

Keep life's plan on track

Power your life insurance with



This add-on ensures that in an unforeseen event, the future premiums are waived off and remaining premiums are invested by the company in the fund.
The life cover and other policy benefits of the plan continues as it is



A life insurance policy is a crucial step in your financial planning. While a life insurance plan provides a financial safety net for your loved ones, a rider helps you make your life insurance plan robust. In case of an unexpected event such as accident or illness, paying premiums towards your life insurance policy or subsisting riders might become challenging. In such cases, a rider provides additional coverage and added protection against these risks.

Presenting, ICICI Pru Linked Waiver of Premium (WoP) Rider, an add-on to your policy or subsisting riders that ensures your goals remain secure and your life cover under your life insurance policy or subsisting rider continues, even if you are unable to pay the premiums due to unforeseen circumstances like an accidental disability or an illness. With ICICI Pru Linked Waiver of Premium Rider, you can rest assured that your loved ones will always be protected, regardless of the ups and downs in life.

Salient features that make ICICI Pru Linked Waiver of Premium Rider suitable for you?



Get waiver on all future premiums on occurrence of unforeseen events like Death, Accidental Total Permanent Disability, Terminal illness, and Critical Illness



Customize your rider benefits based on your needs by choosing any one of the three available benefit options:



a. Life option: Waiver of premium on death or terminal illness



b. Health option: Waiver of premium on accidental total permanent disability or critical illness



c. Life & Health option: Waiver of premium on death, accidental total permanent disability, terminal illness, or critical illness



Tax benefits may be available on premiums paid and benefits received as per prevailing tax laws.



The Rider is also available for sale through online mode.

Plan at a glance - Eligibility Criteria to buy the rider

Premium Payment Option	Premium Payment Term (PPT) (in years)	Min/Max Coverage Term (in years)	Min/Max Age at Entry (in years)
Regular Pay	5 to 57	5 to 57	18/65

*Applicable taxes will be charged separately, as per applicable rates. The tax laws are subject to amendments from time to time.

Premium Payment Frequency: Yearly, Half-Yearly, Monthly (same as chosen under the Base policy)

Rider term: The Rider Term shall always be equal to the outstanding premium payment term of the base policy or any other subsisting rider(s), as applicable, as on the date of attachment. The Rider premium payment term will be equal to the rider term.

The Basic Sum Assured for any of the benefit options chosen under the WoP rider will be equal to the sum of annualized premium of the base policy or the subsisting other rider/s and the corresponding annualized underwriting extra premiums (if any) of the base policy or subsisting other rider(s), under each benefit option. The Basic Sum Assured cannot exceed the Sum Assured at inception for the base policy or that of the other subsisting rider, as applicable. Maximum Sum Assured under any of the benefit options of the rider will be as per Board approved Underwriting Policy (BAUP).

The minimum/maximum premium will correspond to the minimum / maximum sum assured and not exceeding 100% of premium under the base policy.

The rider can be attached to an applicable base policy or rider(s) at the inception of such policy / rider(s) or at any subsequent policy anniversary, subject to the age of the life assured named under this rider not exceeding 75 years (last birthday) at the end of the premium payment term of the base policy / rider(s). In case the rider is attached at any subsequent policy anniversary of the base policy, the base policy / rider(s) should be in-force and premium paying as on the date of attachment.

The WoP rider is a premium-paying rider, where premium would be levied in addition to premium for base product or subsisting rider and not through rider charge.

Premium will vary depending upon the Option chosen.

If there is an overlapping benefit between the base policy / other subsisting rider(s) and the benefit option of the WoP rider, that benefit option shall not be offered.

Benefits in detail

What exactly is Waiver of Premium Rider Benefit?

We understand that you would have planned for your goals like your children's education, wedding, retirement, etc. You plan on sticking to your savings goals and paying premiums regularly to gain full benefits from your policy. However, life is uncertain. In case of an unfortunate event, this planning may go for a toss, ending in failure to meet your desired financial goals.

This is where the Waiver of Premium Benefit helps you plan better! The rider will help you further guard your loved ones from any unforeseen events like death, accidental total permanent disability, terminal illness and critical illnesses by waiving off the future premiums of the base policy or subsisting riders to which the waiver of premium rider is attached. This will ensure that the benefits continue to be paid to your loved ones as planned by you.

The following gets waived off depending on the WoP rider being attached to the base policy or other subsisting rider(s):

- For the base policy: Smart Benefit (as defined below) will be applicable
- For the subsisting other rider(s): Waiver of all future premiums payable under the applicable subsisting rider(s) (if any) including any underwriting extra premiums.

In case the WoP rider is attached to cover multiple subsisting riders, the above rider benefit will be applicable for each of those riders individually.

Under Smart Benefit, following acceptance of a valid claim,

- All future premiums under the base policy shall be waived; and
- In case of any premium due dates falling between date of incidence of insured event and acceptance of claim, units will be allocated on the date of acceptance of claim by the Company, equivalent of total instalment premiums unpaid over this period, net of any applicable Premium allocation charge; and
- Units will be allocated on the subsequent premium due dates by the Company equivalent to the instalment premium of the base policy, net of any applicable Premium allocation charge.
- This will continue till the end of the WoP rider term, provided the base policy is not terminated earlier for any reason.

The following terms and conditions apply to the Smart Benefit feature:

- The Fund Value including Top up Fund Value (if any) as on date of claim, will remain invested in the respective funds.
- All applicable charges on the base policy (including Fund Management Charge, Policy Administration Charge, Mortality Charge and others, as applicable) will continue to be levied.

- Any request for alteration by the claimant to a policy benefit defined in terms of premium amount or total premiums paid under the base policy will not be permissible once the Smart Benefit is triggered.
- Any fund addition (as applicable to the base policy) will continue to be allocated to the Fund Value, as per the base policy terms and conditions, assuming all due premiums are being paid as and when due.

So how does the Waiver of Premium Rider work?

You get the flexibility to opt for any one out of the three benefit options available:

- Life option
- Health option
- Life & Health option

Let's understand each benefit option one by one:

1. Life option

Under this option, waiver of premium will be applicable in the event of earlier of death or terminal illness of the individual identified as the Life Assured in the WoP rider during the Rider Term.

A Life Assured named under the WoP rider shall be regarded as terminally ill only if he/she is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners specializing in treatment of such illness, is highly likely to lead to death within 6 months.

The Terminal Illness must be diagnosed and confirmed by medical practitioners who are registered with the Indian Medical Association and have been approved by the Company. The Company reserves the right for an independent assessment of the health of Life Assured named under this WoP rider.

"Medical practitioner" means 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 its 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 Insured Person.

It is important to note that for Life option, the individual named as the Life Assured under the WoP rider must be distinct from the Life Assured covered by the base policy or any existing riders associated with this WoP rider.

2. Health option

Under this option, rider benefit will be triggered, in the event of the Life Assured named under the WoP rider having suffered from Accidental Total and Permanent Disability or being diagnosed with any of the covered Critical Illnesses, whichever happens first during the Rider Term.

Details regarding Accidental Total and Permanent Disability and Critical Illnesses are given below.

Accidental Total and Permanent Disability (ATPD)

The rider benefit will be applicable if the Life Assured named under the WoP rider has become totally, continuously and permanently disabled as a result of accident within the Rider Term and should mandatorily satisfy at least one condition outlined within the following three conditions:

Condition 1:

The Life Assured named under the WoP rider suffers any of the following disabilities due to an injury/Accident due to which there is total and irrecoverable disability:

- a. Loss of Use of at least two limbs
- b. Loss of Sight of both eyes
- c. Loss of hearing and loss of speech
- d. Loss of Use of four fingers and Thumb of both hands
- e. Loss of Use of one limb and sight of one eye
- f. Loss of Use of one limb and hearing
- g. Loss of Use of one limb and speech
- h. Loss of sight of one eye and speech
- i. Loss of sight of one eye and hearing
- j. Loss by severance of two or more limbs at or above wrists or ankles
- k. Loss by severance of four Fingers and Thumb of both hands
- l. Loss by severance of one limb and sight of one eye
- m. Loss by severance of one limb and hearing
- n. Loss by severance of one limb and speech

The loss of sight, loss of hearing and loss of speech are defined as follows:

1. Loss of sight means total, permanent and irreversible loss of all vision in at least one eye as a result of accident.
 - a. The Blindness is evidenced by:
 - i. Corrected visual acuity being 3/60 or less in at least one eye or;
 - ii. The field of vision being less than 10 degrees in at least one eye; and
 - b. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.
2. Loss of hearing means total and irreversible loss of hearing in both ears as a result of accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist.
T o t a l
means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.
3. Loss of speech means total and irrecoverable loss of the ability to speak as a result of injury to the vocal cords due to an accident. The inability to speak must be established for a continuous period of 12 months. This

Or,

Condition 2:

The Life Assured named under the WoP rider must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit.

Or,

Condition 3:

The Life Assured named under the WoP rider 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.

In addition to the aforementioned conditions, in order for the rider benefit to be applicable for Accidental Total & Permanent Disability (applicable Health option or Life & Health option), following additional conditions have to be satisfied:

- a. Accidental Disability must be caused within 180 days from the date of accident. Accidental Total and Permanent Disability benefit option will be applicable if the Accident occurs within the rider term set under the benefit option, but disability occurs beyond the rider term (however within 180 days from date of the accident).
- b. The disabilities as stated above must have continuously lasted, without interruption, for at least 180 days and must in the opinion of a medical practitioner, be deemed permanent. These disabilities, as stated above, must also be verified by a medical practitioner appointed by the company. However, for the disabilities mentioned in condition 1 under sub points j to n (i.e., physical severance), such 180 days period would not be applicable.
- c. The Company shall not be liable to pay the benefit, in the event of the accidental total and permanent disability of the Life Assured named under the WoP rider after 180 days from the date of accident.
- d. The WoP rider must be in force at the time of accident.

Critical Illness (CI):

The Rider Benefit will be applicable on the Life Assured named under the WoP rider being diagnosed with any of the covered critical illnesses within the rider term by a Medical Practitioner.

List of CIs covered are as follows:

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. Multiple Sclerosis with Persisting Symptoms
8. Alzheimer's Disease
9. Heart Valve Surgery (Open Heart Replacement or Repair of Heart Valves)
10. Apallic Syndrome
11. Benign Brain Tumour
12. Brain Surgery
13. Coma of Specified Severity
14. Major Head Trauma
15. Major Burns

Please refer to Appendix I for definitions of Critical Illnesses covered.

3. Life & Health option

The rider benefit will be applicable on the first occurrence of:

- The earlier of death or terminal illness of the Life Assured named under the WoP rider.
- In the event of the Accidental Total and Permanent Disability of the Life Assured named under the WoP rider.
- When the Life Assured named in the WoP rider is diagnosed with any of the covered critical illnesses

The definitions and terms & conditions with respect to Terminal Illness, Accidental Total and Permanent disability, and Critical illnesses are the same as those covered under the Life option and the Health option, as described earlier in this section.

It is important to note that for Life option, the individual named as the Life Assured under the WoP rider must be different from the Life Assured covered under the base policy or any existing riders associated with this WoP rider.

For each of the respective base policy and other subsisting rider(s), only one of the benefit options can be attached individually at any point of time. Once attached, the policyholder will not be allowed to change the benefit option through the rider term.

Illustration:

The below table shows sample annualized premiums for a 35-year male at different premium payment terms and benefit options for ₹ 1 Lac annualized premium of base policy.

Premium Payment Term of Base Policy	Life Option (Premium in ₹)		Health Option (Premium in ₹)		Life & Health option (Premium in ₹)	
	Annualized Premium ¹	Total Premiums Paid ²	Annualized Premium ¹	Total Premiums Paid ²	Annualized Premium ¹	Total Premiums Paid ²
5 years	516	2,580	563	2,815	1,029	5,145
6 years	618	3,708	686	4,116	1,252	7,512
10 years	1,104	11,040	1,298	12,980	2,338	23,380
12 years	1,391	16,692	1,670	20,040	2,989	35,868
20 years	2,815	56,300	3,534	70,680	6,241	1,24,820

In the above illustration, it is assumed that there are no underwriting extra premiums and no other riders have been attached to the base policy at the time of purchasing WoP rider.

Taxes applicable on premium will be charged extra as per prevailing tax laws.

¹Annualized Premium is the premium amount payable in a year, excluding the taxes, underwriting extra premium and loadings for modal premium, if any.

²Total Premiums Paid means the total of all the premiums received, excluding any extra premium and taxes.

Policy loan

Loan facility is not available under this Rider.

Non-Payment of Premiums: What happens if you stop paying your premiums?

At any stage if you stop paying premiums under the WoP rider along with the base policy/any applicable other rider(s), the WoP rider will lapse on expiry of grace period (as defined below in Clause 3 under Terms and Conditions) and the benefit will cease.

Revival

The WoP Rider along with the base policy / other subsisting rider which has discontinued payment of premium may be revived subject to underwriting and the following conditions:

- Where the request for revival has been received for the WoP rider along with the base policy / other subsisting rider to which the WoP rider is attached.
- The revival period applicable for WoP rider will be same as the revival period applicable to the base policy / other subsisting rider from the due date of the first unpaid premium and before the termination date of the WoP rider. Revival will be based on the prevailing BAUP.
- The Policyholder furnishes, at his/her own expense, satisfactory evidence of health of the Life Assured named under the WoP rider, if required by the prevailing BAUP.
- The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are paid. Revival interest rate will be the same as applicable for revival of base policy.

On revival of the WoP rider which had earlier lapsed along with the base policy / other subsisting rider, the benefits under this rider will be restored to its applicable benefit as at date of revival, provided the base policy / other subsisting rider is revived along with the WoP rider and request for revival is received within the Rider Term.

The revival of the WoP rider may be on terms different from those applicable to the rider before premiums were discontinued; for example, extra mortality/morbidity premiums or charges may be applicable. The revival will take effect only if it is specifically communicated by the Company to the Policyholder. The Company reserves the right to refuse to revive the rider.

Any change in revival conditions will be disclosed to policyholders.

What are the exclusions?

A. Suicide (applicable under Life option and Life & Health option):

In case of death of the Life Assured named under the WoP Rider whether sane or insane, due to suicide within 12 months:

- i. from the date of commencement of risk of the WoP Rider, the Claimant shall be entitled to higher of 80% of the total rider premiums paid till the date of death or surrender value as available on date of death, provided the Rider is in force or
- ii. from the date of revival of the WoP rider the Claimant shall be entitled to an amount which is higher of 80% of the total rider premiums paid till the date of death or the surrender value as available on the date of death provided the policy is in force.

On payment of this all rights, benefits and interests under the WoP Rider will stand extinguished.

B. The following exclusions shall apply for the Accidental Total & Permanent Disability (applicable under Health option and Life & Health options):

1. Disability arising out of a Pre-existing Disease or any complication arising therefrom. 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 risk of the benefit option issued by the company or its date of 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 risk of the benefit option issued or its date of reinstatement.

Coverage under this Rider after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and specifically accepted by the Company.

2. Disability caused due to attempted suicide, intentional self-inflicted injury or acts of self-destruction.
3. Disability caused due to any congenital external diseases, defects or anomalies or in consequence thereof
4. Disability caused by or arising from bacterial / viral infections (except pyogenic infection which occurs through an Accidental cut or wound)
5. Disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, riot, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Disability caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.

7. Disability caused by 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 Medical Practitioner.
8. Disability caused by participation of the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
9. Disability of the Life Assured whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation.
10. Disability caused by engaging in hazardous sports / pastimes, i.e., 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.
11. Disability arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
12. Certification by a Medical Practitioner who is either the Insured person(s) himself or related to the insured person(s) by blood or marriage or shares the same residence as the Life Assured.

C. The following exclusions shall apply for Critical Illness Cover (applicable under Health option and Life & Health option):

The Rider benefit will not be applicable for any listed Critical Illness condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

1. Pre-Existing Diseases 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 the policy issued by the Company or its reinstatement 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 or its reinstatement.

2. Existence of any Sexually Transmitted Disease (STD) and its related complications.
3. Self-inflicted injury, suicide, insanity and deliberate participation of the life Assured 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 willful 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 Life assured named under the WoP rider 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.

Waiting period applicable for CI Benefit

1. The benefit shall not apply or be payable in respect of any Critical Illness 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 Risk or 3 months from the WoP rider revival date where the WoP rider has lapsed for more than 3 months.
2. In the event of occurrence of any of the scenarios mentioned above, the Company will refund the premiums for the Rider and the Rider will terminate with immediate effect.
3. No waiting period applies where Critical Illness is due to accident.

Cancellation of the Rider

The benefit option(s) chosen under the rider shall be terminated by Us on the occurrence of any of the below mentioned conditions:

- i) When the Base Policy / other subsisting rider(s) to which the WoP Rider is attached terminates upon payment of death / rider contingent benefit due to any reason whatsoever
- ii) When the coverage under the Base Policy / other subsisting rider to which the WoP rider is attached expires due to cancellation or surrender or termination of the base policy / other subsisting rider due to any other reason
- iii) When the WoP rider along with the Base Policy / other subsisting rider has not been revived within the revival period
- iv) When the coverage under the Base Policy / other subsisting rider to which the WoP rider is attached lapses on account of non-payment of premiums and has not been revived within the rider term or policy period.
- v) Upon expiry of the Rider term i.e., on date of maturity
- vi) On cancellation of the WoP Rider by the Company for any reason whatsoever
- vii) On payment of free look cancellation proceeds.
- viii) On assignment of the Base policy or Subsisting Riders.

Terms & Conditions

1. Free look period: On receipt of the rider policy document, whether received electronically or otherwise, You have an option to review the terms and conditions of the rider. If You are not satisfied or have any disagreement with the terms and conditions of the rider policy or otherwise and have not made any claim, the rider 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

On cancellation of the rider during the free look period, we will return the premiums towards the rider subject to the deduction of:

- a. Stamp duty under the policy,
- b. Expenses borne by the Company on medical examination, if any
- c. Proportionate risk premium for the period of cover

The rider will terminate on payment of this amount and all rights, benefits and interests under this rider will stand extinguished.

The rider can be terminated during the Free look period either on its own or along with its base policy. In case the base policy is cancelled within free-look period, Rider will also be automatically cancelled.

2. Tax Benefits: Tax benefits may be available on premiums paid and benefits received as per prevailing tax laws. Taxes, if any, will be charged extra as per prevailing rates. Tax laws are subject to amendments made thereto from time to time. Please consult your tax advisor for more details.
3. Grace Period: If the policyholder is unable to pay an installment premium by the due date, a grace period of 15 days will be given for payment of due installment premium for monthly frequency, and 30 days will be given for payment of due installment premium for any other frequency commencing from the premium due date. The cover continues during the grace period. In case the insured event occurs during this period, the benefit applicability will be subject to terms and conditions as outlined in "Benefits in Detail" and "What are the exclusions".
4. Changes in your Rider: Sum Assured, premium payment term, and rider term and benefit option once chosen at inception of Rider cannot be changed. You have the flexibility to change the frequency of premium payment on base policy anniversary and subject to the premium payment frequency of the Rider being same as that of the Base policy.
5. Renewal Premium in Advance: Collection of renewal premium in advance shall be allowed within the same financial year for the premium due in that financial year and advance premium for base policy is also collected for the same duration. Provided, premium due in one financial year may be collected in advance in earlier financial year, for a maximum period of three months in advance of the due date of the premium. The renewal premium so collected in advance shall only be adjusted on the due date of the premium.
6. In case of any contradiction between the terms and conditions of the Base Policy Document and this Rider Document, then:
 - For the benefits applicable under the Rider Benefit Options, the Rider Terms and Conditions shall prevail; and
 - For the benefits payable under the Base Policy, the Base Policy and Subsisting Rider(s), Base Policy and Subsisting Rider terms and conditions shall prevail

7. Loadings for other than annual mode of premium payment frequency: For monthly and half-yearly modes of premium payments, additional loadings will be applied to the base premium and the extra mortality/morbidity premium. The additional loadings, expressed as a percentage of the annual premium will be as given below.

Mode of Premium Payment	Loading (% of Annual Premium)
Yearly	0.0%
Half-yearly	2.5%
Monthly	4.5%

8. Nomination: Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time. Details of nomination will be as mentioned for the Base Policy. For more details on this section, please refer to our website.
9. Section 41: In accordance with 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.
10. Section 45: 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do

so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

In case of fraud or misstatement, the policy shall be cancelled immediately by paying the unexpired risk premium value, subject to the fraud or misstatement being established by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

11. For further details, please refer to the policy document.
12. 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.iciiprulife.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@iciiprulife.com or 1800-2660

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.iciiprulife.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 55255 (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.iciiprulife.com/services/grievance-redressal.html> for more details.

Appendix 1

1. Cancer of Specified Severity:

A malignant tumor characterized 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 –

- a) All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3;
- b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- c) Malignant melanoma that has not caused invasion beyond the epidermis;
- d) 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.
- e) All Thyroid cancers histologically classified as T1N0M0 (TNM classification) or below;
- f) Chronic lymphocytic leukaemia less than RAI stage 3;
- g) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- h) 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. Myocardial Infarction (First Heart Attack of Specified Severity):

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:

- 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 is 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:

- a) Transient ischemic attacks (TIA)
- b) Traumatic injury of the brain
- c) 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 (haemodialysis 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:

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

7. Multiple Sclerosis with Persisting Symptoms:

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

- a) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

- b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months

Neurological damage due to SLE is excluded.

8. 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

9. Heart Valve Surgery (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.

10. 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 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)

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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.

11. Benign Brain Tumor:

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.

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

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.

12. 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.

13. 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.

14. 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:

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

The following is excluded:

- a) Spinal cord injury

15. Third degree Burns (Major Burns) 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.

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.



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 am to 7.00 pm

Monday to Saturday, except National Holidays.

To know more, please visit www.iciciprulife.com

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Public receiving such phone calls are requested to lodge a police complaint.