Policy Document - Terms and Conditions of your policy

ICICI Pru Wish

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

PART-B

Definitions

1. Age means the age of the Life Assured in completed years as on Date of Commencement of Risk of Policy. **2. Annualized Premium** means the premium amount payable in a year, excluding the taxes, , underwriting extra premiums and loadings for modal premiums, if any. **3. Appointee** means the person appointed by You to receive the benefits payable under the Policy till Your Nominee is a minor. **4. Benefit Option** means the type of insurance cover provided under this policy i.e Vital Care, Surgical Care and Maternity Care. The applicable Benefit Options depend upon the Plan Option chosen by You at inception and mentioned in the Policy Schedule. **5. Claimant** means the person entitled to receive the Policy benefits and includes You, the nominee, the legal heir, the legal representative(s) or the holder(s) of succession certificate as the case may be. **6. Coverage Term** means the period in complete years (excluding Date of Maturity) during which insurance cover in respect of the chosen Benefit Option is in effect and is as mentioned in your Policy Schedule. **7. Cooling off period** means a consecutive period of 180 days commencing from the date of diagnosis of one Minor Condition to the date of diagnosis of a subsequent Minor Condition. **8. Critical Illness** mean any illness, medical event or surgical procedure as specifically defined under Vital Care Benefit, Surgical Care Benefit and Maternity Care Benefit and whose signs or symptoms first commenced post the specified Waiting Period after the Date of Commencement of Risk. Diagnosis of Critical Illness must be confirmed by a Specialist Medical Practitioner. The date of diagnosis will be considered for processing a claim. **9. Date of Commencement of Risk** is later of Policy Issue Date or Policy Acceptance Date. **10. Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards. **11. In-force** means that the status of the Policy is active, and the applicable benefits are available under the policy. **12. Life Assured** means the person named in the Policy Schedule on whose life the Policy has been issued. **13. Limited Pay** means premiums need to be paid regularly for a limited portion of the Coverage Term. **14. Maternity Care Sum Assured** means the amount specified in the Policy Schedule. Maternity Care Sum Assured will be equal to 25% of the Vital Care Sum Assured specified in the Policy Schedule. **15. Medical Practitioner** means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed directly by the Policyholder/Life Insured/ the Company. **16. Nominee** means the person(s) named in the Policy Schedule who has been nominated by You to receive benefits in respect of this Policy. **17. Plan Option** means the two types of insurance plans available under this Policy on the basis of which the Benefit Options are provided. The applicable Plan Option chosen by You at inception is mentioned in the Policy Schedule. **18. Policy** means this contract of Insurance entered into between You and Us as evidenced by this "Policy document" **19. Policy Acceptance Date** means the date as specified in the Policy Schedule, from which the policy was effected. **20. Policy Anniversary** means the annual anniversary of the Date of commencement of risk. **21. Policy document** means this document, the Proposal Form, the Policy Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form, and any endorsement issued by Us. **22. Policy Issue Date** means the date as specified in the Policy Schedule on which the policy has been issued by the Company. **23. Policyholder or the Proposer or You or Your** means the owner of the Policy at any point of time. **24. Policy Schedule** means the policy schedule and any endorsements attached to and forming part of this Policy. **25. Policy Year** means a period of 12 months commencing from the Date of Commencement of Risk of Policy and every Policy Anniversary thereafter. **26. Premium** means the instalment premium(s) in case of Regular Pay and Limited Pay specified in the Policy Schedule (exclusive of taxes) which is payable/has been received under the Policy. **27. Pre-existing Disease** means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Company or its reinstatement or, b) 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 the policy issued by the company or its reinstatement. **28. Premium Payment Term** means the period specified in the Policy Schedule during which instalment Premium for the applicable Benefit Option is payable by You. **29. Proposal Form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted. "Material Information" shall mean all important, essential, and relevant information and documents explicitly sought by Us in the proposal form. **30. Premium Sabbatical year** is defined as the Policy Year for which full year's premium is waived off under Premium Sabbatical. **31. Regulator** means the authority that has regulatory jurisdiction and powers over Us. Currently the Regulator is the Insurance Regulatory and Development Authority of India (IRDAI). **32. Regular Pay** means premiums need to be paid regularly throughout the Policy Term. **33. Revival of the Policy** means restoration of Policy benefits by the Company which was discontinued due to non-payment of premium by the Company with all the benefits mentioned in the policy document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges or late fee if any, during the Revival Period, as per the terms and conditions of the policy, upon being satisfied as to the continued insurability of the Life Assured on the basis of the information, documents and reports furnished by the policyholder, in accordance with Board approved underwriting policy. **34. Revival period** means the period of five consecutive complete years from the due date of the first unpaid premium. **35. Surgical Care Sum Assured** means the amount specified in the Policy Schedule. Surgical Care Sum Assured will be equal to 50% of the Vital Care Sum Assured specified in the Policy Schedule. **36. Surrender** means complete withdrawal/termination of the entire policy contract. **37. Surrender Value ("SV")** means an amount, if any, that becomes payable on surrender of a policy during its term, in accordance with the terms and conditions of the Policy. **38. Total Premiums Paid** means the total of all premiums paid under the base product excluding any extra premium and taxes, if collected explicitly. **39. You or Your** means the Policyholder of the Policy at any point of time. **40. Vital Care Sum Assured** means the amount specified in the Policy Schedule. **41. Waiting Period** is defined as the period commencing from Date of Commencement of Risk or date of revival whichever is later. **42. We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited.

PART- C

1. This product is designed to cover women specific Critical Illnesses (CI). There are two Plan Options available under this product i.e. Health Care Plan Option and Health Care Plus Plan Option. The Plan Option chosen by you at Policy inception is as mentioned in the Policy Schedule. Plan Option chosen at the time of inception cannot be altered any time during the Coverage Term. The benefits under this product are payable depending on the Plan Option chosen by you and mentioned below: **i. Health Care Plan Option** provides cover against the major and minor Critical Illnesses Conditions under Vital Care Benefit and against surgeries under Surgical Care Benefit. The list of Critical Illnesses is mentioned later in this section. **ii. Health Care Plus Plan Option** provides the Vital Care and Surgical Care Benefit and an additional Maternity Care Benefit which covers the maternity and childbirth related complications. The detailed list of Critical illnesses covered under Maternity Care Benefit are mentioned later in this section.

2. Health Care Plan Option This Plan provides two types of Benefits Options i.e. Vital Care Benefit and Surgical Care Benefit to the Life Assured during the Coverage Term. The terms and conditions applicable for the respective Benefit Options are as mentioned below: **2.1 Vital Care Benefit:** Under this Benefit Option, the Life Assured is covered for Minor and Major Critical Illnesses mentioned in Table 1 and Table 2 below. On diagnosis of any of the major or minor conditions during the Coverage Term whilst the policy is in-force, the percentage of Vital Care Sum Assured as mentioned in the Table 1 and Table 2 will be paid to the Claimant. In order for a Minor or a Major Condition Claim to be valid it should satisfy the terms and conditions of the Critical Illnesses as referred under Annexure 1. i. Minor Conditions: Table 1 shows the list of Minor Conditions covered under Vital Care Benefit.

Table 1: Minor Conditions covered under Vital Care Benefit:

Sr. No.	Critical Illness (CI) Covered	Benefit payable on diagnosis of the condition
1	Carcinoma In Situ (CIS) of the Breast, Cervix Uteri	Lower of: • 50% of Vital Care Sum Assured • 100% of Vital Care Sum Assured less any claims already paid for Minor Conditions
2	Osteoporotic fractures of the hip and vertebra treated with surgery	
3	Urinary Incontinence requiring Surgical Repair	Lower of: • 10% of Vital Care Sum Assured • 100% of Vital Care Sum Assured less any claims already paid for Minor Conditions
4	Uterine Prolapse	
5	Pelvic floor dysfunction treated with Hysterectomy	
6	Thyroid disorders causing Thyroid Storm treated in ICU	

a. In the event the Life Assured is diagnosed with any of the above listed Minor Conditions during the Coverage Term, whilst the policy is in-force, then the percentage of Vital Care Sum Assured as mentioned in above Table 1 will be paid to the Claimant. b. Upon acceptance of a Minor Condition claim by the Company, the Vital Care Sum Assured shall be reduced to the extent of the claim(s) paid under Minor Condition. c. The Company shall process claims for other Minor Conditions so long as the Vital Care Sum Assured is completely exhausted and the claims being raised are for unique Minor Conditions. Upon complete exhaustion of the Vital Care Sum Assured then Vital Care Benefit shall terminate with all rights and benefits thereunder. e. Once a claim has been paid for a specific Minor Condition, no further claims shall be honoured by the Company for the same Minor Condition. f. Upon termination of the Vital Care Benefit, the Policy shall continue only for the Surgical Procedures mentioned under Clause 2.2 (d) for a period of 365 days (within the Coverage Term) commencing from the date of diagnosis of the Minor Condition which led to exhaustion of the Vital Care Sum Assured. g. This cover will only pay one claim per qualifying "surgical procedure" with reference to Minor Conditions Urinary Incontinence requiring Surgical Repair, Uterine Prolapse and Pelvic floor dysfunction treated with Hysterectomy. If a hysterectomy has been carried out under any of these conditions, regardless of the need for the procedure, no other benefits which require a hysterectomy are eligible to be claimed. h. A Cooling-off Period will be applicable only in case of diagnosis of consecutive Minor Conditions. A Cooling-Off Period shall not be applicable in the case of diagnosis of any claim for a Major Condition following a Minor Condition claim. In case of diagnosis of a minor condition during Cooling off period, the claim will not be admissible.

II) Major Conditions: Table 2 shows the list of Major Conditions covered under Vital Care Benefit.

Table 2: Major Conditions covered under Vital Care Benefit

		Critical Illness Covered	Benefit payable on diagnosis of the condition
Major CI	1	Major cancers (of Breast, Cervix Uteri, Uterus, Fallopian tube, Ovary, Vagina, Vulva)	100% of Vital Care Sum Assured less any claims already paid for Minor Condition(s).
	2	Myocardial Infarction (First Heart Attack of specific severity)	
	3	Stroke resulting in permanent symptoms	
	4	Systemic Lupus Erythematosus with Lupus Nephritis	
	5	Rheumatoid Arthritis	

a. In the event, the Life Assured is diagnosed with the any of the Major Conditions listed above in Table 2 during the Coverage Term, whilst the Policy is In-Force, then the Vital Care Sum Assured as may be applicable at the time of diagnosis will be paid to the Claimant. Thereafter, Vital Care Benefit will be terminated with all rights and benefits thereunder. b. Upon exhaustion of the 100% of Sum Assured under Vital Care Benefit, the policy shall continue only for the Surgical Procedures mentioned under Clause 2.2b for a period of 365 days (within the Coverage Term) commencing from the date of diagnosis of the Major Condition which led to exhaustion of the Vital Care Sum Assured. c. There can only be one claim for any of the Major Conditions covered under the Vital Care Benefit. iii. In the event the Life Assured is diagnosed with any of the covered Minor or Major Conditions on the Date of Maturity then Vital Care Sum Assured shall not be payable and the Vital Care Benefit shall terminate with all rights and benefits thereunder.

2.2.Surgical Care Benefit: Under this Benefit, the Life Assured is covered only for the Surgical Procedures mentioned under Table 3.

Table 3: Surgical procedures covered under the plan

		Surgical Procedures Covered	Amount payable
Additional surgery cover	1	Breast Reconstructive Surgery following a Mastectomy	100% of Surgical Care Sum Assured
	2	Skin grafting due to major burns*	
	3	Radical Vulvectomy required due to a malignant/Invasive condition	
	4	Radical hysterectomy required due to a malignant/ Invasive condition	
	5	Total Pelvic Exenteration required due to a malignant /invasive condition	
	6	Hysterectomy required due to a malignant/invasive condition	40% of Surgical Care Sum Assured
	7	Mastectomy required due to a malignant/invasive condition	
	8	Complicated repair of a Vaginal Fistula	
	9	Bilateral or Unilateral Breast Lumpectomy due to a malignant condition or carcinoma in situ	

*The major burns referred in Serial No 2 above is required to occur during Coverage Term to make it an eligible claim

a) Under this benefit only one claim for a Surgical procedure covered can be made. The percentage of Surgical Care Sum Assured payable against each surgery is provided in the Table 3 above. b) In the event the Life Assured undergoes with any of the surgeries listed from Serial number 1 – 5 in Table 3, then the Surgical Care Benefit shall terminate upon payment of the 100% of Surgical Care Sum Assured. And in the event the Life Assured undergoes with any of the surgeries listed from Serial number 6 – 9 in Table 3, then the Surgical Care Benefit shall terminate upon payment of the 40% of Surgical Care Sum Assured. c) **If Surgical Care Benefit claim is made before 100% of the Vital Care Sum Assured is exhausted** In the event, the Life Assured undergoes any of the covered Surgical Procedures during the Coverage Term, whilst the policy is in-force, the percentage of Surgical Care Sum Assured applicable for the Surgical Procedures as shown in Table 3 will be paid. Upon payment of the respective Surgical Care Sum Assured, the Surgical Benefit shall terminate with all rights and benefits thereunder. d) **If Surgical Care Benefit claim is made after 100% of the Vital Care Sum Assured is exhausted** You can claim the Surgical Care Benefit if you undergo surgery for any of the following conditions within 365 days from the date of diagnosis of the latest Minor or Major Condition (which led to exhausting the Vital Care Sum Assured), provided that the 365-day period falls within the Coverage Term: Only Surgeries under Surgical Care Benefit listed in Table 3, linked to Minor or Major condition that lead to the exhaustion of the Vital Care Benefit ; Skin grafting due to major burns*; or Complicated repair of a Vaginal Fistula *The major burns referred in the above condition is required to occur during Coverage Term to make it an eligible claim. The Surgical Care Benefit shall terminate on the earlier of: On Payment of the applicable claim amount in case of a claim under Surgical Care Benefit; or On the expiry of 365 days from the date of diagnosis of the latest Major or Minor condition which has resulted in the termination of the Vital Care Benefit. e) In the event, the Life Assured undergoes any listed Surgical Procedures on the Date of Maturity then the Surgical Benefit Sum Assured shall not be payable and the Surgical Care Benefit shall terminate with all rights and benefits thereunder. f) In case the Surgical Care Benefit terminates before Vital Care Benefit, the Policy shall continue with Vital Care Benefit for the remaining applicable Coverage Term. The Total Instalment Premium payable for the Policy thereafter will reduce to the extent of the premium applicable for Surgical Care Benefit g) The payouts made under Vital Care Benefit will not affect the Sum Assured of Surgical Care Benefit.

3. Health Care Plus Plan Option Under this Plan option, in addition to the Vital Care Benefit and Surgical Care Benefit as mentioned in Part C, Clause 2 of this document, the Life Assured shall also be covered for Maternity Care Benefit. Maternity Care Benefit covered under this Plan shall include the below listed Pregnancy Complications and Newborn complications/Congenital illnesses.

3.1 Maternity Care Benefit: a. Under Maternity Care Benefit, upon diagnosis of any of the covered Critical Illnesses mentioned in Table 4 below during the applicable Coverage Term while the Policy is In-force, We shall pay the Maternity Care Sum Assured to the Claimant. Thereafter, the Maternity Care Benefit shall terminate with all rights and benefits thereunder. b. Only one claim for one condition for Maternity Care Benefit can be made post which the Maternity Care Benefit shall terminate.

Table 4: Maternity complications and Congenital illnesses cover under the plan.

		Critical Illnesses/procedures covered	Benefit payable
Pregnancy complications	1	Uterine rupture	100% of Maternity Care Sum Assured
	2	Ectopic pregnancy	
	3	Eclampsia	
	4	Molar pregnancy	
	5	Disseminated Intravascular Coagulation	
	6	Postpartum Haemorrhage requiring Hysterectomy	
	7	Placenta Increta / Percreta	
	8	HELLP syndrome	
	9	Choriocarcinoma	
New born complications/ Congenital Illnesses	10	Down's syndrome	
	11	Spina bifida	
	12	Oesophageal atresia and tracheoesophageal Fistula	
	13	Anal atresia	
	14	Cleft palate	
	15	Club feet	
	16	Tetralogy of Fallot	
	17	Transposition of great vessels	
	18	Patent ductus arteriosus	
	19	Total anomalous pulmonary venous return (TAPVR)	
	20	Tricuspid atresia	
	21	Atrial Septal Defect	
	22	Ventricular Septal Defect	

c. The payouts made under Surgical Care Benefit and Vital Care Benefit will not affect the Sum Assured of Maternity Care Benefit. d. Upon termination of the Vital Care Benefit (i.e., upon exhaustion of 100% of Vital Care Sum Assured) no claim for a Maternity Care Benefit shall be admissible and the Maternity Care Benefit shall terminate. This is applicable even if no claims have been made under the Maternity Care Benefit. e. In case the Maternity Care Benefit terminates before Vital Care Benefit , the Policy shall continue with Vital Care Benefit and Surgical Care Benefit (if not exhausted earlier) for the remaining applicable Coverage Term. The Total Instalment Premium payable for the Policy thereafter will reduce to the extent of the premium applicable for Maternity Care Benefit. f. In the event of diagnosis of any of the covered Critical Illnesses on the Date of Maturity (applicable for Maternity Care Benefit), then the Maternity Care Sum Assured shall not be payable and the Benefit shall terminate with all rights and benefits thereunder.

4. Premium Sabbatical You can avail a one-year Premium Sabbatical during the Premium Payment Term. This option allows to skip premium payable for one Policy Year . Policy will be considered as an In-force during Premium Sabbatical Year. This option can be availed only once during the entire Premium Payment Term. The following terms and conditions are applicable for Premium Sabbatical: i. In order to avail Premium Sabbatical You will have to submit a written request to Us and will be effective only upon specific communication by Us. ii. This option has to availed by You at least 15 days prior to the Policy Anniversary of the Policy Year during which you wish to waive of premiums payable. iii. Once opted Premium Sabbatical will commence only from the immediate Policy Anniversary and will be applicable for one full Policy Year. iv. If the frequency is Monthly or Half- yearly then the premiums will have to be paid till the upcoming Policy Anniversary from when the Premium Sabbatical commences. v. In case of non-payment of premium either on the premium due date or within the Grace Period after Policy Anniversary on which the Premium Sabbatical Year comes to an end then the Policy shall lapse and You may revive the Policy during the Revival Period. vi. If You do not avail this benefit any time prior to the last Policy Year of the Premium Payment Term, the Company will waive off the premium payable for the last Policy Year of the Premium Payment Term.

5. Exclusions The Life Assured will not be entitled for any benefit if the covered conditions fall within the exclusions mentioned below. These exclusions apply in addition to the exclusions specified in the definitions mentioned in Annexure 1 i. Pre-existing Disease means any condition, ailment, injury or disease: - a. That is/are diagnosed by a physician not more than 36 months prior to the Date of Commencement of the Policy issued by Us or its reinstatement or, b. 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 the Policy issued by Us or its reinstatement. ii. For any medical condition or medical procedure resulting directly or indirectly from self-inflicted injuries, attempted suicide. iii. Any external congenital anomaly: Congenital anomaly which is in the visible and accessible parts of the body. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position. iv. For any medical condition or any medical procedure arising from the donation of any of the life assured's organs. v. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered Specialist Medical Practitioner. vi. For any medical condition or any medical procedure arising from 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. vii. 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 hand-gliding, ballooning, deliberate exposure to exceptional danger. viii. Participation by the Life Assured in a criminal or unlawful act. ix. Taking part in any naval, military or air force operation during peace time. x. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes. xi. Participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable. xii. Service in the armed forces, or any police organization, of any country at war or service in any force of an international body. xiii. No benefit shall be paid for any pregnancy complications and any congenital anomalies covered under the Maternity Care benefits if the pregnancy results from fertility treatment such as assisted reproduction services including artificial insemination, advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and Gestational surrogacy.

6. Waiting Period: No Benefit will be payable if the Life Assured is diagnosed with any of the Critical Illnesses or any signs or symptoms related to any Critical Illness which arises within the Waiting Period. The Waiting Period for the respective Benefit Options are mentioned below:

Name of Benefit	Waiting Period
Vital Care	90 Days
Surgical Care	90 Days
Maternity Care	365 Days

In the event of the occurrence of any of the scenarios mentioned above the Company will refund the premiums, and the policy will terminate with immediate effect

7. Survival Period: The Survival Period is defined as a period of 14 days commencing from the date of first diagnosis of covered Critical Illness that the Life Assured or the new born child under the Maternity Care Benefit has to survive to be eligible for receiving the benefit amount covered under this Policy. No benefit will be payable if Life Assured or the new born child under the Maternity Care Benefit does not survive during this period.

8. Premium payment i. You are required to pay the Premium Instalments for the entire Premium Payment Term on the due dates and for the amount mentioned in the Policy Schedule along with taxes, except in case where Premium Sabbatical option becomes applicable. ii. If any Premium Instalment is not paid within the Grace Period before the Policy acquires a Surrender Value, then the Policy shall lapse with all benefits thereunder. iii. If any Premium Instalment is not paid within the Grace Period any time after the Policy acquires a Surrender Value then the benefits will be as outlined in Part D, Clause 2 below. iv. The loading based on premium paying modes are mentioned below:

Premium Paying Frequency	Modal Loading (as a % of Annualized Premium)
Yearly	0%
Half-yearly	1.25%
Monthly	2.50%

v. You may pay Premium through any of the following modes: a) Cheque b) Demand Draft c) Pay Order d) Banker's cheque e) Internet facility as approved by the Company from time to time f) Electronic Clearing System / Direct Debit g) Credit or Debit cards held in your name vi. Amount and modalities will be subject to our rules and relevant legislation or regulation vii. Any payment made towards first or Renewal Premium is deemed to be received by Us only when it is received at any of Our branch offices or authorized collection points and after an official printed receipt is issued by Us. viii. No person or individual or entity is authorized to collect cash or self-cheque or bearer cheque on Our behalf. ix. Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited. x. Please ensure that You mention the application number for the first Premium deposit and the Policy number for the Renewal Premiums on the cheque or demand draft. xi. In the event, first Premium deposit or Renewal Premium is being paid You via online/ internet banking then please mention the application number or Policy number as applicable in the comment section during the transaction. xii. Where Premiums have been remitted, the application of the Premiums received will be conditional on the realization of the proceeds of the instrument of payment, including electronic mode. xiii. In case the payment made towards the first premium or Renewal Premium is not realized by us due to any reason whatsoever you shall be solely responsible for the verification of such realization. xiv. In case the payment made towards the first Premium is not realized by us due to any reason whatsoever, the Policy, if issued, shall stand automatically cancelled. xv. If You suspend payment of premium for any reason whatsoever, We will not be held liable. In such an event, benefits, if any, will be available only in accordance with the Policy terms and conditions. xvi. The premiums related to Vital Care Benefit shall remain payable till the end of the Premium Payment Term of Vital Care Benefit so long as the 100% of the Vital Care Sum Assured is not claimed and exhausted. xvii. The premiums related to Surgical Care Benefit shall remain payable till Surgical Care Benefit is not claimed or end of Premium Payment Term. The premiums related to Maternity Care Benefit shall remain payable till either Vital Care Benefit or Maternity Care Benefit is not terminated or end of premium of Premium Payment Term of Maternity Care Benefit.

10. Grace Period If you are unable to pay an instalment premium by the due date, you will be given a Grace Period of 15 days for payment of due instalment premium if You have chosen monthly frequency, and 30 days for payment of due instalment premium if You have chosen any other frequency, commencing from the Premium due date. The applicable cover continues during the Grace Period. In case of Life Assured is diagnosed with any of the covered conditions or undergoes any covered surgery during the Grace Period, We will pay the applicable Benefit.

10. Renewal Premium in Advance a. Collection of Renewal Premium in advance shall be allowed within the same financial year for the Premium due in that financial year. However, where the Renewal Premium due in one financial year is being collected in advance in earlier financial year, we may collect the same for a maximum period of three months in advance from the due date of the Premium. b. The Renewal Premium so collected in advance shall only be adjusted on the due date of the Premium.

11.No benefit is payable on the death of the Life Assured or the Newborn child (in case Health Care Plus Option is chosen) under this Policy.

PART - D

1. Free look Period (30 days refund policy): On receipt of the Policy Document, whether received electronically or otherwise, You have an option to review the Policy terms and conditions. If You are not satisfied or have any disagreement with

the terms and conditions of the Policy or otherwise and have not made any claim, the Policy Document needs to be returned to the Company with reasons for cancellation within 30 days from the date of receipt of the Policy Document. We will refund the Premium paid after deduction of i. Stamp duty, and ii. Proportionate risk premium for the period of cover; and iii. Expenses borne by Us on medical tests, if any. The Policy shall terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

2. **Surrender** The Policy will acquire a Surrender Value on payment of at least one full Policy year's premium. On Policy Surrender, Surrender Value equal to Unexpired Risk Premium Value will be payable to the Claimant provided no claims have been paid out in the Policy. Limited Pay For Vital Care Benefit and Surgical Care Benefit: If one full year's premium is not paid, Unexpired risk premium value = 0
   Unexpired Risk Premium Value = 25% X [Number of months for which premiums are paid / (PPTVTL X 12)] X [1 – (Policy Month of surrender – 1) / (CTVTL X 12)] X Total Premiums Paid for Vital Care Benefit and Surgical Care Benefit.
   For Maternity Care Benefit: If one full year's Premium is not paid, Unexpired Risk Premium Value = 0.
   Unexpired Risk Premium Value = 25% X [Number of months for which premiums are paid / (PPTMT X 12)] X [1 – (Policy Month of surrender– 1)/ (CTMT X 12)] X Total Premiums Paid for Maternity Care Benefit
   In Health Care Plus Option, You do not have the option to Surrender only Maternity Care Benefit and to continue with Vital Care Benefit and Surgical Care Benefit.
   Surrender Value payable under Health Care Plus will be a Sum of Surrender Value calculated for Vital Care Benefit and Surgical Care Benefit and Maternity Care Benefit as mentioned above.
   Where,
   PPT= Premium Payment Term
   CT = Coverage Term
   MT= Maternity Care Benefit
   VTL= Vital Care Benefit

   Regular Pay

   There will be no Surrender Value applicable for Regular Pay policies. On payment of the Surrender Value, the Policy will terminate and all rights, benefits and interests under the Policy will stand extinguished.
3. **Paid-up Value** There will be no Paid-up value applicable for this policy.
4. **Loan** There will be no Policy Loan applicable for this policy.
5. **Revival** A Policy which has lapsed for nonpayment of Premium, within the grace period, may be revived subject to underwriting and the following conditions: a) The application for revival is made within five years from the due date of the first unpaid Premium and before the Date of Maturity of the respective benefit option. Revival will be based on the prevailing Board approved underwriting policy. b) You furnish, at Your own expense, satisfactory evidence of the Life Assured's health as required by Us. c) The arrears of Premiums together with interest at such rate as We may charge for late payment of Premiums are paid. d) Revival interest rates will be set monthly based on the prevailing yield on 10 year Government Securities and is equal to 150 basis points over the yield. The yield on 10 year Government Securities will be sourced from www.bloomberg.com. The revival interest rate for November 2024 is 8.36% p.a. compounded half-yearly. e) The Revival interest rate will be reviewed on the 15th day of every month by the company based on the 10-year G-Sec yield of one day prior to such review. f) The Revival of the Policy may be on terms different from those applicable to the Policy before Premiums were discontinued; for example, extra mortality Premiums or charges may be applicable. g) We reserve the right to refuse to revive the Policy. h) The Revival will take effect only if it is specifically communicated by Us to You. i) Any change in Revival conditions will be subject to prior approval from IRDAI and will be disclosed to policyholders. j) Policy maybe revived for the lower of the Sum Assured as applicable on the date of premium discontinuance or the reduced sum assured as approved during the Revival.
6. **Lapsation** If any Premium Instalment is not paid within the Grace Period, then the Policy shall lapse, and the cover will cease. If the Policy is not revived within the Revival Period, then the Surrender Value (if applicable, computed as on date of Premium Discontinuance), if any, shall become payable on the earliest of the following events: • Event of death of the Life Assured within the Revival Period, • End of the Revival Period, or • Date of Maturity Post payment of such Surrender Value (if any), then the Policy shall foreclose and all rights and benefits under the Policy shall stand extinguished.
7. **To whom benefits are payable** Benefits are payable to the Policyholder, Nominee where an endorsement has been recorded in accordance with Section 39 of the Insurance Act, 1938 as may be applicable. If the Policyholder and the Life Assured are different, then in the event of death of the Policyholder and upon subsequent intimation of the death with the Company, the Policy shall vest on the Life Assured. Thereafter, the Life Assured shall become the Policyholder and will be entitled to all benefits and subject to all liabilities as per the terms and conditions of the Policy. The Life Assured cum Policyholder can register due nomination as per Section 39 of the Insurance Act, 1938 as amended from time to time. We hereby agree to pay the appropriate benefits under the Policy subject to: a)Our satisfaction of the benefits having become payable on the happening of an event as per the Policy terms and conditions. b) The title of the said person or persons claiming payment,

PART E:

Not Applicable

PART-F

General Conditions

1. **Age** We have issued this Policy considering the date of birth of the Life Assured as declared by You in the Proposal Form to be true and correct. However, if at any point of time it is found that the age of the Life Assured as declared in the Proposal Form is different from the actual Age of the Life Assured, then the Company reserves the right to cancel the Policy.
2. **Nomination** Nomination under the Policy will be governed by Section 39 of the Insurance Act, 1938, as amended from time to time. Please refer to Appendix I for details on this section.
3. **Misstatement & Fraud** We have issued this Policy after relying upon the information given by You in the Proposal Form and in any other document(s) submitted in support of the Proposal Form. We trust that all information, document(s) provided/ submitted by You in support of Your Proposal Form are genuine and bona fide. In the event of any non-disclosure, misstatement or fraud the Company reserves the right to cancel the policy and refund the premiums. The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Laws of India.
4. **Communication address** Our communication address is: **Address: Customer Service Desk** ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097 Maharashtra. **Telephone:** 1800 2660 **Facsimile:** 022 4205 8222 **E-mail:** lifeline@iciciprulife.com We expect You to immediately inform Us about any change in Your address or contact details.
5. **Electronic transactions** All transactions carried out by You through Internet, electronic, call centres, tele-service operations, computer, automated machines network or through other means of communication will be valid and legally binding on Us as well as You. This will be subject to the relevant guidelines and terms and conditions as may be specified by Us.
6. **Jurisdiction** The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India. Indian courts shall have exclusive jurisdiction over all differences or disputes arising in relation to this Policy.
7. **Legislative changes** All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time. The Policy terms and conditions may be altered based on any future legislative or regulatory changes.
8. **Payment of claim** i) In order for a Critical Illness claim to be valid under the Policy, Life Assured/ New born child (In case of Maternity Care Benefit) should be diagnosed with any of the listed Critical Illnesses (under Table 1-4 mentioned in Part C, Clause 2) and the Terms and Conditions mentioned in Annexure 1 has to be satisfied. We will require the following documents (as may be relevant) for the complete evaluation of the claim: • Claimant statement form • Claimant address proof • Claimant photo identity proof • Recent photograph of the claimant • Cancelled Cheque / bank statement /passbook for processing electronic payment • All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries • A precise diagnosis of the treatment for which a claim is made ii) For Maternity Care Benefit • Claimant statement form • Claimant address proof • Claimant photo identity proof • Recent photograph of the claimant • Cancelled Cheque / bank statement /passbook for processing electronic payment • Test Report, Ultrasonography report confirming Pregnancy • Antenatal follow up records • Discharge summary for child birth iii) For claiming Congenital Illnesses, in addition to above mentioned documents, we will require a. Diagnostic Reports, Any other test report confirming the diagnosis of event b. Birth certificate/ Hospital certificate
   iv. In addition, the Company may call for additional documents which are deemed by the Company to be relevant. v) Claims documents from outside India are only acceptable in English language, unless specifically agreed otherwise, and duly authenticated. The conditions mentioned in Annexure 1 must be satisfied for any claim to be accepted under the policy. vi) Claim payments are made only in Indian currency in accordance with the prevailing Exchange control regulations and other relevant laws and regulations in India. In case the Claimant is unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, the Company may at its own discretion conduct an investigation and may subsequently settle the claim. vii) A claim under a health insurance policy shall be paid or be rejected or repudiated giving all the relevant reasons, within 15 days from the date of receipt of all mandatory documents. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate the same at the earliest and complete such investigation expeditiously and claim shall be paid or be rejected or repudiated giving all the relevant reasons within 45 days from the day of receipt of all mandatory documents.

9. **Issue of duplicate policy** We shall issue a duplicate of Policy Document, on receipt of a written request for the same from You along with the necessary documents as may be required by Us and at such charges as may be applicable from time to time. The current charges for issuance of duplicate Policy is Rs. 200. Freelook option is not available on issue of duplicate Policy document.
10. **Amendment to policy document** Any variations, modifications or amendment of any terms of the Policy Document shall be communicated to you in writing.

PART - G

Policy Servicing Grievance Handling Mechanism

1. **Customer service**

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

You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned in the policy document or on Our website: www.iciciprulife.com. For our NRI customers or any claim related assistance or enquiries, you can call us 24*7 on the numbers specified in the policy document or on Our website: www.iciciprulife.com except on national holidays. Additionally, you can touch base with us through chat and WhatsApp for a host of servicing enquiries or request submissions.

Alternatively, You may communicate with Us at any of our branches or the customer service desk whose details are mentioned in the policy document. For updated contact details, we request You to regularly check Our website.

i. Grievance Redressal Officer: If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may submit your concern to the designated grievance redressal officer (GRO) at the 'grievance redressal' section on our website, or write to us at at gro@iciciprulife.com . Alternatively, you may send a letter at the communication address mentioned below

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.

ii. Grievance Redressal Committee: If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may escalate the matter to Our internal grievance redressal committee at the 'grievance redressal' section on our website or write a letter at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.
Ground Floor & Upper Basement,
Unit No. 1A & 2A, Raheja Tipco 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 two weeks, you may approach Policyholders' Protection and Grievance Redressal Department, the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

I**RDAI Grievance Call Centre (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA): 155255 (or) 1800 4254 732**
Email ID: complaints@irdai.gov.in
You can also register your complaint online at **bimabharosa.irdai.gov.in**
Address for communication for complaints by fax/paper:
Policyholders' Protection and Grievance Redressal Department – Grievance Redressal Cell
Insurance Regulatory and Development Authority of India
Survey No. 115/1, Financial District, Nanakramguda, Gachibowli,
Hyderabad, Telangana State – 500032

Insurance Ombudsman: The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. As per Insurance Ombudsman Rules, 2017 and Insurance Ombudsman (Amendment) Rules, 2021, the Ombudsman shall receive and consider complaints or alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker, on any of the following grounds: a. delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999; b. any partial or total repudiation of claims by the life insurer, General insurer or the health insurer; c. disputes over Premium paid or payable in terms of insurance policy; d. misrepresentation of policy terms and conditions at any time in the Policy Document or policy contract; e. legal construction of insurance policies in so far as the dispute relates to claim; f. policy servicing related grievances against insurers and their agents and intermediaries; g. issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the Proposal Form submitted by the proposer; h. non-issuance of insurance policy after receipt of Premium in life insurance and general insurance including health insurance; and i. any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, in so far as such matter relates to issues referred to in clauses (a) to (h).

Manner in which complaint to be made: 1. Any person who has a grievance against an insurer or insurance broker, may himself or through his legal heirs, Nominee or Assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer or the insurance broker, as the case may be complained against or the residential address or place of residence of the complainant is located. 2. The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen by the complainant or through his legal heirs, Nominee or Assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. 3. No complaint to the Insurance Ombudsman shall lie unless— a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned or the insurer named in the complaint and— i. either the insurer or insurance broker, as the case may be had rejected the complaint; or ii. the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be received his representation; or iii. the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be; b) The complaint is made within one year— i. after the order of the insurer rejecting the representation is received; or ii. after receipt of decision of the insurer or insurance broker, as the case may be which is not to the satisfaction of the complainant; iii. after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be if the insurer or insurance broker, as the case may be named fails to furnish reply to the complainant. 4. The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules. 5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator. 6. The Council for Insurance Ombudsmen shall develop a complaints management system, which shall include an online platform developed for the purpose of online submission and tracking of the status of complaints made under rule 14

The Ombudsman shall not award compensation exceeding more than Rupees Fifty Lakhs (including relevant expenses, if any).

We have given below the details of the existing offices of the Insurance Ombudsman. We request You to regularly check our website at www.iciciprulife.com or the website of the IRDAI at www.irdai.gov.in for updated contact details.

1. **AHMEDABAD:** Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Near S.V. College, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201 / 02. Email: bimalokpal.ahmedabad@cioins.co.in **Areas of Jurisdiction:** Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2. **BENGALURU:** Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@cioins.co.in **Areas of Jurisdiction:** Karnataka.
3. **BHOPAL:** Office of the Insurance Ombudsman, LIC of India, Zonal Office Bldg., 1st floor, South Wing, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755-2769201 / 2769202 / 2769203. Email: bimalokpal.bhopal@cioins.co.in **Areas of Jurisdiction:** Madhya Pradesh & Chhattisgarh.
4. **BHUBANESHWAR:** Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 / 2596429 / 2596003. Email: bimalokpal.bhubaneswar@cioins.co.in **Areas of Jurisdiction:** Odisha.
5. **CHANDIGARH:** Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, LIC of India Bldg., SCO 20-27, Sector-17-A, Chandigarh - 160017 Tel.: 0172 - 2706468 / 2707468. Email: bimalokpal.chandigarh@cioins.co.in **Areas of Jurisdiction:** Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6. **CHENNAI:** Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 /

24333678. Email: bimalokpal.chennai@cioins.co.in **Areas of Jurisdiction:** Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

7. **DELHI:** Office of the Insurance Ombudsman, 2/2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992 / 23213504 / 23232481. Email: bimalokpal.delhi@cioins.co.in **Areas of Jurisdiction:** Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.

8. **KOCHI:** Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M. G. Road, Ernakulam, Kochi - 682 011. Tel.: 0484 - 2358759. Email: bimalokpal.ernakulam@cioins.co.in **Areas of Jurisdiction:** Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

9. **GUWAHATI:** Office of the Insurance Ombudsman, Jeevan Nivesh Bldg., 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307. Email: bimalokpal.guwahati@cioins.co.in **Areas of Jurisdiction:** Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

10. **HYDERABAD:** Office of the Insurance Ombudsman, 6-2-46, 1st floor, Moin Court, Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376991 / 23376599 / 23328709 / 23325325. Email: bimalokpal.hyderabad@cioins.co.in **Areas of Jurisdiction:** Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

11. **JAIPUR:** Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Ground Floor, Bhawani Singh Marg, Ambedkar Circle, Jaipur - 302 005. Tel : 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in **Areas of Jurisdiction:** Rajasthan.

12. **KOLKATA:** Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkatta - 700 072. Tel.: 033 - 22124339 / 22124341. Email: bimalokpal.kolkata@cioins.co.in **Areas of Jurisdiction:** West Bengal, Sikkim, Andaman & Nicobar Islands.

13. **LUCKNOW:** Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613. Email: bimalokpal.lucknow@cioins.co.in **Areas of Jurisdiction:** Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

14. **MUMBAI:** Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (West), Mumbai - 400 054. Tel.: 022 - 69038800 / 33. Email: bimalokpal.mumbai@cioins.co.in **Areas of Jurisdiction:** Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

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

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

17. **PUNE:** Office of the Insurance Ombudsman, Jeevan Darshan - LIC of India Bldg., 3rd Floor, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-24471175. Email: bimalokpal.pune@cioins.co.in **Areas of Jurisdiction:** Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Appendix I – Section 39 – Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows: 1. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death. 2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer. 3. Nomination can be made at any time before the maturity of the policy. 4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy. 5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be. 6. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer. 7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations. 8. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof. 9. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination. 10.In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate. 11. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s). 12. Where the policyholder whose life is insured nominates his a. parents or b. spouse or c. children or d. spouse and children e. or any of them the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title. 13. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s). 14. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy. 15. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

Disclaimer: This is a simplified version of Section 39 of the Insurance Act, 1938, as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938, as amended from time to time for complete and accurate details.

Annexure 1

Critical Illness Conditions

Vital Care Major Conditions:

1. Major Cancer of: Breast, Cervix uteri, uterus, fallopian tube, ovary, vagina or vulva Malignant Cancer of breast, cervix uteri, uterus, fallopian tube, ovary, vagina or vulva covers primary Cancer of the breast, cervix uteri, uterus, fallopian tube, ovary, vagina, or vulva only. Cancer is a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist. The following are excluded: a. Tumours showing the malignant changes of carcinoma in situ and tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, non-invasive, all grades of dysplasia, all grades of Squamous intraepithelial lesions (HSIL and LSIL), and all grades intra-epithelial neoplasia [CINI, CIN2, CIN3 or VIN 1-3). b. Secondary cancer, which has originated from other organs and spread to the female genital tract and breast.

2. Myocardial Infarcition (First Heart Attack of specific severity) I. The first occurrence of heart attack or 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 Myocardial Infarction should be evidenced by all of the following criteria: i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. II. The following are excluded: i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Stroke resulting in permanent symptoms I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial 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: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. Systemic Lupus Erythematosus with Lupus Nephritis HK LSCI -Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis

(2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded. Abbreviated ISN/RPS classification of lupus nephritis (2003): Class I - Minimal mesangial lupus nephritis Class II - Mesangial proliferative lupus nephritis Class III - Focal lupus nephritis Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis Class V -Membranous lupus nephritis Class VI - Advanced sclerosing lupus nephritis.

5. Rheumatoid Arthritis Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met: (a) Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis; (b) Permanent inability to perform at least two (2) Activities of Daily Living; © Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and (d) The foregoing conditions have been present for at least six (6) months." 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.

Vital Care Minor Conditions:

6. CIS of the Breast, Cervix Uteri Only CIS of the breast and cervix uteri will be covered. Carcinoma-in-situ means the presence of malignant cancer cells that remain within the cell group from which they arose. It must involve the full thickness of the epithelium but does not cross basement membranes and it does not invade the surrounding tissue or organ. The diagnosis must be established by histological evidence and to be confirmed by confirmed by an oncologist or pathologist. All tumors which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, all grades of dysplasia, all grades of squamous intraepithelial lesion and all grades intra-epithelial neoplasia are excluded except CIN3.

7. Urinary Incontinence requiring Surgical Repair Urinary Incontinence requiring surgical repair is a condition where all the following conditions are met: a) Urinary Incontinence has been diagnosed by a Special medical practitioner; and b) The insured is under continuous medical treatment for Urinary Incontinence; and c) Surgical repair has been undertaken for the sole purpose of correcting the Urinary Incontinence. Any surgery or procedure which is not purely or solely for treatment of Urinary Incontinence is excluded. All non-invasive procedures including laser incontinence treatment are also specifically excluded. This benefit is not payable if Urinary Incontinence was diagnosed before the Cover Start Date or date of reinstatement (if any) of this benefit. Coverage for this impairment will cease at age seventy (70) or on Date of Maturity, whichever is earlier.

8. Osteoporotic fractures of the hip and vertebra treated with surgery Osteoporotic fractures of the hip and vertebra treated with surgery refers to osteoporosis requiring invasive surgery as a direct result of a fracture of the vertebra and/or pelvis, performed on the advice of a medical specialist, and is required to repair or replace parts of the vertebrae and/or pelvis. The diagnosis of Osteoporosis must be confirmed by a specialist medical practitioner supported by a bone density reading which satisfies the WHO definition of Osteoporosis. The WHO Definition of Osteoporosis: Bone Density reading with a T -score of less than -2.5 (i.e., 2.5 standard deviations below the peak bone density of a normal 25 -30-year-old adult). Only osteoporotic fractures of the hip and/or vertebra after completed surgery is covered. Coverage for this impairment will cease at age seventy (70) or on Date of Maturity, whichever is earlier. This benefit is not payable if Osteoporosis was diagnosed before the Date of Commencement of Risk or date of reinstatement (if any) of this benefit.

9. Uterine Prolapse Uterine prolapse is a condition where all of the following diagnostic conditions are met: Uterine prolapse has been diagnosed by a Specialist Medical Practitioner; and Medically Necessary surgical Hysterectomy has been undertaken for the sole purpose of correcting the loosening of the support muscles and tissues in the pelvic area. Hysterectomy for any other reason is specifically excluded. This benefit is not payable if Uterine prolapse was diagnosed before the Date of Commencement of Risk or date of reinstatement (if any) of this benefit. Coverage for this impairment will cease at age seventy (70) or on Date of Maturity, whichever is earlier.

10. Pelvic floor dysfunction treated with Hysterectomy Pelvic floor dysfunction treated with Hysterectomy is a condition where all of the following diagnostic conditions are met: Pelvic floor dysfunction has been diagnosed by a Specialist Medical Practitioner; and Medically Necessary surgical Hysterectomy has been undertaken for the sole purpose of correcting the loosening of the support muscles and tissues in the pelvic area. Hysterectomy for any other reason is specifically excluded. This benefit is not payable if Pelvic floor dysfunction was diagnosed before the Date of Commencement of Risk or date of reinstatement (if any) of this benefit. Coverage for this impairment will cease at age seventy (70) or on Date of Maturity, whichever is earlier.

11. Thyroid disorders causing Thyroid Storm treated in ICU Thyroid storm, also known as thyrotoxic crisis, is an acute, life-threatening complication of hyperthyroidism that presents with multi-system involvement. The confirmed diagnosis of a Thyroid Storm based upon the presence of severe and life-threatening symptoms including hyperpyrexia, cardiovascular dysfunction (tachycardia, atrial fibrillation, cardiac failure), altered mentation (agitation, delirium, psychosis, stupor or coma) and gastrointestinal symptoms (nausea, vomiting, abdominal pain) in a patient with biochemical evidence of hyperthyroidism Admission in an Intensive Care Unit (ICU) for at least 96 hours is necessary to meet the definition. Diagnosis and evidence has to be certified by the treating endocrinologist or specialist Medical Practitioner. Hospitalisation for treating hyperthyroidism other than Thyroid Storm are excluded.

Surgical Care :

1. Breast Reconstructive Surgery following a Mastectomy Breast reconstructive surgery following a Mastectomy" means the actual undergoing of plastic or reconstructive surgery of the breast following surgical removal of at least one quadrant of the tissue of the breast due to a diagnosis of malignant [invasive breast cancer. The surgical removal of breast tissue must be deemed Medically Necessary by a specialist medical practitioner. **2. Skin grafting due to major burns** Skin grafting due to major burns means the undergoing of skin grafting due to burns resulting in full thickness skin destruction of at least 10% of the body surface area of the life assured. It is necessary for the burns which require skin grafting to occur during the Coverage Term. Correction of facial disfigurement is excluded under this benefit. **3. Radical Vulvectomy required due to a malignant/Invasive condition** Radical vulvectomy means surgical removal of the labia majora, labia minora, clitoris and regional lymph nodes The surgery must be deemed Medically Necessary and carried out by specialist medical practitioner together with histological confirmation. **4. Radical hysterectomy required due to a malignant/ Invasive condition** A radical hysterectomy which includes removal of the uterus, fallopian tubes, wide excision of parametrium, tissues surrounding the upper vagina, and all the pelvic lymph nodes due to gynaecological cancers. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation. **5. Total Pelvic Exenteration required due to a malignant [invasive condition** Actual undergoing of excision of the bladder, lower uterus, vagina uterus, adnexa, the pelvic and lower sigmoid colon, pelvic lymph nodes and all the pelvic peritoneum, due to gynaecological cancers. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation. **6. Hysterectomy required due to a malignant/invasive condition** The removal of the uterus (at least the corpus and cervix or corpus only) with supporting evidence of carcinoma of the uterus, fallopian tube, ovary, vagina or endometrium, advanced cervical carcinoma. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation. **7. Mastectomy required due to a malignant/invasive condition** Mastectomy means surgical removal of at least one quadrant of the tissue of a breast. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation. **8. Complicated repair of a Vaginal Fistula** Complicated repair of a vaginal fistula means complicated surgical correction of an abnormal passage between the vagina and an internal organ. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation. **9. Bilateral or Unilateral Breast Lumpectomy due to a malignant condition or carcinoma in situ** Bilateral or Unilateral Breast Lumpectomy due to a malignant condition or carcinoma in situ" is the removal of a malignant tumour or Carcinoma in situ and surrounding breast tissue from both or Single breast. The surgery must be deemed Medically Necessary and carried out by a specialist medical practitioner together with histological confirmation.

Maternity and Child Care - Pregnancy Complications:

1. Uterine rupture Rupture of the uterus during pregnancy requiring a hysterectomy and emergency delivery of the foetus by caesarean section. (Hysterectomy must have been performed. **I 2. Ectopic** pregnancy Pregnancy, in which the fertilized ovum implants in the fallopian tube. The ectopic pregnancy must have required the immediate surgical, removal of the complete fallopian tube. The diagnosis must be confirmed with a pathology report. No benefit will be payable for partial salpingectomy and any other forms of treatment for ectopic pregnancy. **II 3. Eclampsia** Eclampsia is the occurrence of generalized tonic clonic grand mal seizures after the 20th week of pregnancy in a pregnant woman who has also has hypertension, proteinuria, and oedema. Eclampsia must be diagnosed by a Gynaecologist, Obstetrician or specialist medical practitioner. The eclampsia must require the emergency delivery of the foetus and placenta. Seizures due to other causes are excluded. Pre-eclampsia and postpartum eclampsia are excluded.

4. Molar pregnancy Complete Hydatiform mole is a form of trophoblastic disease

characterized by clusters of hydropic Villi and trophoblastic elements and atypia. The hydatiform mole must have been diagnosed by a specialist medical practitioner and confirmed with a pathology report. The condition must require a hysterectomy and the same must have been performed. **5. Disseminated Intravascular coagulation** DIC means a life-threatening complication of pregnancy, consisting of a systemic thrombo-hemorrhagic disorder, that is characterised by generalised bleeding and end organ damage. The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation and supported by laboratory tests showing a combination of significant thrombocytopenia, pro-coagulant activation, fibrinolytic activation and inhibitor consumption. The benefit is payable only if the above condition requires treatment with frozen plasma and platelet concentrates. **6. Postpartum Haemorrhage requiring Hysterectomy** Postpartum Haemorrhage requiring Hysterectomy is the ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring surgical intervention in the form of a urgent hysterectomy and a direct result of post-partum bleeding or damage to the cervix or uterus that cannot be arrested by other means Confirmation of undergoing hysterectomy is required. **7. Placenta Increta / Percreta** Placenta Increta / Percreta refers to the abnormal adherent of the placenta to the myometrium resulting in severe haemorrhage requiring surgical removal of the placenta. The diagnosis of placenta increta or placenta percreta must be established via histological evidence and confirmed by a specialist medical practitioner. Placenta acccreta is specifically excluded. **8. HELLP syndrome** HELLP Syndrome is a severe complication of a pregnancy as diagnosed by an obstetrician with evidence of Haemolysis, Elevated Liver enzymes and Low Platelets, which results in foetal death. **9. Choriocarcinoma** Choriocarcinoma means a highly malignant neoplasm derived from placental syncytial trophoblasts which form irregular sheets and cords, with neoplastic cells invading blood vessels. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

Maternity and Child Care - Conqenital illness or New-born Complications:

10. Down's syndrome Live birth of a baby with Down's syndrome (trisomy 21) as diagnosed by a specialist medical practitioner and proven on chromosomal analysis. **III 11. Spina bifida** Spina Bifida is a neural tube defect where there is failure of the spine to close properly during pregnancy. There must be a resultant meningomyocele or meningocele. The spina bifida must also have required corrective surgery. Spina bifida occulta is specifically excluded. **12. Oesophageal atresia and tracheoesophageal Fistula** Trancheo-Esophageal Fistula or Esophageal Atresia refers to Congenital esophageal atresia (EA) represents a failure of the esophagus to develop as a continuous passage. Instead, it ends as a blind pouch. Trancheo-esophageal fistula (TEF) represents an abnormal opening between the trachea and esophagus. EA and TEF can occur separately or together. **13. Anal atresia** Anal Atresia is an anatomical malformation involving the absence of the anus or the absence of the canal between the rectum and anus. The diagnosis must be made by a specialist medical practitioner and surgery must have been performed to correct the abnormality. **14. Cleft palate** Cleft Palate/Cleft Lip and Palate is the diagnosis of Cleft Palate and/or Cleft Lip by a specialist medical practitioner. Surgery must have been performed to correct the abnormality. Payment will be made for cases with cleft palate, or cleft lip and cleft palate. Cleft lip in isolation is specifically excluded. **15. Club feet** Club Feet (Talipes equinovarus) is a congenital abnormality of the lower extremity which consists of plantar flexion, inversion of the heel hindfoot and forefoot and adduction of the forefoot. The benefit will only be paid if the condition is bilateral. The diagnosis must be made by a specialist medical practitioner and surgery must have been performed to correct the abnormality. Metatarsus varus or abductus are excluded. **16. Tetralogy of Fallot** Tetralogy of Fallot means an anatomic abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular unoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition. **17. Transposition of great vessels** Transposition of the Great Vessels" means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must have been performed to correct the condition. **18. Patent ductus arteriosus** Patent Ductus Arteriosus refers to the surgical correction for the failure of closure of ductus arteriosus (a foetal vessel connecting the pulmonary artery with the aorta). The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and corrective surgery must have been performed to correct the abnormality. **19. Total anomalous pulmonary venous return (TAPVR)** Total anomalous pulmonary venous return is a congenital malformation in which the pulmonary veins do not connect normally to the left atrium, but instead drain abnormally to the right atrium by way of an anomalous connection. Open heart surgery must have taken place to correct the congenital defect. **IV 20. Tricuspid atresia** Tricuspid atresia is a congenital heart condition where there is the absence of any connection between the right atrium and the right ventricle. Open heart surgery must have taken place to correct the congenital defect. **21. Atrial Septa' Defect** Atrial Septal Defect means a hole in the partition (septum) between the left and right atrium (upper chambers) of the heart permitting abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and corrective surgery must have been performed to correct the condition. **22. Ventricular Septa' Defect** Ventricular Septal Defect" is a hole in the partition (septum) between the left and right ventricle (lower chambers) of the heart permitting the abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and corrective surgery must have been performed to correct the condition.

Additional supporting definitions:

• Permanent Neuroloqical Deficit Permanent neurological deficit with Persisting Clinical Symptoms is defined as signs and symptoms of dysfunction in the nervous system that are present on clinical examination by a Specialist and expected to last throughout the insured person's life. The following neurological symptoms are covered under this definition: numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, cognitive impairment, delirium and coma. An abnormality seen on brain or other scans without definite related clinical symptoms, neurological signs occurring without symptomatic abnormality such as brisk reflexes without other symptoms and symptoms of psychological or psychiatric origin will not qualify as Permanent neurological deficit with Persisting Clinical Symptoms.