Pass on your legacy, not your debts

Secure your liabilities with

ICICI Pru

Super Protect - Credit

A Non-Participating Non-Linked Life Group Pure Risk Product

ICICI PRUDENTIAL LIFE INSURANCE

ICICI Pru Super Protect - Credit

(A Non-participating Non-Linked Life Group Pure Risk Product)

ICICI Pru Super Protect - Credit offers comprehensive insurance protection to members availing of a loan. It safeguards the families from the burden of repaying the outstanding loan in case of an unfortunate event. The plan is easy to administer and can be customised to suit needs of the members.

Key Features

Choice of coverage options: Flexibility to choose options from

- Level cover or Reducing cover, with
- Single Life cover or Joint life cover

Choice of Benefit options: Enhance the insurance cover with the following benefits

- Accelerated Terminal Illness Benefit
- Accidental Death Benefit
- Enhanced Accidental Death Benefit
- Additional Critical Illness Benefit
- Accelerated Critical Illness Benefit
- Waiver of EMI on Hospitalisation Benefit
- Cancer Protect Benefit
- Accelerated Accidental Total & Permanent Disability Benefit

A moratorium of 1 to 7 years wherein Level cover is offered during the moratorium period

ICICI Pru Super Protect - Credit at a glance

Premium Payment Term	Single Pay
Minimum / Maximum Age at Entry (Age completed birthday)	14 years / 75 years
Minimum / Maximum Age at Maturity (Age completed birthday)	16 years / 80 years
Minimum/ Maximum Coverage Term	2 years / 30 years Coverage term will be in multiples of 1 month
Minimum Sum Assured for all benefits	₹ 10,000 per member
Maximum Sum Assured for all benefits	As per Board Approved Underwriting Policy

Benefit Options	Minimum Coverage Term	Maximum Coverage Term
Terminal Illness (TI) Benefit	2 years	30 years
Accidental Death Benefit (ADB)/ Enhanced Accidental Death Benefit (EAD)	2 years	30 years
Accelerated Accidental Total and Permanent Disability (ATPD)	2 years	30 years
Accelerated Critical Illness (ACI) Benefit	2 years	15 years
Additional Critical Illness (CI) Benefit	2 years	15 years
Cancer Protect (CP) Benefit	2 years	5 years
Waiver of EMI on Hospitalisation (WoEH) Benefit	2 years	5 years

The Coverage term at inception shall not be more than the outstanding loan tenure. Sum Assured shall also be consistent with the original loan amount sanctioned for level cover or with the loan schedule at inception.

How does the plan work?

The Master Policyholder shall

1. Choose the coverage options and the benefit options depending on the members' need. Along with Death Benefit, other Benefits can be chosen by the Member, only at the inception of the cover, provided the Benefits have been opted for by the Master Policyholder.
2. Pay the premium once for the coverage term chosen by the member. Premium will vary based on the options and benefits chosen.
3. Receive the Master Policy. A Certificate of Insurance, issued at the inception of the Cover, specifying the member details as well as the amount payable on the occurrence of an event giving rise to a claim for a member will be sent to the respective members.

Choice of coverage option

Level cover

Benefits chosen at member's cover inception will remain constant throughout the coverage term.

Reducing cover

Benefits chosen at member's cover inception reduce during the coverage term as per the reduction schedule. The reduction schedule shall be based on loan interest rate, moratorium period (if applicable), the loan amount outstanding at the inception of the cover and the coverage term as provided by the Master Policyholder.

Joint Life cover

- For Joint life cover, there has to be insurable interest between the two lives, like co-borrowers, family members and the benefits under the policy will be payable only on the first claim. On payment of the benefit in respect of the first claimant, cover of both the lives will cease.
- Premiums are calculated for both members separately, with a 5% discount offered to both the lives.

Benefits

Death Benefit

This benefit is payable to the Claimant on the death of the covered member during the member's coverage term. Death Benefit is equal to Sum Assured. In the event of death of the Member on the Date of Termination of Cover or Terminal Date, whichever is earlier then death benefit shall not be payable. The Member Cover shall terminate with all rights and benefits thereunder

Accelerated Terminal Illness (TI) Benefit:

If this benefit is chosen, on the member being diagnosed with Terminal Illness during the benefit coverage term, an amount equal to the Death Benefit will be payable. This is an accelerated benefit and not an additional benefit, which means payment of this benefit will not be in addition to the Death Benefit. In the event the Member is diagnosed with Terminal Illness on the Date of Termination of Benefit or Terminal Date, whichever is earlier then this benefit shall not be payable. The Member Cover shall terminate with all rights and benefits thereunder

Accelerated Accidental Total and Permanent Disability (ATPD) Benefit:

If this benefit is chosen, on the member being regarded as Totally and Permanently Disabled due to an accident during the ATPD coverage term, ATPD Benefit will be payable. This is an accelerated benefit and not an additional benefit, which means, on payment of this benefit, member's Death Benefit and TI Benefit (if chosen), will be reduced by the extent of the ATPD Benefit payment already made. ACI Benefit if chosen, and is more than the reduced Death Benefit, ACI Benefit amount will decrease to the amount of reduced Death Benefit, else will remain unchanged. ATPD Benefit can be less than or equal to Death Benefit. ATPD Benefit can be chosen for a period of 2 to 30 years subject to maximum coverage term. In the event of an accident on the Date of Termination of Benefit or Terminal Date whichever is earlier resulting in the total and permanent disability of the Member, then this benefit shall not be payable.

Accidental Death (AD) Benefit

If this benefit is chosen, on the death of the member due to an accident where accident occur during the AD Benefit Coverage Term, AD Benefit will be payable in addition to Death Benefit. AD Benefit chosen by the member can be less than or equal to Death Benefit. AD Benefit can be chosen for a period of 2 to 30 years subject to maximum coverage term. In the event of an accident on the Date of Termination of Benefit or Terminal Date whichever is earlier resulting in the death of the Member, then this benefit shall not be payable. The Member Cover shall terminate with all rights and benefits thereunder.

Enhanced Accidental Death (EAD) Benefit

If this benefit is chosen, on the death of the member due to an accident, where accident occur during the EAD Benefit Coverage Term, EAD Benefit will be payable in addition to Death Benefit. If the death has happened due to an accident on account of plane, train or ship, an amount double of EAD Benefit will be payable in addition to Death Benefit. Train accident will be as per Section 124 of the Indian Railways Act. EAD Benefit chosen by the member can be less than or equal to Death Benefit. EAD Benefit can be chosen for a period of 2 to 30 years subject to maximum coverage term. Only one of either AD Benefit or EAD Benefit can be chosen. In the event of an accident on the Date of Termination of Benefit or Terminal Date whichever is earlier resulting in the death of the Member, then this benefit shall not be payable. The Member Cover shall terminate with all rights and benefits thereunder.

Cancer Protect Benefit

This is an additional benefit. If this benefit is chosen, on the member being diagnosed with the first ever occurrence of any of the listed conditions during the CP Benefit coverage term, the benefit will be payable as below:

Level and Covered Conditions	**Payout** (as % of Cancer Protect Benefit)
Minor conditions: 1. Carcinoma-in-Situ of any organ except skin 2. Early stage cancer	25%
Major condition: 1.Cancer of specified Severity	100% less earlier Minor condition claim payouts, if any

Multiple claims for minor conditions can be made, as long as the total payout does not exceed 100% of the Cancer Protect Benefit. In case of joint life cover, multiple minor claims can be made on both lives, as long as total payout does not exceed 100% of the Cancer Protect Benefit. Cancer Protect Benefit can be chosen for a period of 2 years to 5 years subject to maximum coverage term. Cancer Protect Benefit can be less than or equal to the Death Benefit. In the event the Member is diagnosed with a minor or major condition (Cancer) on the Date of Termination of Benefit or Terminal Date, whichever is earlier then this benefit shall not be payable.

Waiver of EMI on Hospitalisation (WoEH) Benefit

Waiver of EMI (Equated Monthly Instalment) on Hospitalisation Benefit is payable, if the Member on the recommendation of a medical practitioner is hospitalised for the required continuous number of days in a policy year, during the WoEH Benefit coverage term. There is an option to choose between 7 continuous days of hospitalization and/or 15 continuous days of hospitalization in a policy year. Waiver of up to 6 EMIs on loan can be chosen subject to the total Benefit amount being less than or qual to Death Benefit. WoEH Benefit can be claimed once every policy year. WoEH Benefit is available for a maximum tenure of 5 years or the member coverage term whichever is lesser.WoEH Benefit remains constant in both level cover and reducing cover option.

Accelerated Critical Illness (ACI) Benefit: If this benefit is chosen,

ACI Benefit will be payable on the member being diagnosed with a covered Critical Illness during the ACI Benefit coverage term. There is a choice between any one of Essential/ Classic/ Comprehensive ACI packages which cover 7, 19 and 33 Critical Illnesses respectively and as given in the table below. ACI Benefit can be less than or equal to the Death Benefit. This is an accelerated benefit. It means, on payment of this benefit, member's Death Benefit will be reduced by the extent of the payment made. If TI Benefit is chosen, TI benefit will also reduce along with the Death Benefit. ATPD Benefit if chosen, and is more than the reduced Death Benefit, ATPD Benefit amount will decrease to the amount of reduced Death Benefit, else will remain unchanged.In cases where ACI Benefit is equal to Death Benefit, the member's life cover will cease. ACI Benefit can be chosen for a period of 2 years to 15 years subject to maximum coverage term. In the event the Member is diagnosed with any of the covered Critical Illnesses on the Date of Termination of Benefit or Terminal Date, whichever is earlier then this benefit shall not be payable.

Additional Critical Illness (CI) Benefit

If this benefit is chosen, CI Benefit will be payable on the member being diagnosed with a covered Critical Illness during the CI Benefit coverage term. This is an additional benefit. There is a choice between any one of Essential/ Classic/ Comprehensive CI packages which cover 7, 19 and 33 Critical Illnesses respectively as given in the table below. CI Benefit will be payable only if the member survives for a period of 14 days from the date of diagnosis of any of the covered Critical Illnesses. CI Benefit can be chosen for a period of 2 to 15 years subject to maximum coverage term. Only one of either CI Benefit or ACI Benefit can be chosen. In the event the Member is diagnosed with any of the covered Critical Illnesses on the Date of Termination of Benefit or Terminal Date, whichever is earlier then this benefit shall not be payable.

List of Critical Illnesses covered under Essential, Classic and Comprehensive packages

Critical Illness Coverage Package	Sr. No.	List of Critical Illnesses covered
Essential	1	Cancer of Specified Severity
	2	First Heart Attack of Specified Severity
	3	Open Chest CABG
	4	Stroke resulting in permanent symptoms
	5	Kidney Failure Requiring Regular Dialysis
	6	Major Organ/ Bone Marrow Transplant
	7	Loss of Independent Existence
Classic	8	Blindness
	9	Multiple Sclerosis with Persisting Symptoms
	10	Alzheimer's Disease
	11	Heart Valve Surgery (Open Heart Replacement or Repair of Heart Valves)
	12	Deafness
	13	Apallic Syndrome
	14	Benign Brain Tumour
	15	Brain Surgery
	16	Coma of Specified Severity
	17	Major Head Trauma
	18	Permanent Paralysis of Limbs
	19	Major Burns
Comprehensive	20	Motor Neurone Disease with Permanent Symptoms
	21	Surgery to aorta
	22	Chronic Lung Disease
	23	Chronic Liver Disease
	24	Parkinson's Disease
	25	Cardiomyopathy
	26	Loss of Limbs
	27	Primary Pulmonary hypertension
	28	Loss of Speech
	29	Systematic lupus Eryth. with Renal Involvement
	30	Aplastic Anaemia
	31	Muscular Dystrophy
	32	Poliomyelitis
	33	Medullary Cystic Disease

Sample Illustration for Benefit payouts:

Scenario 1: Benefits chosen by the member	Death Benefit	ACI Benefit
Sum Assured	₹50,00,000	₹20,00,000
On occurrence of a covered critical illness claim		
Payout Amount		₹20,00,000
After Claim policy continues with	₹30,00,000	

Scenario 2: Benefits chosen by the member	Death Benefit	AD Benefit	Cancer Protect Benefit
Sum Assured	₹50,00,000	₹50,00,000	₹10,00,000
On occurrence of major cancer claim			
Payout Amount			₹10,00,000
After Claim policy continues with	₹50,00,000	₹50,00,000	
On occurrence of an accidental death claim			
Payout Amount	₹50,00,000	₹50,00,000	
After Claim	Policy terminates		

Maturity Benefit

No Maturity Benefit shall be payable under the plan.

Surrender Benefit

In case of surrender of the Master Policy by the Master Policyholder or foreclosure of loan by the insured member or transfer of loan to another company by the insured members, the members will have the option to continue the cover till the end of the coverage term. If the member decides to continue the cover then the same has to be intimated to the Company either by the Member or by the Master policyholder. For Members who opt to Surrender their cover or do not choose to continue the cover upon (a). Surrender of the Master Policy by the Master Policyholder; or (b). foreclosure of the loan or transfer of loan to another company by the Members, then the Surrender value equal to unexpired risk premium value shall be payable by the Company.

Terms & Conditions

Suicide clause

If a member whether sane or insane, commits suicide within one year from the date of commencement of insurance cover, while the cover is in-force, the cover shall be void. 80% of the premium paid, in respect of such a member shall be refunded without interest. On this payment, the member's cover will terminate and all rights, benefits and interests of the member under the Master Policy will stand extinguished.

In case of joint life cover, this clause is applicable on either of the members committing suicide. Post payment of the applicable amount, both the members' cover will terminate and all rights, benefits and interests of both members will stand extinguished.

Free look period

On receipt of the Policy Document/Certificate of Insurance, whether received electronically or otherwise, Master Policyholder/Member have an option to review the policy terms and conditions . If Master Policyholder /Member are not satisfied or have any disagreement with the terms and conditions of the policy/Member Policy or otherwise and have not made any claim, the Policy Document/Certificate of Insurance needs to be returned to the Company with reasons for cancellation within 30 days from the date of receipt of the Policy Document.

On cancellation of the Policy/Member cover during the free look period, We will return the premium paid subject to the following deductions:

i. Stamp duty paid under the policy, if any
ii. Expenses borne by the Company on medical examination, if any
iii. Proportionate risk premium for the period of cover

The policy/member's cover will terminate on payment of this amount and all rights, benefits and interests will stand extinguished.

Surrender Value

Surrender value for the member's cover will be the sum of Benefit Surrender Value for each of the chosen benefit.

Benefit Surrender Value = 60% x Single Premium of a benefit x [Unexpired coverage term of the benefit (in complete months) / Original coverage term of the benefit (in complete months)] x [(Current Benefit Amount / Original Benefit Amount)]

Where, Original Benefit Amount is the Benefit amount specified for the member at inception.
For Reducing Cover, Current Benefit Amount is the Benefit Amount applicable in the month of surrender as per the reduction schedule set at inception.
For Level Cover, Current Benefit Amount is equal to original Benefit Amount

Claims

For ATPD Benefit, ACI Benefit and TI Benefit, the Company will make payment to the extent of outstanding loan amount in favour of the Master Policyholder and the residual benefit amount, if any, shall be paid to the member. For all other benefits, the claim amount payable on the happening of the contingent event covered under this policy, shall be paid to the Master Policyholder in line with the IRDAI framework and to the extent of outstanding loan amount. The payment of benefits to the Master Policyholder to the extent of outstanding loan amount shall be done by the Company provided a valid assignment has been made by the Member in favor of the Master Policyholder. Any residual benefit shall be paid to the beneficiary. In the absence of a valid assignment, the claim payment will be made to the beneficiary.

Conditions, Definitions and Exclusions

In order to understand the Accelerated Terminal Illness Benefit, it is important that you understand the following terminologies:

A member shall be regarded as Terminally ill only if that member is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners specializing in the treatment of such illness, is highly likely to lead to death within 6 months. The Terminal Illness must be diagnosed and confirmed by independent medical practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment.

The definition of medical practitioner is as defined below:

"A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage nor share the same residence as the Member

In order to understand the Accelerated Accidental Total and Permanent Disability Benefit, it is important that you understand the following terminologies:

Accidental Total and Permanent Disability (TPD) Benefit will be payable if the Member has become totally and irreversibly disabled as a result of accident. It includes:

1. The total and permanent loss of use of both hands, or both feet, or both eyes, or a combination of any two, will also result in the Member being regarded as totally and permanently disabled, or,
2. To be regarded as totally and permanently disabled, the Member must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit, or,
3. To be regarded as totally and permanently disabled, the Member must be unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Work"
   a) Mobility: The ability to walk a distance of 200 meters on flat ground.
   b) Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
   c) Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
   d) Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
   e) Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
   f) Blindness – permanent and irreversible - Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.
4. The disability should have lasted for at least 180 days without interruption and must be deemed permanent by a Company empanelled medical practitioner.

5. TPD due to accident should not be caused by the following:
   a) Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Member is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or
   b) Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
   c) The Member with criminal intent, committing any breach of law; or
   d) Due to war, whether declared or not or civil commotion; or
   e) Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
6. TPD due to accident wherein an accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
7. The accident shall result in bodily injury or injuries to the Member independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the TPD of the Member. In the event of TPD of the Member after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. The benefit is payable even if the ATPD occurs beyond the benefit coverage term but within 180 days from the date of Accident, provided the Accident occurs within the benefit coverage term, and the disability should have lasted for at least 180 days without interruption and must be deemed permanent by a Company empanelled medical practitioner.
8. The member's cover must be in-force at the time of accident.
9. The Company shall not be liable to pay this benefit in case the accident that resulted in TPD of the Member occurs on or after the date of termination of the this accidental total permanent disability benefit cover.

In order to understand the Accidental Death Benefit and Enhanced Accidental Death Benefit, it is important that you understand the following terminologies:

1. Death due to accident should not be caused by the following:
   a) Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Member is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or
   b) Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
   c) The Member with criminal intent, committing any breach of law; or
   d) Due to war, whether declared or not, or civil commotion; or
   e) Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

   Death caused due to accident wherein an accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. The accident shall result in bodily injury or injuries to the Member independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the death of the Member. In the event of the death of the Member after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. The benefit is payable if the Accidental Death occurs beyond the benefit coverage term but within 180 days from the date of Accident, provided the Accident occurs within the benefit coverage term.
3. The member's cover must be in-force at the time of accident.
4. The Company shall not be liable to pay this benefit in case the accident that resulted in accidental death of the Member occurs on or after the date of termination of the accidental death benefit/enhanced accidental death benefit cover.

Train accident will be as per Section 124 of the Indian Railways Act as mentioned below.
When in the course of working a railway, an accident occurs, being either a collision between trains of which one is a train carrying passengers or the derailment of or other accident to a train or any part of a train carrying passengers, then whether or not there has been any wrongful act, neglect or default on the part of the railway administration such as would entitle a passenger who has been injured or has suffered a loss to maintain an action and recover damages in respect thereof, the railway administration shall, notwithstanding anything contained in any other law, be liable to pay compensation to such extent as may be prescribed and to that extent only for loss occasioned by the death of a passenger dying as a result of such accident, and for personal injury and loss, destruction, damage or deterioration of goods owned by the passenger and accompanying him in his compartment or on the train, sustained as a result of such accident.
Explanation.-For the purposes of this section "passenger" includes a railway servant on duty.

In order to understand the Waiver of EMI on Hospitalisation Benefit, it is important that you understand the following terminologies:

Hospitalization: Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Medically Necessary: Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

i) is required for the medical management of the illness or injury suffered by the insured;
ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii) must have been prescribed by a medical practitioner;
iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

A hospital means any institution established for in – patient care and day care treatment of sickness and/or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care center by a medical practitioner.

In order to understand the Cancer Protect Benefit it is important that you understand the following terminologies:

1. Cancer of Specified Severity:

A malignant tumor characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts,

Cervical dysplasia CIN-1, CIN -2 & CIN-3;

ii. Any non-melanoma skin cancer unless there is evidence of metastases or lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
v. All Thyroid cancers histologically classified as T1N0M0 (TNM classification) or below;
vi. Chronic lymphocyctic leukaemia less than RAI stage 3;
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
viii. All Gastro-Intestinal Stromal tumors histologically classified as T1N0M0 (TNM classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Carcinoma-in-Situ of any organ (except skin)

i. Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.
ii. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report.
iii. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
iv. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS.
v. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports

CIN I, and CIN II (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded.

vi. All CIS of the skin are specifically excluded.

vii. This coverage is available to the first occurrence of CIS of same organ. Multiple claims from same organ will not be admissible.

3. Early stage Cancers

Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

i. Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification

ii. Prostate tumor should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent classification.

iii. Chronic lymphocytic leukaemia classified as RAI Stage I or II;

iv. Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin,

v. Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.

vi. All tumors of the urinary bladder histologically classified as T1N0M0 (TNM Classification)

vii. The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

Pre-malignant lesions and conditions, unless listed above, are excluded.

For the multiple minor conditions claims to be admissible for an individual member, there needs to be a period of at least 6 months between the date of diagnosis of a minor condition claim and date of diagnosis of subsequent minor condition claim. However this requirement of 6 months is not applicable in case of diagnosis of a major condition claim following a minor condition claim or for joint life cover.

Multiple minor condition claims from the same organ will not be admissible. For the purpose of claim under Cancer Protect Benefit, each group of the following sites are treated as one organ.

i. Basal cell and squamous skin cancer
ii. Corpus uteri, vagina, fallopian tubes, cervix uteri, ovary
iii. Colon and rectum
iv. Penis, testis
v. Stomach and esophagus

In order to understand the Additional Critical Illness Benefit, Accelerated Critical Illness Benefit and Cancer Protect Benefit it is important that you understand the following terminologies:

1. **Cancer of Specified Severity:** As defined in the section **"In order to understand the Cancer Protect Benefit it is important that you understand the following terminologies"** above.
2. **First Heart Attack of Specified Severity:**

   The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

a) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
b) New characteristic electrocardiogram changes
c) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

a) Other acute Coronary Syndromes
b) Any type of angina pectoris.
c) 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. Open Chest CABG:

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

a) Angioplasty and/or any other intra-arterial procedures

4. Stroke resulting in permanent symptoms

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:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

5. Kidney Failure Requiring Regular Dialysis:

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. Major Organ/ Bone Marrow Transplant

The actual undergoing of a transplant of:

1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
3. The following are excluded:
   a. Other stem-cell transplants
   b. Where only islets of langerhans are transplanted

7. Loss of Independent Existence

The insured person is physically incapable of performing at least three (3) of the "Activities of Daily Living" as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor who is a specialist.

Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.

Activities of Daily Living:.

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

8. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

i. corrected visual acuity being 3/60 or less in both eyes or;

ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

9. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months

Other causes of neurological damage such as SLE are excluded.

10. Alzheimer's Disease

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

The following conditions are however not covered:

a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease
b. alcohol related brain damage; and
c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease

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.

11. Open Heart Replacement or Repair of Heart Valves:

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

12. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose, and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

13. Apallic Syndrome:

Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

The definition of approved hospital is as defined below

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

a) has qualified nursing staff under its employment round the clock;
b) has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
c) has qualified medical practitioner (s) in charge round the clock;
d) has a fully equipped operation theatre of its own where surgical procedures are carried out
e) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

14. Benign Brain Tumour:

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

15. Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

16. Coma of Specified Severity:

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

a) no response to external stimuli continuously for at least 96 hours;
b) life support measures are necessary to sustain life; and
c) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

17. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose

of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

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.

The following are excluded:

i. Spinal cord injury;

18. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

19. Major Burns

There must be third-degree burns with scarring that cover at least 20% of the body’s surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

20. Motor Neurone Disease with Permanent Symptoms

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

21. Surgery of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

22. Chronic Lung Disease:

End stage lung disease causing chronic respiratory failure, where all of the following criteria are met:

1. Permanent oxygen therapy is required;
2. A consistent forced expiratory volume (FEV1) test value of less than one (1) liter (during the first second of a forced exhalation);
3. Baseline arterial blood gas analysis showing arterial partial oxygen pressure at a level of fifty-five (55) mmHg or less; and
4. Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

23. Chronic Liver Disease:

End Stage liver failure as evidenced by all of the following:

(a) Permanent jaundice;

(b) Ascites; and

(c) Hepatic encephalopathy.

(d) Esophageal or Gastric Varices and Portal Hypertension

Irrespective of the above, liver failure due or related to alcohol or drug abuse is excluded.

24. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:

(a) cannot be controlled with medication;

(b) shows signs of progressive impairment; and

(c) Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

Drug-induced or toxic causes of Parkinson's disease are excluded.

25. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, based on the following classification criteria:

Class III - Marked functional limitation. Affected patients are comfortable at rest but

performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

26. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

27. Primary (Idiopathic) Pulmonary hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

1. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

2. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

28. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist.

29. Systematic lupus Eryth. with Renal Involvement

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 the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

30. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:
(a) Blood product transfusion;
(b) Marrow stimulating agents;
(c) Immunosuppressive agents; or
(d) Bone marrow transplantation.
The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:
- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

31. Muscular Dystrophy

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:
(a) Family history of other affected individuals;
(b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
(c) Characteristic electromyogram; or

(d) Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Member to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months.

32. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause and is proved by Stool Analysis,
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

33. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

1. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
2. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
3. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

For the purpose of ACI Benefit and CI Benefit following exclusions shall apply:

No CI or ACI benefit will be payable in respect of any listed condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

1. Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. 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 commencement of policy issued by the Company 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 the policy .

2. Existence of any Sexually Transmitted Disease (STD) and its related complications
3. Self-inflicted injury, suicide, insanity and deliberate participation of the Member in an illegal or criminal act with criminal intent.
4. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
5. War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
6. Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft.
7. Taking part in any act of a criminal nature with criminal intent.
8. Treatment for injury or illness caused by avocations / 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.
9. Radioactive contamination due to nuclear accident.
10. Failure to seek or follow medical advice, the Member has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
11. Any treatment of a donor for the replacement of an organ.
12. Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains aged 17.

For the purpose of Cancer Protect Benefit the following exclusions shall apply:

No Cancer benefit will be payable in respect of any listed condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

1. Pre-Existing Diseases are not covered. Pre-Existing Disease means any Cancer

condition (primary or metastatic); pre-cancerous condition or related condition(s) i.that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of policy issued by the Company 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 the policy .

2. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall not be covered.
3. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Member has disclosed the same at the time of proposal and the Company has accepted the same.
4. Any covered event or its signs or symptoms having occurred within the waiting period.
5. Existence of any Sexually transmitted diseases and its related complications.
6. Self-inflicted injuries, suicide, insanity, and deliberate participation of the member in an illegal or criminal act
7. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
8. Radioactive contamination due to nuclear accident.
9. Failure to seek or follow medical advice, the member has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
10. Any illness due to congential defect or disease which has manifested or was diagnosed before the insured attains the aged 17.

For the purpose of Waiver of EMI on Hospitalisation Benefit following exclusions shall apply:

No benefits shall be payable with respect to any period of hospital confinement/ICU stay unless the entire confinement/ICU stay and all the hospital services rendered and performed there had been recommended by a physician and are in accordance with the

diagnosis and treatment of the condition for which the hospitalisation was required.
No benefit shall be payable under the policy if a claim or event suffered by the Member is directly or indirectly caused by or exacerbated as a result of any of the following :

1. Pre-Existing Conditions or conditions connected to a Pre-Existing Condition. 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 commencement of policyissued by the Company 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 the policy .
2. Hospitalization/treatment within the waiting period except for hospitalization / treatment due to accidental injuries.
3. Routine Eye tests, refractive errors of eyes, refractive surgery, ear examination
4. Any treatment due to any external congenital conditions
5. Any dental surgery, extraction of impacted tooth/teeth, orthodontics or orthographic surgery, or Temporo-Mandibular Joint Disorder except as necessitated by an accidental injury.
6. Treatment arising from or traceable to pregnancy which shall include childbirth, infertility, miscarriage, abortion, sterilization and contraception including complications relating thereto / treatment to assist reproduction including IVF treatment
7. Hospitalisation primarily for investigatory purpose, diagnosis, X-ray examination, general physical or routine medical examination; preventive treatments or medicines, treatments/examinations specifically for weight management regardless whether the same is caused (directly or indirectly) by a medical condition, or any treatment or study related to sleep disorder or sleep apnoea syndrome.
8. Convalescence, general debility, custodial, sanitaria, rehabilitation centre, nature care clinics, or respite care; or long term nursing care.

9. Stem cell implantation or surgery, harvesting/storage/any other treatment using stem cells, or any type of hormone replacement therapy.
10. Any form of plastic surgery except to the extent that such surgery is necessary for the treatment of cancer, burns or accidental injuries happened during the contract period ; Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
11. Treatment of xanthelasma, syringoma, acne and alopecia.
12. Circumcision unless necessary for treatment of a disease or necessitated due to an accident.
13. Hospitalisation and treatment of any kind not actually performed, necessary or reasonable, or any kind of elective surgery or treatment which is not medically necessary.
14. Any treatment for any Sexually Transmitted Disease (STD) and its related complications ; treatment of any sexual problem including impotence (irrespective of the cause) and sex changes/gender reassignments or erectile dysfunction.
15. Treatment for or arising from any injury that is intentionally self-inflicted, including attempted suicide.
16. Hospitalisation due to use or abuse of any substance, drug (not prescribed by any registered Medical Practitioner) or alcohol or treatment for de-addiction / smoking cessation programs or taking of poison.
17. War or hostilities (whether declared or not), civil commotion, invasion, rebellion, revolution, military or usurped power or nuclear weapons/materials , chemical /biological weapons or radiation of any kind or wilful participation in acts of violence or in illegal or criminal act.
18. Failure to seek or follow medical advice, delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
19. Any treatment related to donor screening or treatment including surgery to remove organs of a donor for the replacement of an organ (where member is donor).
20. Ayurvedic, Homeopathy, Unani, Yoga and naturopathy, Siddha, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, Rolfing, massage therapy,

aroma therapy or any other treatments other than Allopathy / western medicines.

21. Any treatment received outside India
22. The following diseases/surgeries & any complications arising out of them will not be covered during the first 2 years from policy issuance date.

a) Deviated Nasal Septum/ Nasal & Paranasal Sinus Disorders
b) Diseases of Tonsils / Adenoids
c) Surgery of Thyroid Gland excluding Malignancy
d) All types of Hernia
e) Hydrocele /Varicocele / Spermatocele
f) Piles / Fissure / Fistula-in-Ano / Rectal Prolapse
g) Benign Prostatic Hypertrophy
h) Menstrual Irregularities, Dysfunctional Uterine Bleeding
i) Hysterectomy with or without Bilateral Salpingo-oophorectomy excluding Malignancy
j) Uterine Fibroid
k) Calculus Diseases
l) Prolapsed Intervertebral Disc
m) Retinopathy / Retinal Detachment
n) Peripheral Vascular Disease due to Diabetes / Diabetic Foot
o) Renal Failure due to Diabetes
p) Osteoporosis / Pathological Fracture
q) Cataract
r) Joint Replacements except due to an accident (one Knee or one Hip Replacement in a Policy Year)
s) Congenital Internal Disease or Anomalies or Disorder

Waiting period

180 days Waiting Period for CI Benefit, ACI Benefit and Cancer Protect Benefit

i. The benefit shall not apply or be payable in respect of any listed conditions for which the symptoms have occurred or for which care, treatment or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the first six months from the date of commencement of cover of member. In the event of occurrence of any of the scenarios mentioned above, the Company will refund the premiums for that benefit for the member and member's benefit cover will terminate with immediate effect.

ii. No waiting period applies where the condition manifests due to accident.

45 days Waiting Period for WoEH Benefit

i. The benefit shall not apply or be payable in respect of hospitalisation during the first 45 days from the date of commencement of cover of member.

ii. No waiting period applies where the condition manifests due to accident.

Nomination Requirements

Nomination in the Master Policy will be governed by Section 39 of the Insurance Act, 1938, as amended from time to time. For more details on this section, please refer to our website.

Assignment Requirements

Assignment in the Master Policy will be governed by Section 38 of the Insurance Act, 1938, as amended from time to time. For more details on this section, please refer to our website.

Section 41

In accordance to the Section 41 of the Insurance Act, 1938 as amended from time to time, no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

Fraud and Misrepresentation

Treatment will be as per Section 45 of the Insurance Act, 1938 as amended from time to time.

Tax Benefits

Tax benefits under the policy will be as per the prevailing Income Tax laws. We recommend that you seek professional advice for applicability of tax benefit on premiums paid and benefits received. Applicable taxes and/or cess (if any) will be charged extra, as per applicable rates. The tax laws are subject to amendments from time to time.

Policy Servicing and Grievance Handling Mechanism:

For any clarification or assistance, 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 on the reverse of the Policy folder or on Our website: www.iciciprulife.com. For updated contact details, We request You to regularly check Our website. 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 gro@iciciprulife.com or1800-2660.

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.

For more details, please refer to the "Grievance Redressal" section on www.iciciprulife.com. 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 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- 40009, Maharashtra.

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

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.

You can also register your complaint online at bimabharosa.irdai.gov.in.
This is subject to change from time to time.
Refer https://www.iciciprulife.com/services/grievance-redressal.html for more details.

About ICICI Prudential Life Insurance

ICICI Prudential Life Insurance Company Limited is a joint venture between ICICI Bank Limited and Prudential Corporation Holdings Limited, a part of the Prudential group. ICICI Prudential began its operations in Fiscal 2001 after receiving approval from Insurance Regulatory Development Authority of India (IRDAI) in November 2000.

ICICI Prudential Life Insurance has maintained its focus on offering a wide range of savings and protection products that meet the different life stage requirements of customers.

ICICI PRUDENTIAL LIFE INSURANCE

For more information,
Customers calling from anywhere in India, please dial 1800 2660
Do not prefix this number with “+” or “91” or “00”

(Call Centre Timings: 10:00 A.M. to 7:00 P.M.
Monday to Saturday, except National Holidays)
To know more, please visit www.iciciprulife.com