CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

SI	Title	Description	Policy
No		(Please refer to applicable Policy Clause Number in next column)	Clause Number
1	Name of Insurance Product/Policy	ICICI Pru Non-Linked Group Critical Illness Rider	
2	Policy Number/Member Identification Number	<policy identification<br="" member="" number="">Number></policy>	
3	Type of Insurance/ Policy	Benefit	
4	Sum Insured (Basis) (Along with amount)	Sum Assured - <sum assured=""></sum>	Rider Schedule
5		Accelerated Critical Illness benefit option: Under this Benefit Option, upon confirmatory diagnosis of any of the covered Critical Illness, the Accelerated Critical Illness Sum Assured of the Member prevailing at the time of diagnosis will be paid to the Claimant provided the Rider is in force. Upon payment of the Accelerated Critical Illness Sum Assured to the Claimant by the Company, the Rider shall terminate for the Member. Claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive (i.e., a claim would not be admitted if the diagnosis is made post-mortem). i. If ACI Sum Assured is less than the Base Sum Assured then the Member Base Policy will continue with Base Sum Assured reduced to the extent of ACI Sum Assured payout. ii. If ACI Sum Assured is equal to the Base Sum Assured then the Member Base Policy as well as this Member Rider will	

terminate upon payment of this benefit.

Claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive (i.e. a claim would not be admitted if the diagnosis is made post-mortem)

The packages offered under this Rider are as follows:

- Basic Covers 4 Critical Illnesses (CI)
- Essential Covers 7 Critical Illnesses (CI)
- Classic Covers 19 Critical Illnesses (CI)
- Comprehensive Covers 33 Critical Illnesses (CI)

The package applicable to you is mentioned in the Rider schedule.

For more details please refer to the policy document (Part C, Clause 1) under the section 'Specimen Policy Document' available on our website at https://www.iciciprulife.com/services/download-centre.html

6 Exclusions

(what the policy does not cover)

a.No claim shall be payable in respect of any Critical Illness that a Member is diagnosed with or for which care, treatment or advice was recommended by or received from a physician, or which first manifested itself or was contracted within 90 days from the Date of Commencement of Cover (i.e. during the Waiting Period). In the event of occurrence of any of the scenarios mentioned above, or in case of a claim, where it is established that the Member was diagnosed with any one of the covered Critical Illness during the Waiting Period for which a critical illness claim could have been made, 100% of the premiums will be refunded and the Member Rider policy will terminate. b.Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:

i) That is/are diagnosed by a physician not more than 36 months prior to the date of

Part C, Clause

commencement of this Rider issued by the insurer or

ii)For which medical advice or treatment was recommended by, or received from, a physician ,not more than 36 months prior to the date of commencement of this Rider or its reinstatement.

c. If the Critical Illness for which the claims is raised is due to any intentional self-inflicted injury, suicide or attempted suicide.

d. If any Critical Illness suffered by the Member was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.

e. If the Critical Illness for which the claim is raised is due to engaging in or taking part in hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not. f. If the Critical Illness for which the claim is raised is on account of the Member participating in any criminal or unlawful act

- g. For any Critical Illness arising out of nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- h. For any Critical Illness arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time. i.For any Critical Illness arising from

participation by the Member in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable. i. Any Critical Illness which is due to an external congenital anomaly which is not as a consequence of a genetic disorder. k. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the Critical Illness. Apart from these permanent exclusions, there are exclusions with respect to each Critical Illness which are listed in CI definitions. Please refer to the policy document (Part C, Clause 2) under the section 'Specimen Policy Document' available on our website https://www.iciciprulife.com/services/down load-centre.html for exclusions and conditions applicable waiting 7 Waiting period 1)A Part C,Clause of 90 period days commencing from the Date of • Time period Commencement of Cover will be during which applicable under Accelerated Critical specified Illness Benefit Option. diseases/treatmen ts are not covered 2) No claim shall be payable in respect of It is counted from any Critical Illness that a Member is diagnosed with or for which care, the beginning of the policy treatment or advice was recommended by coverage or received from a physician, or which first manifested itself or was contracted within the Waiting Period. In the event of occurrence of any of the scenarios mentioned above, or in case of a claim. where it is established that the Member was diagnosed with any one of the covered Critical Illness during the Waiting Period for which a critical illness claim

8 Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of the limit) ii. Co- payment (It is a specified amount/percentage of the admissable claim amount to be paid by policyholder/insured)
pre-defined limit and the insurance company will not pay any amount in excess of the limit) ii. Co- payment (It is a specified amount/percentage of the admissable claim amount to be paid by policyholder/insured)
specified amount/percentage of the admissable claim amount to be paid by policyholder/insured)
iii Doductible (It is a
iii. Deductible (It is a specified amount: - Up to which an insurance company will not pay any claim, any - Which will be deducted from total claim amount (if claim amount is
more than the specified amount)
iv. Any other limit (as applicable)
9 Claims/Claims For any assistance on Claims or registering Part F, Clause
Procedure a claim, You can send us an email at 6
grouplife@iciciprulife.com or alternatively

		You can also reach out to your Master	
		Policyholder.	
		For information on documents required to process claims, please refer to the policy	
		document (Part F, Clause 6 under the section 'Specimen Policy Document'	
		available on our website at	
		https://www.iciciprulife.com/services/dow nload-centre.html	
10	Policy Servicing	For any clarification or assistance, You can	Part G
		send us an email at grouplife@iciciprulife.com or alternatively	
		You can also reach out to your Master	
		Policyholder.	
11	Grievances/Complaint	i. Grievance Redressal Officer:	Part G
	s	If You do not receive any resolution from	
		Us or if You are not satisfied with Our	
		resolution, You may get in touch with Our	
		designated grievance redressal officer	
		(GRO) at <u>gro@iciciprulife.com</u> or 1860 266 7766.	
		200 77 00.	
		Address: ICICI Prudential Life Insurance	
		Company Limited,	
		Ground Floor & Upper Basement,	
		Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East),	
		Mumbai-400097	
		The concerns of senior citizens will be	
		resolved on priority ensuring there is a	
		speedy disposal of the grievances	
		For more details please refer to the	
		"Grievance Redressal" section on	
		www.iciciprulife.com.	
		ii. Grievance Redressal Committee:	
		If You do not receive any resolution or if	
		You are not satisfied with the resolution	
		provided by the GRO, You may escalate the matter to Our internal grievance	
<u> </u>			

redressal committee at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.-Ground Floor & Upper Basement, Unit No. 1A & 2A, RahejaTipco Plaza, Rani Sati Marg, Malad (East), Mumbai-400097

Maharashtra.

iii.Policyholders' Protection and Grievance Redressal Department:

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach Policyholders' Protection and Grievance Redressal Department, the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA)

155255 (or) 1800 4254 732

Email ID: complaints@irdai.gov.in

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

Address for communication for complaints by fax/paper:

Policyholders' Protection and Grievance Redressal Department – Grievance Redressal Cell

Insurance Regulatory and Development Authority of India

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

Hyderabad, Telangana State – 500032

Ombudsman list: Please refer to the policy document (Part G) under the section under the 'Specimen Policy Document' available at https://www.iciciprulife.com/services/download-centre.html

Things to remember

Free Look cancellation: You/ the Master Part D, Clause Policyholder have an option to review the 1 & Part C Rider following the receipt of the Certificate Clause of Insurance/ Rider Document respectively. 3.Clause 5 If you/ the Master Policyholder are not satisfied with the terms and conditions of the policy, please return the Certificate of Insurance / Rider Document to the Company, with reasons for cancellation within < 30 days> from the date you receive it.

On cancellation of the Rider /Member's cover during the free look period, You/The Master Policyholder shall be entitled to an amount which shall be equal to premium paid subject to deduction of

- Stamp duty charges
- ii. Expenses incurred by the Company on medical examination, if any
- iii. Proportionate risk premium for the period of cover

The Rider / Member's cover shall terminate on payment of this amount and all rights. benefits and will stand interests extinguished. The Rider can be terminated during the Free look period either on its own or along with its base policy. In case the Master Base policy/Member Base policy is cancelled within free-look period, the Rider will also be automatically cancelled.

Policy renewal: The Master Policyholder has the option to modify the Policy Renewal Date. The applicable premium for the period up to the original Policy Renewal Date will be calculated on a prorata basis and will be refunded to the Master Policyholder. Premium applicable on the modified Policy Renewal Date will be calculated based on the latest data provided.

In case there is a break in cover on account of any reason, Waiting Period

will be applicable from the Date of Commencement of Cover post the break.

The Master Policyholder can renew the Rider only with the renewal of the Master Base Policy to which the Rider is attached

Migration and Portability: Not Applicable

Change in Sum Insured: Sum Assured Reset Benefit:

This benefit is applicable only if specifically chosen by the Master Policyholder. The Sum Assured for chosen benefit option for each Member can be increased decreased by the Master Policyholder/ Member during the term of the Rider Policy, subject to underwriting, provided that the life cover for the Member is in force and the Sum Assured for chosen Benefit Option does not exceed the Member's Base Sum Assured. The increase or decrease of the Sum Assured of the chosen benefit option shall be mutually agreed between the Company and the Master Policyholder and there is no deviation from agreed Benefit Option chosen at the inception of Master Rider tenure.

If the Base Sum Assured for any member decreased by the Master is Policyholder/Member during the term of the Member Base policy, the Sum Assured of chosen benefit option would be reset to base sum assured, if necessary, such that it does not exceed the member base sum assured, subject to underwriting. The decrease of the Sum Assured of the chosen Benefit Option shall be mutually agreed between the Company and the Master Policyholder provided that there is no deviation from agreed Benefit Option chosen at the inception of Master Rider tenure.

Moratorium Period: Not Applicable

13 Your Obli	gations Ple	ase disclose all pre-existing disease/s	
	or o	condition/s before buying the policy.	
	No	n-disclosure may affect the claim	
	set	tlement.	
	Dis	closure of other material information	
	dur	ing the policy period.	
	Ма	terial information includes:	
		Date of birth	
		Gender	
		• Education	
		Annual Income	
		Occupation details	
		Nationality & country of residence	
		 Question on criminal charges 	
		 Avocation/dangerous hobbies 	
		Address & Pincode	
		Details of existing & applied	
		insurance policies with other	
		companies & terms of acceptance	
		Personal details like habits, Height	
		& weight	
		Health Questions	
Note: In case of any conflict, the terms and conditions mentioned in the policy			

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

Declaration by the Policy Holder;

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

Place:	
Date:	(Signature of the Policyholder)