

Policy Document

1. Definitions

- (a) "Bonus Interest" means the incremental value added to the Investment Fund as defined in (c) hereof at the rate declared from year to year.
- (b) "Charges" means Life Insurance Charges, Investment Charges, Annual Administrative Charges, Other Charges and charges for supplementary benefits.
- (c) "Investment Fund" means the accumulation of premiums paid by the policyholder net of charges, and the Bonus Interest credited to the said Fund. In the event of a claim, the Bonus Interest so credited shall be till the valuation as on 31st March preceding the date of claim.
- (d) "Market value of Investment Fund" means the net asset value of the Investment Fund.
- (e) "Net Assets" means Market / Fair Value of Investment Fund plus Current Assets less Current Liabilities and Provisions.
- (f) "Net Asset Value" is calculated as (Market/ Fair Value of the relevant Plan's Investments plus Current Assets less Current Liabilities and Provisions) / Number of units outstanding under the relevant plan.
- (g) "Sum Assured" means the amount of Life cover as chosen by the Policyholder and as increased / decreased from time to time as provided in Clause 3.

2. Benefits payable subject to policy being inforce for the full Sum Assured.

2.1 Death Benefit

On death of the Life Assured before the policy anniversary on which the life assured is age 7 nearer birthday

The amount payable shall be the higher of the investment fund or the market value of the investment fund following intimation of death.

On the death of the Life Assured after the policy anniversary on which the life assured is age 7 nearer birthday:

The amount payable shall be the Sum Assured together with the higher of the investment fund or the market value of the investment fund following intimation of death.

2.2 Maturity Benefit

On the survival of the Life Assured to the date of maturity the amount payable shall be the higher of the investment fund or the market value of the investment fund.

On maturity the life cover will cease and the policyholder shall have the following options

- (i) to receive the entire maturity benefit in a lumpsum. The Policy shall terminate on payment of this amount or
- (ii) to receive the maturity benefits in installments as offered by the Company. The installment amount shall be arrived at by dividing the maturity benefit in equal number of installments. In event of the policy resulting in a death claim before the receipt by the policyholder of the last such installment, then the installments remaining unpaid shall become payable.

2.3 Supplementary Benefits: If opted for and as specified in the Annexure

3. Increase / Decrease in Sum Assured

- 3.1 While the policy is in force for the full Sum Assured, the Policyholder may increase the Sum Assured thereunder to such extent as may be permitted by the Company. Such increase shall be subject to the underwriting rules of the Company then in force and the cost of the medical reports, if any, being borne by the policyholder. The policyholder also has the option to reduce the Sum Assured to such an extent as may be permitted by the Company, while the policy is in force for the full Sum Assured. The amount of cover under the Supplementary Benefits shall in no event be higher than the Sum Assured under the policy on such decrease.

3.2 Increase in premium amount

During the term of the policy, the policyholder may on any policy anniversary, choose to increase the premium being paid. Any consequential increase in the Sum Assured chosen, shall be subject to the conditions mentioned to 3.1 above.

4. Surrender of Policy

If premiums have been paid for at least three consecutive years and after the three policy years have elapsed then the Policy acquires a Surrender Value which is equal to thirty five percent of the premiums paid, excluding the premiums paid during the first year of the policy, all extra premiums paid and the charges paid for the supplementary benefits. The Policy which has acquired a Surrender Value can be surrendered for payment in cash and the surrender shall extinguish all the rights, benefits and interests under the Policy. The Company shall also charge a processing fee of Rs. 500 for Surrender of the policy.

5. Payment of Premiums

- 5.1** (i) Premiums are payable on the due dates and at the rate mentioned in the Policy Certificate or at such increased / decreased rate as may be permitted by the Company under Clause 3. However, a grace period of not more than 30 days, where the mode of payment of premium is other than monthly, and not more than 15 days in the case of monthly mode is allowed. If a premium is not paid during the days of grace in the first three years, the policy shall lapse and no benefit shall be payable thereunder except to the extent indicated in Clause 6 below.
- (ii) Premiums are payable without any obligation on the company to issue a notice for the same.

5.2 Premium Allocation

The amount allocated to the Investment Fund shall be the amounts mentioned herein further reduced by the life insurance charges and the annual administrative charges. The amounts allocated shall be, in the first policy year 43% of premiums paid, in the second and third policy year each, 85% of the premiums paid and from the fourth policy year onwards 95% of the premiums paid.

6. Paid-up Value

If premiums have been paid for atleast three consecutive years and after the three policy years have elapsed then and any subsequent premium has not been paid, the policy shall be converted into a paid up policy and the amount payable thereunder shall be the higher of the investment fund or the market value of the investment fund as on the date of payment.

A paid up Policy shall be entitled only to the above amount on the Maturity Date of policy or on the previous death of the Life Assured. A paid-up Policy is not entitled to any of the Supplementary Benefits mentioned in the Annexure.

7. Investment Fund**7.1 Investment Objective of the Investment Fund and Indicative Portfolio Allocation**

Objective: The investment objective of this Fund is to provide a balanced investment between long-term capital appreciation and current income while protecting the capital. Investment will be in fixed income instruments as well as equity in appropriate proportions depending on market conditions prevalent from time to time.

Indicative Portfolio Allocation

Debt, Money market & Cash	:	Minimum 80%
Equity & equity related securities	:	Maximum 20%

7.2 Investment of the Fund

The Company shall decide the investment portfolio of Investment Fund at its sole discretion subject to the investment objectives of the Investment Fund and the IRDA Regulations in that behalf. All assets relating to the investment Fund shall be and shall remain in the absolute beneficial ownership of the Company. There is no trust created, whether express or implied, by the Company in respect of the investments in favour of the Proposer/ Life Assured/ Assignee/ Nominee of the Policy or any other person.

7.3 Risks of investment

The Proposer/Life Assured is aware that the the Investment Fund is, inter alia, subject to the following risks and agrees that he is making the investment with full knowledge of the same.

- (i) SecurePlus Policy is only the name of the Policy and does not in any way indicate the quality of the Policy, its future prospects or returns. The investments are subject to market and other risks and there can be no assurance that the objectives of the Fund will be achieved.
- (ii) The Value of the Investment Fund can go up or down depending on the factors and forces affecting the financial and debt markets from time to time and may also be affected by changes in the general level of interest rates.
- (iii) The past performance of other Plans of the Company is not necessarily indicative of the future performance of the investment fund.
- (iv) All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time.

8. Charges

8.1 Life Insurance Charges and Charges for Supplementary Benefits.

The Life Insurance Charges and Charges for Supplementary Benefits shall vary depending on:

- (a) the Sum Assured of the basic plan and the amount of the Supplementary Benefits as the case may be;
- (b) the age nearer birthday of the Life Assured;
- (c) the gender of the Life Assured;
- (d) the occupation of the Life Assured; and
- (e) the health of the Life Assured.

8.2 Annual Administrative Charges

An Annual Administrative charge shall be Rs. 300.

8.3 Investment Charges

Investment charges shall be at 1.25% of the net assets under management.

8.4 Recovery of Charges

- (a) The Investment charge shall be charged to the Investment Fund before declaration of the bonus interest.
- (b) Charges for Supplementary Benefits shall be payable separately.
- (c) All the Other Charges would be recovered from the premiums paid.

8.5 Change in rate of Charges

The Company reserves the right to change the investment charge at any time with prior approval from the IRDA upto a maximum of 1.50% per annum of the net assets.

The Company reserves the right to change the annual administrative charge at any time with prior approval from the IRDA upto a maximum of Rs.600 per annum.

The Company reserves the right to modify the insurance charges with prospective effect after giving a notice of three months to the policyholders.

The policyholder who does not agree with the modified charges shall be allowed to terminate the policy, and the policy proceeds in the investment fund calculated at the then net asset value will be payable to the policyholder.

9. Loans

Within the Surrender Value acquired by this policy, loans may be granted subject to the following terms and conditions: -

- (i) Loan may be granted on proof of title to the policy;
- (ii) The policy shall be assigned absolutely to and be held by the Company as security for repayment of the loan and interest thereon;
- (iii) The loan shall carry interest at the rate specified by the Company at the time when the loan is advanced and shall be compounded half yearly;
- (iv) The loan amount may be repaid at any time before a claim arises. However, interest shall be charged for a minimum period of 6 months;

- (v) The first payment of interest shall fall due on the half-yearly policy anniversary following the date on which the loan is advanced and thereafter on every half-yearly policy anniversary.
- (vi) In case the policy results in claim by maturity or otherwise before the repayment of the loan in full with interest the Company shall be entitled to recover the outstanding loan and interest from any moneys payable under the policy.

10. General Provisions

Where the policy has been issued on the life of a minor, the policy shall automatically vest in him on his attaining majority. The policy shall continue to be vested in the proposer, if the policy is proposed by HUF on the life of a minor.

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**POLICY DOCUMENT
GENERAL CONDITIONS**

1. Age:

- i) The life insurance charges and charges for supplementary benefits payable under the policy have been calculated on the basis of the age of the Life Assured as declared in the Proposal. In case the age of the Life Assured has not been admitted by the Company, the Proposer/ Life Assured shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.
- ii) In the event the age so admitted ("the correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken:
 - a) If the correct age is such as would have made the Life Assured uninsurable under the plan of assurance specified in the Policy Certificate, the plan of assurance shall stand altered to such plan of assurance as is generally granted by the Company for the correct age of the Life Assured, subject to the terms and conditions as are applicable to that plan of assurance. If it is not possible to grant any other plan of assurance, the policy shall stand cancelled from the date of issue of the policy and the life insurance charges and charges for supplementary benefits paid shall be refunded subject to the deduction of the expenses incurred by the Company on the policy.
 - b) If the correct age is higher than the age declared in the Proposal, the life insurance charges and charges for supplementary benefits payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected life insurance charges and charges for supplementary benefits") from the date of commencement of the policy and the Proposer/Life Assured shall be required to pay to the Company the accumulated difference between the corrected life insurance charges and charges for supplementary benefits and the original life insurance charges and charges for supplementary benefits from the commencement date of the policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of life insurance charges and charges for supplementary benefits. If the Life Assured fails to pay the difference of life insurance charges and charges for supplementary benefits with interest thereon as mentioned above, the same shall be treated as a debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the policy.
 - c) If the correct age of the Life Assured is lower than the age declared in the Proposal, the life insurance charges and charges for supplementary benefits payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected life insurance charges and charges for supplementary benefits") from the date of commencement of the policy and the Company may, at its discretion, refund without interest, the accumulated difference between the original life insurance charges and charges for supplementary benefits paid and the corrected life insurance charges and charges for supplementary benefits.

2. Revival of the policy

A policy, which has lapsed for non-payment of premium within the days of grace may be revived subject to the following conditions: -

- (a) the application for revival is made within 5 years from the date of the first unpaid premium and before the Maturity Date of policy;
- (b) the applicant being the Proposer/Life Assured furnishes, at his own expense, satisfactory evidence of health of the Life Assured;
- (c) the arrears of premiums together with interest at such rate as the company may charge for late payment of premia are paid;
- (d) the revival of the policy may be on terms different from those applicable to the policy before it lapsed; and
- (e) the revival will take effect only on it being specifically communicated by the Company to the Life Assured or the applicant.

3. 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 Proposer. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company recording the assignment in its books. Assignment will not be permitted where the policy is under the Married Women's Property Act, 1874, except where the assignment is in favour of the Company for availing a loan.
- (ii) The Life Assured, where he is the holder of the policy, may, at any time before the Maturity Date of policy, make a nomination for the purpose of payment of the moneys secured by the policy in the event of his death. Where the nominee is a minor, he 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 the same in writing to the Company. Any change of nomination, which may be effected before the Maturity Date of policy shall also be communicated to the Company.

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.

4. Suicide

If the Life assured commits suicide whether sane or insane, within one year from the date of issue of this policy, the policy shall be void and the market value of the Investment Fund shall be payable.

5. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

6. Incontestability

In case it is found that any untrue or incorrect statement is contained in the proposal/ personal statement, declaration and connected documents or any material information has been withheld then, but subject to the provision of Sec.45 of the Insurance Act, 1938, the policy shall be void and no benefit shall be payable thereunder.

7. Notices

Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, facsimile or e-mail to

In case of the Policy holder/ Life Assured:

As per the details specified by the policy holder/life assured in the Proposal Form / Change of Address intimation submitted by him.

In case of the Company:

Address : Customer Service Desk
ICICI Prudential Life Insurance Company Limited
ICICI PruLife Towers,
1089, Appasaheb Marathe Marg, Prabhadevi,
Mumbai- 400 025

Facsimile : 022 24376727
E-Mail : lifeline@iciciprulife.com

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

8. Legislative Changes

The terms and conditions including the premium and the benefits payable under this Policy are subject to variation in accordance with the relevant legislation.

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 and the following documents establishing the right of the claimant or claimants to receive payment.

1. Original Insurance Policy
2. Claimant's statement
3. Death certificate issued by the local and medical authority in case of death claim
4. Medical evidence in case of health and disability rider claims.
5. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

10. Electronic Transactions

The Customer shall adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

11. Customer Service

- (a) If at any time you need any clarification or assistance, please contact our advisor or call our Customer Service Representative at the telephone numbers given below during office hours (9.30 a.m. to 5.30 p.m.)

You may communicate with us on the following numbers:

Ahmedabad	647 9199	Bangalore	532 5455	Baroda	9898277877
Chandigarh	717087	Chennai	2436 7007	Kochi	384524
Coimbatore	2382 780	Delhi	23683695	Hyderabad	23128999
Indore	2408 778	Jaipur	2249911	Lucknow	1600-11-6050
Ludhiana	914624404	Kolkata	22539000	Madurai	9843130379
Mangalore	9845276640	Mumbai	28307766	Meerut	91-2368 3695
Nagpur	9823393334	Nashik	9823393334	Pune	610 3434
Trichy	9843130379	Jalandar	98214624404		

Alternatively you may communicate with us:
By mail at:

Customer Service Desk
ICICI Prudential Life Insurance Company Limited
ICICI PruLife Towers,
1089, Appasaheb Marathe Marg, Prabhadevi,
Mumbai- 400 025

Facsimile : 022 24376727

E-mail : lifeline@iciciprulife.com

- (b) The Company has a grievance redressal mechanism for resolution of any dispute and any grievance or complaint in respect of this policy may be addressed to:-

Grievance Redressal Committee,
Customer Service Desk,
ICICI Prudential Life Insurance Company Limited
ICICI PruLife Towers,
1089, Appasaheb Marathe Marg, Prabhadevi,
Mumbai- 400 025

- (c) The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. For details log on to our website www.iciciprulife.com or contact our Customer Service Desk.

ANNEXURE
Supplementary Benefits applicable if opted for

(A) Accident and Disability Benefit**(I) Accident Benefit:**

Subject to the conditions set out below, if whilst the policy is in force for the full Sum Assured, the Life Assured is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his death the Company agrees to pay the person/s to whom the benefits are payable under the Policy an additional amount equal to the Accident and Disability Benefit Sum Assured (hereinafter referred to as "accidental cover") under this supplementary benefit.

In the event of such death occurring while the Life Assured is using, as a fare paying passenger, authorised public mass surface transport namely bus or train, operating under terms of such authorisation, the additional amount payable under this benefit shall be enhanced to twice the amount of accidental cover under this supplementary benefit.

The conditions subject to which this benefit is payable, are:

- (a) the death due to accident must be caused by violent, external and visible means;
 - (b) the death due to accident is not caused -
 - i) by attempted suicide or self inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or
 - ii) by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft (being a multi-engined aircraft) operating on a regular scheduled route; or
 - iii) by the Life Assured committing any breach of law; or
 - iv) due to war, whether declared or not or civil commotion; or
 - v) by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
 - (c) the accident shall result in bodily injury or injuries to the Life Assured independently of any other means;
 - (d) such injury or injuries shall, within 180 days of it's occurrence, directly and independently of any other means cause the death of the Life Assured; and
 - (e) the death of the Life Assured shall occur before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier;
- However, if the period of 180 days from the occurrence of the accident is current on the policy anniversary on which the Life Assured attains age 65 nearer birthday, the accidental cover shall be payable on death during that period.

(II) Disability Benefit:

Subject to the conditions set out below, if whilst the policy is in force for the full Sum Assured, the Life Assured is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his total and permanent disablement, which will disable him to work or follow any occupation or profession, then with effect from and including the date of such disability (hereinafter called "Disability Date") the Company agrees to provide the following benefit :-

1. Commencing from the first anniversary of the Disability Date and on each anniversary thereafter pay in ten annual installments, each equal to one-tenth of the amount of accidental cover under this Supplementary Benefit. In event of the policy resulting in a death claim before the maturity or in the event of policy reaching the maturity date, then such installments, if any, remaining unpaid shall become payable along with the claim. The total benefit payable by way of installments as mentioned above shall not exceed 100 % of the Sum Assured under this supplementary benefit.
2. The conditions subject to which the benefits are payable, are:
 - (a) the disability must be caused by violent, external and visible means;
 - (b) the disability is not caused,
 - i) by attempted suicide or self inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or

- ii) by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft operating (being a multi engined aircraft) on a regular scheduled route; or
 - iii) by the Life Assured committing any breach of law: or
 - iv) due to war, whether declared or not or civil commotion :or
 - v) by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- (c) If there are any other benefits payable under this supplementary benefit, then all such benefits shall cease to be available on and after the Disability Date.
- (d) The Disability must result within 180 days from the date of occurrence of the accident.
- (e) Written notice of any claim for the benefit shall be served on the Company within 120 days of the Disability Date and the admission of any claim for Disability Benefit will be subject to such proof (at the expense of the Life Assured), as the Company may reasonably require, that the Life Assured has become totally and permanently disabled. Such proof shall be furnished to the Company along with the submission of the notice of the disability.
- (f) The Company reserves the right to call for such medical examinations as they may require and for this purpose, may advise the Life Assured to submit himself to one or more medical examinations conducted by medical practitioner/s appointed by the Company, the cost of which shall be borne by the company.
- (g) The payment of the Disability Benefit and the continuation thereof shall be subject to such proof, as the Company may require, that the Life Assured has been totally and permanently disabled and has continued to be totally and permanently disabled. If such proof is not furnished or if the Life Assured shall refuse or fail to submit for medical examination/s when required to do so, or if at any time the Company is satisfied that a claim for benefit under this clause has been wrongly admitted, the Life Assured shall be deemed to have ceased to be totally and permanently disabled immediately from the date on which the Company has requested for the supply of such proof or submission to medical examination/s or, as the case may be, from the date on which the Life Assured is communicated of wrongful admission of the claim, and thereafter the policy shall continue under such terms and conditions as the Company may decide.

For the purpose of this benefit, a person shall only be regarded as "Totally and Permanently Disabled" if that person, due to accident or injury has suffered a loss such as:

- the loss by physical separation of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation of one limb accompanied by the complete and irremediable loss of sight in one eye (where limb means an entire hand or foot), or
- has been continuously disabled for a period of six consecutive months and has been determined by the Company, after consideration of the reports and other information supplied by the Company's own medical practitioner, appointed to examine that person, to be incapacitated to such an extent as to render that person unlikely ever to resume work or to attend any gainful employment or occupation.

(B) Accident Benefit Rider:

Subject to the conditions set out below, if whilst the policy is in force for the full Sum Assured, the Life Assured is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his death the Company agrees to pay the person/s to whom the benefits are payable under the Policy an additional amount equal to the Accidental Benefit Rider Sum Assured (hereinafter referred to as "accidental death cover") under this supplementary benefit .

The conditions subject to which this benefit is payable, are:

- (a) the death due to accident must be caused by violent, external and visible means;
- (b) the death due to accident is not caused -

- i. by attempted suicide or self inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or

- ii. by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft (being a multi-engined aircraft) operating on a regular scheduled route; or
 - iii. by the Life Assured committing any breach of law; or
 - iv. due to war, whether declared or not or civil commotion; or
 - v. by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- (c) the accident shall result in bodily injury or injuries to the Life Assured independently of any other means;
- (d) such injury or injuries shall, within 180 days of it's occurrence, directly and independently of any other means cause the death of the Life Assured; and
- (e) the death of the Life Assured shall occur before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier;

However, if the period of 180 days from the occurrence of the accident is current on the policy anniversary on which the Life Assured attains age 65 nearer birthday, the accidental death cover shall be payable on death during that period.

(C) Major Surgical Assistance Benefit

Provided the policy is in force for the full Sum Assured, the Life Assured be confined to a hospital and undergoes any surgical procedure (as defined below) after six months from the Date of issue of the Policy but before the policy anniversary on which he attains the age of 65 years nearer birthday, then subject to the conditions set out below, an amount equal to a specified percentage of the amount of cover granted under this supplementary benefit, being 50 % of the amount of cover granted under this supplementary benefit in respect of Major Procedures , 30% of the amount of cover granted under this supplementary benefit in respect of Intermediate Procedures and 20% of the amount of cover granted under this supplementary benefit in respect of Minor Procedures (as defined below) , shall be payable. The benefit under this Supplementary Benefit will be payable on the Life Assured undergoing surgical procedures on more than one occasion. However the total amount payable under all the Surgical Procedures shall not exceed 50% of the cover granted under this supplementary benefit. The conditions subject to which the benefit is allowed are : -

- (1) the benefit shall not be paid in respect of any surgical procedures other than those defined herein as Surgical Procedures;
- (2) the benefit refers only to medically necessary (as defined below) surgical procedures performed at a hospital as in-patient;
- (3) written notice of any claim for the benefit must be given with necessary proof of the surgical procedures undergone by the Life Assured to the Company within 30 days from the date of discharge from the hospital. However, failure to do so shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible, provided that such reasonable time does not exceed 60 days from the date of discharge from the hospital;

The Company shall not be liable to pay any sum under or in terms of the Supplementary Benefit, in the event of :

- Treatment which is not taken from recognised hospitals or doctors.
- Pre existing injuries or illnesses. No benefit will be payable in respect of a claim which, in the opinion of our Chief Medical officer, results directly or indirectly from a condition for which the insured person has previously received treatment, or which had previously been diagnosed, or which he was aware of, at the commencement of the policy or within the first 6 months from the date of issue of the policy.
- HIV/AIDS,
- congenital or hereditary diseases or physical defects,
- attempted suicide,
- self inflicted injury, drug abuse,
- injuries from natural disasters,
- war and civil commotion,
- criminal acts,
- taking part in flying activity other than as a passenger in a commercially licensed aircraft, (being a multi- engined aircraft) and

by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

Note 1: "Surgical Procedures" mean the following:-

CATEGORY: MAJOR PROCEDURES

1. Coronary artery bypass graft surgery
2. Heart valvotomy via open surgery [balloon valvuloplasty procedures are excluded]
3. Heart valve replacement using mechanical prosthesis via open heart surgery
4. Heart transplantation
5. Pericardiectomy for chronic constrictive pericarditis.
6. Major surgery of the aorta
7. Major surgery of the pulmonary artery
8. Lung transplant or combined heart-lung transplant
9. Open lobectomy of lung
10. Pneumonectomy or Pleuropneumonectomy
11. Pleural decortication / pleurectomy
12. Thoracoplasty
13. Surgery to remove benign cerebral tumours and space occupying lesions via craniotomy.
14. Repair of cerebral, spinal arterio-venous malformations, cerebral aneurysms and excision of cerebral tumours.
15. Partial / total pharyngectomy
16. Excision of pineal gland or pituitary gland
17. Kidney Transplant as a recipient

CATEGORY : INTERMEDIATE PROCEDURES

1. Coronary angioplasty with stent implantation
2. Excision of benign mediastinal lesions via thoracotomy
3. Other intra-cranial operations requiring craniotomy.
4. Total laryngectomy
5. Surgery for treatment of peptic ulcer [vagotomy, pyloroplasty, partial gastrectomy]
6. Resection and anastomosis of any part of alimentary canal.
7. Partial hepatectomy
8. Partial pancreatectomy
9. Total replacement of hip or knee
10. Total replacement of shoulder or elbow joint.
11. Bone marrow transplantation as a recipient
12. Complete or partial thyroidectomy.
13. Parathyroidectomy
14. Partial / total adrenalectomy
15. Partial / total excision of thymus gland.

CATEGORY: MINOR PROCEDURES

1. Balloon valvuloplasty
2. Initial implantation of permanent heart pacemaker
3. Cholecystectomy
4. Nephrectomy
5. Open/endoscopic prostatectomy*
6. Hysterectomy for malignant disease**
7. Amputation of an arm or a hand or a leg or a foot due to trauma or accident.
8. Splenectomy for haematological conditions
9. Corneal transplant or surgery for retinal detachment or glaucoma.
10. Major reconstructive oro-maxillofacial surgery for trauma or burns [not for cosmetic purpose]
11. Surgery for major burns [third degree burns of over 10% body surface area]

* Surgical procedure – Male lives

** Female lives

Note 2: "medically necessary" shall mean any medical and/or surgical service which is needed and consistent with established standards of good medical practice.

Note 3: "hospital" shall mean an establishment for indoor care and treatment of sickness and injuries which has been registered as a hospital with the local authorities and which:-

- (a) has one or more qualified "physicians" present at all times and is under the supervision of a registered and qualified medical practitioner;
- (b) is a place where daily medical records of patients are maintained and are accessible to the Company's authorised officer;
- (c) is a place which provides diagnostic and medical equipment and facilities needed in operations; and
- (d) is a place where in-patient facilities are available.

Note 4 : "Physician" shall mean any person registered with the Indian Medical Council to render medical or surgical services, but excluding a person who is the Life Assured himself or a blood relative of the Life Assured.

Note 5: "hospital confinement" shall mean continuous confinement of at least 24 hours in a hospital.

Charges Review:

The charges for this supplementary benefit are guaranteed for five years only from the date of commencement of Policy. The Company reserves the right to carry out a general review of the experience from time to time and change the said charges as a result of such review. The Company will give notice in writing about the change and the Life Assured will have the option not to pay any increased charges. In such a case the benefit will be appropriately reduced from the effective date of the change in charges and the Company will advise the Life Assured accordingly.

(D) Critical Illness Benefit Rider

Provided the policy is in force for the full Sum Assured, the Life Assured is diagnosed to be suffering from a Critical Illness (as defined below) after six months from the Date of issue of the Policy but before the policy anniversary on which he attains the age 65 years nearer birthday, or before the expiry of the period for which the premiums are payable, whichever is earlier, the Sum Assured under this supplementary benefit shall fall to be paid, subject to conditions set out below: -

- (1) The benefit shall not be payable in respect of any illness other than those defined as Critical Illness, nor shall it apply or be payable in respect of any of those said illnesses the symptoms of which have occurred or which has been diagnosed or for which the insured person received treatment, during the first 6 months from the date of issue of the policy.
- (2) The Critical Illness shall not have been caused by the existence of Acquired Immune Deficiency Syndrome or the presence of any Human Immuno-deficiency Virus Infection in the person of the Life Assured, self inflicted injury, drug abuse, failure to follow medical advice, war, whether declared or not and civil commotion, pregnancy, breach of law, aviation other than as a fare paying passenger in a commercial licenced aircraft (being a multi-engined aircraft), hazardous sports and pastimes;
- (3) Written Notice of any claim for the benefit must be given to the Company within 60 days of such diagnosis.
- (4) The admission of any claim for this benefit will be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any Critical Illness, as the Company may reasonably require.
- (5) The Life Cover and the benefit in respect of other supplementary benefit/s shall cease to be available upon the payment of the Sum Assured under the Critical Illness Benefit.
- (6) After the payment of Critical illness Benefit, the Maturity benefit shall be payable on the maturity date or the death of the life assured whichever is earlier.
- (7) The Critical Illness benefit shall automatically cease to be available when the policy is surrendered for cash or converted into a paid-up policy for a reduced Sum Assured.

Note 1: A "Critical Illness" shall mean anyone of the following illnesses as defined separately hereunder occurring after 6 months from the issue date of policy: -

- (a) Cancer: - A malignant tumour characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed. The term Cancer includes Leukaemia but excludes the following; -
 - i) All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
 - ii) All forms of lymphoma in presence of any Human Immuno-deficiency Virus;
 - iii) Kaposi's Sarcoma in the presence of any Human Immuno-deficiency virus;
 - iv) Any Skin Cancer other than invasive malignant melanoma; and
 - v) Early Prostate Cancer which is histologically described as T1 (including T 1a and T 1 b) or another equivalent or lesser classification.
- (b) Coronary Artery By-Pass Graft Surgery (CABGS) - the undergoing of open heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts;

Angiographic evidence to support the necessity of the surgery will be required. Balloon angioplasty, laser or any catheter-based procedures are not covered.
- (c) Heart attack - The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiographic changes and by elevation of the cardiac enzymes. Diagnosis must be confirmed by a consultant physician.
- (d) Kidney failure - End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end stage kidney disease must be provided and the requirement for dialysis or transplantation must be confirmed by a consultant physician.
- (e) Major Organ Transplant - The actual undergoing as a recipient of a transplant of heart, liver, lung, pancreas or bone marrow as a result of chronic irreversible failure. Evidence of end stage disease must be provided and the requirement for transplantation must be confirmed by a consultant physician.

- (f) Stroke – A cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.
- (g) Paralysis : Complete and permanent loss of the use of two or more limbs as a result of injury or disease of the brain or spinal cord. To establish permanence the paralysis must normally have persisted for at least 6 months.
- (h) Aorta-surgery: The actual undergoing of surgery (including key hole type) for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft
- (i) Heart valve replacement/surgery: The undergoing of open heart surgery, on the advice of a consultant cardiologist, to replace or repair one or more heart valves

Note 2:

"Diagnosis" shall mean diagnosis made by a physician based on such specific evidence as referred to in the definition of the particular Critical Illness concerned or, in the absence of such specified reference, based upon radiological, clinical, histological or laboratory tests acceptable to the Company.

In 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 Life Assured and the Company.

"Physician" shall mean any person registered with the Indian Medical Council to render medical or surgical services, but excluding a person who is the Life Assured himself or a blood relative of the Life Assured.

Charges Review:

The charges for this benefit are guaranteed for five years only from the date of commencement of Policy. The Company reserves the right to carry out a general review of the experience from time to time and change the charges as a result of such review. The Company will give notice in writing about the change and the Life Assured will have the option not to pay any increased charges. In such a case the benefit will be appropriately reduced from the effective date of the change in charges and the Company will advise the Life Assured accordingly.

(E) Income Benefit Rider

Whilst the Policy is in force for the full Sum Assured, the Life Assured dies before the Policy Anniversary on which his age nearer birthday is 65 then commencing from the Policy Anniversary immediately following the death of the Life Assured and on each Policy Anniversary thereafter a sum amounting to 10% of the cover under this supplementary benefit shall be paid, the last installment being payable on the Policy anniversary immediately preceding the date of termination of this supplementary benefit.

If the Life assured commits suicide whether sane or insane, within one year from the date of issue of this policy, this benefit cover shall be void and the charges of this supplementary benefit paid hereunder will be refunded after deducting the expenses incurred by the Company for the issue of the cover.

(F) Waiver of Premium Rider

Subject to the conditions set out below, if whilst the policy is in force for the full Sum Assured, the Life Assured is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his total and permanent disablement, which will disable him to work or follow any occupation or profession, then with effect from and including the date of such disability (hereinafter called "Disability Date") the Company agrees to provide the following benefit : -

The premiums falling due on or after the Disability Date shall be waived till the end of the term of this supplementary benefit or till the death of the life assured whichever is earlier.

The charges under this supplementary benefit shall be increased or decreased as a consequence of increase or decrease in Sum Assured as mentioned in 3.1 and 3.2 herein.

The conditions subject to which the benefit is allowed, are:

- (a) the disability must be caused by violent, external and visible means;
- (b) the disability is not caused,
 - (i) by attempted suicide or self inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or

- (ii) by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft operating (being a multi engined aircraft) on a regular scheduled route; or
 - (iii) by the Life Assured committing any breach of law; or
 - (iv) due to war, whether declared or not or civil commotion ;or
 - (v) by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- (c) The Disability must result within 180 days from the date of occurrence of the accident.
- (d) Written notice of any claim for the benefit shall be served on the Company within 120 days of the Disability Date and the admission of any claim for Waiver of Premium Benefit will be subject to such proof (at the expense of the Life Assured), as the Company may reasonably require, that the Life Assured has become totally and permanently disabled. Such proof shall be furnished to the Company along with the submission of the notice of the disability.
- (e) The Company reserves the right to call for such medical examinations as they may require and for this purpose, may advise the Life Assured to submit himself to one or more medical examinations conducted by medical practitioner/s appointed by the Company, the cost of which shall be borne by the company.
- (f) The admittance of this Benefit and the continuation thereof shall be subject to such proof, as the Company may require, that the Life Assured has been totally and permanently disabled and has continued to be totally and permanently disabled. If such proof is not furnished or if the Life Assured shall refuse or fail to submit for medical examination/s when required to do so, or if at any time the Company is satisfied that a claim for this supplementary benefit has been wrongly admitted, the Life Assured shall be deemed to have ceased to be totally and permanently disabled immediately from the date on which the Company has requested for the supply of such proof or submission to medical examination/s or, as the case may be, from the date on which the Life Assured is communicated of wrongful admission of the claim, and thereafter the policy shall continue under such terms and conditions as the Company may decide.

For the purpose of this benefit, a person shall only be regarded as "Totally and Permanently Disabled" if that person, due to accident or injury has suffered a loss such as:

the loss by physical separation of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation of one limb accompanied by the complete and irremediable loss of sight in one eye (where limb means an entire hand or foot), or

has been continuously disabled for a period of six consecutive months and has been determined by the Company, after consideration of the reports and other information supplied by the Company's own medical practitioner, appointed to examine that person, to be incapacitated to such an extent as to render that person unlikely ever to resume work or to attend any gainful employment or occupation.

The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herein including every endorsement by the Company and shall together form a single contract (Ver U11: 1)