbridge, Panbazar, S.S. Road GUVAHATI – 781 001. **Jurisdiction:** States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. Tel: 0361-2131307/2132204/205, Fax: 0361-2732937, E-mail: ombudsmanghy@rediffmail.com.

8. Hyderabad: Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, HYDERABAD – 500 004. **Jurisdiction:** States of Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry. Tel: 040-65504123, Fax: 040-23376599, E-mail: insombudhyd@gmail.com.

9. Ernakulam: Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road , ERNAKULAM – 682 015. **Jurisdiction:** State of Kerala, UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry. Tel: 0484-23587591, Fax: 0484-2359336, E-mail: iokochi@asianetindia.com.

10. Kolkata: Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road, 3rd floor, KOLKATA – 700 001. **Jurisdiction:** States of West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim. Tel: 033-22134869, Fax: 033-22134868, E-mail: iombkol@vsnl.net.

11. Lucknow: Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th floor, Nawal Kishore Rd. Hazratganj, LUCKNOW – 226 001. **Jurisdiction:** State of Uttar Pradesh and Uttaranchal. Tel: 0522-2201188, Fax: 0522-2231310, E-mail: insombudsman@rediffmail.com.

12. Mumbai: Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3rd floor, S.V.Road, Santacruz (W), MUMBAI – 400 054. **Jurisdiction:** PBX: 022-26106928, Fax: 022-26106052, E-mail: ombudsmanmumbai@gmail.com.

Policy Certificate, Terms and Conditions of the Policy and all the endorsements by the Company, if any, shall form integral part of this contract and shall be binding on the parties (U78: Ver 1)

Annexure I

Standard Mortality charges per thousand life Insurance cover (For Male Life Assured)

Age completed birthday	Basic Mortality Charges	Age completed birthday	Basic Mortality Charges	Age completed birthday	Basic Mortality Charges	Age completed birthday	Basic Mortality Charges
0	1.26	19	1.29	38	2.12	57	10.93
1	0.98	20	1.33	39	2.3	58	11.83
2	0.93	21	1.35	40	2.48	59	12.93
3	0.79	22	1.38	41	2.65	60	14.21
4	0.74	23	1.4	42	2.82	61	15.69
5	0.7	24	1.42	43	3.04	62	17.37
6	0.72	25	1.43	44	3.31	63	19.25
7	0.72	26	1.45	45	3.62	64	21.32
8	0.72	27	1.45	46	3.98	65	22.42
9	0.75	28	1.46	47	4.39	66	25.3
10	0.77	29	1.46	48	4.85	67	28.51
11	0.85	30	1.46	49	5.35	68	32.09
12	0.96	31	1.49	50	5.91	69	36.08
13	1.02	32	1.53	51	6.51	70	40.51
14	1.08	33	1.59	52	7.15	71	45.44
15	1.13	34	1.66	53	7.85	72	50.92
16	1.17	35	1.75	54	8.6	73	57
17	1.22	36	1.86	55	9.39	74	63.75
18	1.26	37	1.98	56	10.23	75	71.25

Notes: • For female Life Assured, the Mortality charges will be those applicable to a male Life Assured two years younger.

Annexure II – Maximum Sum Assured Multiples

Age last birthday	Maximum Sum Assured Multiples
7-20	90
21-25	90
26-30	70
31-35	55
36-40	35
41-45	20
46-50	10
51-55	10
>55	7

Note: The above multiples are of the yearly premiums

Policy Document - Terms and Conditions of your policy

ICICI Pru ICICI Pru Waiver of Premium on Critical Illness Rider

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

UIN: ICICI Pru Waiver of Premium on Critical Illness Rider: 105C024V01

- Benefits:**
 - The benefit under this rider shall become payable only if this rider is specifically opted for and premiums for it are duly paid.
 - In the event the life assured is diagnosed with or undergoes any of the Critical Illnesses covered under this rider during the term of the policy and subject to the rider being in force, the Company shall waive all future premiums payable during the remaining term of the base policy.
 - The regular premiums to be waived under this rider will be restricted to the premium applicable for the base policy. In case the premium amount under the base policy changes due to change in the premium payment mode, the amount to be waived under this rider and the rider premium will change accordingly, subject to the adjustment of the rider premium.
 - The premiums will be waived by the Company till the death of the Life Assured or end of the premium paying term, whichever is earlier.
 - In the event of acceptance of claim, no further premiums shall be required to be paid for this rider.
 - No benefits under this rider shall become payable in the event of surrender or during lapsation or on death of the Life Assured. (For the purpose of this rider, Critical Illnesses are the diseases/ illnesses and procedures/ surgeries specifically listed in clause 13(b))
- Waiting Period:**
 - There is a waiting period of six months from the date of issuance of this rider.
 - The Company shall refund the premiums paid (without interest and excluding any extra premiums paid, if any) under this rider in respect of any of the specified Critical Illnesses, the symptoms of which have occurred or which have been diagnosed or for which the Life Assured received treatment, during the first six months from the rider issuance date.
 - The rider shall terminate on this payment and no other benefit shall become payable under it.
- Addition of Rider:**
 - This rider can be taken at inception of the policy or on any policy anniversary, subject to underwriting.
 - This rider cannot be added during the last five policy years.
 - On addition of this rider at a later date, the rider term should be equal to the remaining premium paying term of the base policy subject to (i) maximum cover ceasing age of 75 years, (ii) minimum rider term of 5 years and (iii) maximum rider term of 30 years.
- Deletion of Rider:** The policyholder can choose to discontinue the rider any time during the term of the rider.
- Premium Review:** The premium is guaranteed for the first five policy years. The premium is reviewable after the first five policy years subject to prior approval from the Regulator. The Company will give notice in writing about the change. The rider shall lapse in case you do not accept such change.
- Termination of Rider:** The rider shall stand automatically terminated on the survival of the Life Assured to the date of maturity as mentioned in the policy certificate. No benefit shall be payable under this policy on the date of maturity.
- Loans:** No loans are available under this rider.
- Premium Payment:** Premium payment frequency will be same as that of the base policy.
- Others:**
 - Written notice of any claim for the rider benefit should be sent to the Company within 60 days from the date of diagnosis or surgery as the case may be.
 - In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the Life Assured on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the Company and the opinion of such specialist as to such diagnosis shall be considered binding on both the policyholder and the Company.
- Suicide Claim Provisions:** Not applicable.
- Surrender:** This rider has no surrender value. No benefit shall become payable in the event of discontinuation of this rider by the Policyholder.
- Exclusions:** The Company will not be liable to pay any benefit in respect of any Critical Illness as stated in clause 13 (b) arising directly or indirectly from, through, in consequence of or aggravated by any of the following:
 - Pre-Existing conditions or conditions connected to a Pre-Existing condition unless such Pre-Existing condition is stated in the proposal form and specifically accepted by the Company and endorsed thereon
 - Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV) **c.** Self-inflicted injury **d.** Use of intoxicating drugs / alcohol/ solvent, taking of drugs except under the direction of a qualified medical practitioner **e.** War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence **f.** 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 hang-glider, ballooning, deliberate exposure to exceptional danger **g.** Aviation other than as a fare paying passenger in a commercial licensed aircraft **h.** Taking part in any act of a criminal nature **i.** Pregnancy or childbirth or complications arising there from **j.** Radioactive contamination due to nuclear accident **k.** Any treatment of a donor for the replacement of an organ **l.** Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnosis, rolling, massage therapy, aroma therapy or any other treatments other than Allopathy or western medicines **m.** Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Australia, Brunei, Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, UAE, USA, and countries of the European Union. The Company may review the above list of accepted foreign countries from time to time with approval of the Regulator. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated
- Coverage Details:**
 - Critical Illnesses:**
 - For the purpose of this rider, Critical Illnesses are the diseases/ illnesses and procedures/ surgeries specifically listed in clause 13(b) ii. The benefit under this rider shall be payable only in respect of the Critical Illnesses as stated in clause 13(b) iii. In the event the Life Assured is diagnosed to be suffering from any of the Critical Illnesses as defined in clause 13(b)(i) or where the Life Assured actually undergoes any of the surgeries as specified in clause 13(b)(ii), the benefit payable shall be subject to the fulfillment of the conditions specified for each Critical Illness and subject to the policy being in force on the date of diagnosis or surgery, as the case may be.
 - Benefit Under this Rider Shall Become Payable:**
 - On diagnosis of the following diseases/illnesses:

Sr. No.	Diseases/illnesses	Sr. No.	Diseases/illnesses
1	Apallic syndrome	9	First heart attack of specified severity
2	Benign brain tumour	10	Loss of independent existence
3	Blindness	11	Loss of limbs
4	Cancer of specified severity	12	Major burns
5	Chronic lung disease	13	Major head trauma
6	Coma of specified severity	14	Paralysis
7	End stage liver disease	15	Stroke resulting in permanent symptoms
8	Kidney failure requiring regular dialysis		

ii. Only upon the Life Assured actually undergoing any one of the following procedures and not on diagnosis:

Sr. No.	Procedures/Surgeries
16	Brain Surgery
17	Open chest Coronary Artery Bypass Surgery (CABG)
18	Open heart replacement or repair of heart valves
19	Major organ / bone marrow transplant
20	Surgery to aorta

Detailed description of each of the Critical Illnesses is given below: **i) Apallic Syndrome:** Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month. **ii) Benign Brain Tumour:** A Benign Tumour in the brain where all of the following conditions are met: **a.** It is life threatening; **b.** It has caused damage to the brain; **c.** It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and **d.** Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques

Exclusions: **i.** Cysts **ii.** Granulomas; **iii.** Vascular malformations; **iv.** Haematomas; **v.** Calcification **vi.** Meningiomas **vii.** Tumours of the pituitary gland or spinal cord; and **viii.** Tumours of acoustic nerve (acoustic neuroma). **iii) Blindness:** Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an Ophthalmologist. **iv) Brain Surgery:** The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out. **Exclusions:** Burr hole and brain surgery as a result of an accident is excluded. **v) Cancer of specified severity:** A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded: **a.** Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3. **b.** Any skin cancer other than invasive malignant melanoma **c.** All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0. **d.** Papillary micro - carcinoma of the thyroid less than 1 cm in diameter **e.** Chronic lymphocytic leukaemia less than RAI stage 3 **f.** Microcarcinoma of the bladder **g.** All tumours in the presence of HIV infection. **vi) Chronic Lung Disease:** End Stage Respiratory Failure including Chronic Interstitial Lung Disease. The following criteria must be met: **a.** Requirement of permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre. (Forced Expiratory Volume during the first second of a forced exhalation) **b.** Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less **c.** Dyspnoea at rest **d.** This diagnosis must be confirmed by a chest physician. **vii) Coma of Specified Severity:** A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: **a.** No response to external stimuli continuously for at least 96 hours; **b.** Life support measures are necessary to sustain life; and **c.** Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. **d.** The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded. **viii) Open Chest CABG:** The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. The following are excluded: **a.** Angioplasty and/or any other intra-arterial procedures **b.** Any key-hole or laser surgery **ix) End Stage Liver Disease:** End Stage Liver Disease means chronic end stage liver failure evidenced by all of the following: **a.** Uncontrollable Ascites **b.** Permanent Jaundice **c.** Oesophageal or Gastric Varices and Portal Hypertension **d.** Hepatic Encephalopathy **Exclusion:** Liver disease arising out of or secondary to alcohol or drug abuse is excluded. **x) First heart attack of specified severity:** The first occurrence of 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 this will be evidenced by all of the following criteria: **a.** A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) **b.** New characteristic electrocardiogram changes **c.** Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: **a.** Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; **b.** Other acute Coronary Syndromes **c.** Any type of angina pectoris **ix) Open heart replacement or repair of heart valves:** The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. **Exclusions:** Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded. **xii) Kidney failure requiring regular dialysis:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner. **xiii) Loss of Independent Existence:** Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology. **a.** Activities of Daily Living: **b.** 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; **c.** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **d.** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; **e.** Mobility: the ability to move indoors from room to room on level surfaces; **f.** Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **g.** Feeding: the ability to feed oneself, once food has been prepared and made available. **xiv) Loss of Limbs:** The loss by severance of two or more limbs, at or above the wrist or ankle. **Exclusions:** Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. **xv) Major Burns:** Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body. The condition should be confirmed by a Consultant Physician. **Exclusions:** Burns arising due to self-infliction are excluded. **xvi) Major Head Trauma:** Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant Neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. **a.** The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. **b.** 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. **c.** The following are excluded: **i)** Spinal cord injury; and **ii)** Head injury due to any other causes. **xvii) Major organ/ bone marrow transplant:** The actual undergoing of a transplant of: **a.** One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or **b.** Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. The following are excluded: **a.** Other stem-cell transplants **b.** Where only islets of langerhans are transplanted **xviii) Permanent paralysis of limbs:** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months. **xix) Stroke resulting in permanent symptoms:** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded: **a.** Transient ischemic attacks (TIA) **b.** Traumatic injury of the brain **c.** Vascular disease affecting only the eye or optic nerve or vestibular functions. **xx) Surgery to Aorta:** The actual undergoing of surgery via thoracotomy or laparotomy for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term 'Aorta' means the Thoracic and Abdominal Aorta but not its branches. This document should be treated as part and parcel of the main (base) policy terms and conditions. The terms and conditions applicable for the base plan shall also be applicable for the rider.