

The new

《《《 SUPER PROTECTOR 》》》

LIFE PLAN



Payout for your family in
your absence



Payout to you in case of
34 major illnesses like Heart Attack,
Cancer, Kidney Failure, etc.



You strive to provide comfort, happiness, and security to your family and you would want your family's future to be secure at all times.

ICICI Pru iProtect Smart gives you the flexibility to design your safety net so that you can protect your family's future to ensure that they lead their lives comfortably without any financial worries, even in your absence. This plan offers you the option to enhance your coverage against Accidental Death and Critical Illnesses and hence ensuring a 360 degree cover on your life.

Key features



Enhanced protection: Coverage against death, terminal illness and disability



Comprehensive additional benefits: Boost your protection cover by choosing Accidental Death Benefit and Critical Illness Benefit



Special premium rates for non-tobacco users



Need based benefit payout: Choose to receive the benefit amount as a lump sum or as monthly income for 10 years



Flexibility to pay premiums once, for a limited period or throughout the policy term



Tax benefits: on premiums paid and benefits received as per the prevailing tax laws

Key benefits for women







Special premium rates



Covers female organ cancers such as breast cancer and cervical cancer

How does this plan protect you

You can choose your level of protection by selecting one of the below benefit options:

Benefit Option	Benefits
 Life	Death Benefit + Terminal Illness + Waiver of Premium on permanent disability
 Life Plus	Death Benefit + Terminal Illness + Waiver of Premium on permanent disability + Accidental Death Benefit
 Life & Health	Death Benefit + Terminal Illness + Waiver of Premium on permanent disability + Critical Illness Benefit
 All in One	Death Benefit + Terminal Illness + Waiver of Premium on permanent disability + Accidental Death Benefit + Critical Illness Benefit

Benefits in detail



Life Option

1. We will pay the Death Benefit (DB) to your nominee/legal heir, on the first occurrence of either
 - Death of the Life Assured, or
 - Diagnosis of Terminal IllnessThe policy will terminate on payment of this benefit. Death Benefit is the Sum Assured chosen by you.
2. On diagnosis of Permanent Disability (PD) due to an accident, the future premiums under your policy for all benefits are waived. We understand that paying future premiums to continue your life cover may be a burden in case of a disability. That is why this feature ensures that you do not need to pay your future premiums to continue your protection.



Life Plus Option

In addition to the benefits under the Life Option, you are also covered for Accidental Death (AD) Benefit. In case of death due to an accident, we will pay your nominee/legal heir AD Benefit as lump sum. This benefit ensures that you enhance your coverage significantly at very affordable rates. The policy will terminate on payment of these benefits.



Life & Health Option

In addition to the benefits under the Life Option, you are also covered for the Critical Illness (CI) Benefit. The CI Benefit offers you coverage against 34 critical illnesses. When a major illness strikes, it can place a huge burden on your family, not only because of the cost of medical care but also because you may not be able to work. To protect you against this, we will pay you the CI Benefit, as a lump sum to meet your financial needs. The benefit is payable irrespective of the actual expenses incurred by the policyholder.

This benefit is payable, on first occurrence of any of the covered 34 illnesses. The CI Benefit, is accelerated and not an additional benefit which means, the policy will continue with the Death Benefit reduced by the extent of the CI Benefit paid. Premium payment on account of CI Benefit will cease after payout of CI Benefit and the future premiums payable under the policy for death benefit will reduce proportionately. If CI Benefit paid is equal to the Death Benefit, the policy will terminate on payment of the CI Benefit. In case of incidences covered under accidental Permanent Disability as well as Critical Illness, benefits shall be paid out under both the options.



All in One Option

In addition to the benefits under Life Option, you are covered for both Accidental Death Benefit and Critical Illness Benefit.

Critical Illnesses Covered

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

Please read the definitions and exclusions mentioned in the Terms & Conditions.

*The CI Benefit for Angioplasty is subject to a maximum of ₹ 5,00,000. On payment of Angioplasty, if the CI Benefit is more than ₹ 5,00,000 the policy will continue for other CIs with CI Benefit reduced by Angioplasty payout. The future premiums payable for the residual CI Benefit will reduce proportionately.

Death Benefit payout options

ICICI Pru iProtect Smart provides the flexibility to take the Death Benefit in a way that meets your financial requirement. The Death Benefit can be taken as:

1. **Lump sum:** the entire benefit amount is payable as a lump sum
2. **Income:** 10% of the benefit amount is payable every year for 10 years. This will be paid in equal monthly installments in advance at the rate of 0.8333% of total benefit amount. The beneficiary can also advance the first year's income as lump sum. The monthly income will start from the subsequent month for 9 years at the rate of 0.80% of the total benefit amount.
3. **Increasing Income:** The benefit amount is payable in monthly installments for 10 years starting with 10% of the benefit amount per annum in the first year. The income amount will increase by 10% per annum simple interest every year thereafter.

At any time, your beneficiary will have the option to convert all or some of his monthly income into a lump sum. The lump sum amount will be the present value of future payouts calculated at a discount rate of 4% p.a.

Life stage protection

Responsibilities change with time and your protection cover should match those responsibilities. ICICI Pru iProtect Smart offers the flexibility to increase the level of protection at key life stages of marriage and child birth, without any medicals as below.

Event	Additional Death Benefit (percentage of original Death Benefit)	Maximum additional Death Benefit allowed
Marriage	50%	₹ 50,00,000
Birth / Legal adoption of 1 st child	25%	₹ 25,00,000
Birth / Legal adoption of 2 nd child	25%	₹ 25,00,000

Additional premium will be calculated based on the increased Sum Assured and outstanding policy term. This feature is only available for Life Option.

Eligibility conditions

Minimum / Maximum age at entry	18 / 65 years			
Minimum / Maximum age at maturity	23 / 75 years			
Minimum / Maximum Policy Term	Benefit Option	Regular Pay	Limited Pay	Single Pay
	Life	5 - 40 years	10 - 40 years	5 - 20 years
	Life Plus	5 - 40 years	10 - 40 years	5 - 20 years
	Life & Health	5 - 30 years	10 - 30 years	NA
	All in One	5 - 30 years	10 - 30 years	NA
Premium Payment Options	Single Pay, Regular Pay, Limited Pay			
Premium Payment Terms	Single Pay: Single Regular Pay: Same as Policy Term Limited Pay: Policy Term – 5 years			
Minimum Premium	₹ 2,400 p.a. excluding service tax and cesses, as applicable, for Life Option.			
Accidental Death Benefit	Equal to Sum Assured chosen by you, subject to a maximum limit as per the Company policy			
Critical Illness (CI) Benefit	Minimum: ₹ 1,00,000 Maximum: As per the Company policy			
Minimum Sum Assured	Subject to the minimum premium			
Maximum Sum Assured	Unlimited			
Mode of Premium Payment	Single, Yearly, Half-yearly and Monthly			

Safeguard your Family's future in 3 steps

- 1 Decide the amount of protection you need
- 2 Enhance your policy by selecting from the additional benefits
- 3 Choose your policy term and premium payment term

Illustrations

Priya is a 32 years old marketing consultant. She has availed a loan for buying a house. Realising the need for protection in her fast-paced life, Priya wants to be well prepared for unforeseen circumstances in life. ICICI Pru iProtect Smart provides the perfect solution for her needs.

Priya takes ICICI Pru iProtect Smart with a base cover of ₹ 1 Crore and a CI Benefit of ₹ 25 lakh. She pays an annual premium of ₹ 15,334.

Priya is diagnosed with Critical Illness. ₹ 25 lakh is paid as a lump sum and the Policy continues with reduced Sum Assured of ₹ 75 lakh. The subsequent premiums are proportionately reduced to ₹ 6,932 p.a.

On Priya's unfortunate death, her nominee gets lump sum death benefit of ₹ 75 lakh and the Policy terminates.



Anil is a 35 years old project manager in an IT company. Anil wants to ensure that his wife, three year old son and retired father live a comfortable life in case of his untimely death. He chooses ICICI iProtect Smart of with a Death Benefit of ₹ 1.5 crore with an Income option which will ensure an adequate monthly income for his family.

Anil takes ICICI Pru iProtect Smart for a base cover of ₹ 1.5 Crore. He pays an annual premium of ₹ 17,434

After Anil's death his policy ensures a monthly income of ₹ 1,25,000 for 10 years to his family.



Maturity or paid-up or survival benefit

There is no maturity, paid-up value or survival benefit available under this product.

Surrender

Surrender value is applicable only for Single Pay policies. You can surrender your policy and get the surrender benefit as stated below from year 1.

Surrender Value = (Single Premium* Surrender value factor/100)

Terms & Conditions

1

Free look period

If you are not satisfied with the policy, you may cancel it by returning the policy document to the Company within:

- 15 days from the date you received it, if your policy is not purchased through Distance marketing*
- 30 days from the date you received it, if your policy is purchased through Distance marketing*

On cancellation of the policy during the free look period, we will return the premium paid subject to the deduction of:

- a. Stamp duty paid under the policy,
- b. Expenses borne by the Company on medical examination, if any

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

*Distance marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

2

Life stage protection

The policy has to be in force at the time of availing this feature. This feature needs to be exercised within 6 months from the date of the event and only if no claim for any benefit under the policy has been administered. This feature is available to the Life

Assured underwritten as a standard life at the time of inception of the policy. The insured life has to be less than 50 years of age at the time of opting for this feature. This feature is available for Regular Pay policies only with Life Option.

3

Terminal Illness

A Life Assured shall be regarded as Terminally Ill only if that Life Assured 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' registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment. Terminal illness due to AIDS is excluded. The definition of medical practitioner will be in line with Guidelines on Standardization in Health Insurance, and as defined below:

A Medical Practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage.

4

Permanent Disability (PD) due to accident

On occurrence of PD due to accident, while the policy is in force, all future premiums for all benefits under the policy are waived. PD will be triggered if the Life Assured is unable to perform 3 out of the 6 following Activities of Daily Work:

- Mobility: The ability to walk a distance of 200 meters on flat ground.
- 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.

- Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- 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.
- Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
- 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.

For the purpose of PD, the following conditions shall apply:

1. The disability should have lasted for at least 180 without interruption from the date of disability and must be deemed permanent by a Company empanelled medical practitioner.
2. PD due to accident should not be caused by the following:
 - Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or
 - 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
 - The Life Assured with criminal intent, committing any breach of law; or
 - Due to war, whether declared or not or civil commotion; or
 - 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.
3. PD due to accident must be caused by violent, external and visible means.
4. The accident shall result in bodily injury or injuries to the Life Assured 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 PD of the Life Assured. In the event of PD of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit.
5. The policy must be in-force at the time of accident.
6. The Company shall not be liable to pay this benefit in case PD of the Life Assured occurs after the date of termination of the policy.

5

Accidental Death Benefit

For the purpose of Accidental Death Benefit payable on accident the following conditions shall apply:

- a. Death due to accident should not be caused by the following:
 - Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; or
 - 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

- The Life Assured with criminal intent, committing any breach of law; or
- Due to war, whether declared or not or civil commotion; or
- 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.

- b. Death due to accident must be caused by violent, external and visible means.
- c. The accident shall result in bodily injury or injuries to the Life Assured 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 Life Assured. In the event of the death of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit.
- d. The policy must be in-force at the time of accident.
- e. The Company shall not be liable to pay this benefit in case the death of the Life Assured occurs after the date of termination of the policy.

6

Critical Illnesses definitions and exclusions

1. Cancer of Specified Severity:

A malignant tumour 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 & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

1. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or noninvasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
2. Any skin cancer other than invasive malignant melanoma
3. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
5. Chronic lymphocytic leukaemia less than RAI stage 3
6. Microcarcinoma of the bladder
7. All tumours in the presence of HIV infection.

2. Open Chest CABG:

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:

1. Angioplasty and/or any other intra-arterial procedures
2. any key-hole or laser surgery

3. 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 this will be evidenced by all of the following criteria:

1. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
2. new characteristic electrocardiogram changes
3. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

1. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
2. Other acute Coronary Syndromes
3. Any type of angina pectoris.

4. 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.

5. Surgery to 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.

6. 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.

7. Primary Pulmonary hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the Life Insured being unable to perform his / her usual occupation.

The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):

1. Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain.
2. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
3. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
4. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

8. Angioplasty

Means the actual undergoing for the first time of Coronary Artery Balloon Angioplasty and /or the insertion of a stent to correct a narrowing of minimum 60% stenosis, of one or more major Coronary arteries as shown by Angiographic evidence.

The revascularisation must be considered medically necessary by a consultant Cardiologist.

Coronary arteries herein refer only to Left Main Stem, Left Anterior Descending, Circumflex and Right Coronary Artery.

Intra Arterial investigative procedures and Diagnostic Angiography are not included.

Evidence required: In addition to the other documents, the Company shall require the following:

- Coronary Angiography Report – Pre and post Angioplasty or Other Invasive Treatment as defined above

Discharge Card of the hospital where the procedure was done

9. Blindness

Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an Ophthalmologist.

10. Chronic Lung Disease:

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

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

The diagnosis must be confirmed by a respiratory physician.

11. 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.

12. 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.

13. Major Organ / Bone Marrow Transplant

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

14. 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 will be in line with Guidelines on Standardization in Health Insurance and as defined below:

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.

15. Benign Brain Tumour:

A benign intracranial tumour where the following conditions are met:

- (i) The tumour is life threatening;
- (ii) It has caused damage to the brain; and
- (iii) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit.

The following are excluded: cysts, granulomas, vascular malformations, haematomas, tumours of the pituitary gland or spine, tumours of the acoustic nerve, Calcification, Meningiomas.

Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

16. 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.

17. 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:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- 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.

18. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than six (6) weeks (and documented for at least 3 months) from the date of the Accident. This diagnosis must be confirmed by a Registered Medical practitioner who is also a neurologist and 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 resultant permanent functional impairment must result in an inability to perform at least 3 of the Activities of Daily Living as defined in the policy either with or without the aid of mechanical equipment, special devices or other aids or adaptations

The following are excluded:

- (a) Spinal cord injury; and
- (b) Head injury due to any other causes.

The Activities of Daily Living are:

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.

19. 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.

20. 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.

21. Alzheimer's Disease

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a neurologist and supported by the Company's appointed doctor.

The following are excluded:

- (i) Non-organic disease such as neurosis and psychiatric illnesses; and
- (ii) Alcohol-related brain damage
- (iii) Any other type of irreversible organic disorder/dementia

22. 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.

23. Multiple Sclerosis with persisting symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- 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, and
- iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

24. 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 Life Assured 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.

25. 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.

26. 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.

27. Loss of Independent Existence

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living

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.

28. Loss of Limbs

The loss by severance of two or more limbs, at or above the wrist or ankle. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

29. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound threshold tests provided and certified by an Ear, Nose, and Throat (ENT) specialist. Total means "the loss of at least 80 decibels in all frequencies of hearing" in both ears.

30. 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.

All psychiatric related causes are excluded.

31. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

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

Isolated or benign kidney cysts are specifically excluded from this benefit.

32. 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.

33. Major Burns

Third degree (i.e. full thickness skin destruction) burns covering at least twenty percent (20%) of the total body surface area.

The condition should be confirmed by a Consultant Physician. Burns arising due to self-infliction are excluded.

34. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- 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.

Waiting period for Critical Illness Benefit:

- The benefit shall not apply or be payable in respect of any Critical Illness of 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 Policy issue date or 3 months from the policy reinstatement date where the policy has lapsed for more than 3 months.

- In the event of occurrence of any of the scenarios mentioned above, or In case of a death claim, where it is established that the Life Assured was diagnosed to have any one of the covered critical illness during the waiting period for which a critical illness claim could have been made, the Company will refund the premiums corresponding to the CI Benefit from risk commencement date of the policy or from the date of reinstatement as applicable and the CI Benefit will terminate with immediate effect.

- If the Death Benefit is equal to the CI Benefit, the policy will terminate and all premiums will be refunded.

- Otherwise, Death Benefit equal to CI Benefit will be reduced, and corresponding proportionate premium for Death Benefit will be refunded. The policy will continue with Death Benefit reduced by the extent of the CI Benefit. All future premiums for Death Benefit will be reduced proportionately.

- No waiting period applies where Critical Illness is due to accident.

Exclusions for Critical Illness Benefit: No CI 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:

- Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. Pre-Existing is any condition for which the Life Assured had signs, or symptoms, and/ or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the Company will be excluded.
- Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV)
- Self-inflicted injury, suicide, insanity and deliberate participation of the life insured in an illegal or criminal act.
- Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- 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.
- Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft.
- Taking part in any act of a criminal nature.
- 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.
- Radioactive contamination due to nuclear accident.
- Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- Any treatment of a donor for the replacement of an organ.
- A congenital condition of the insured.

7 Death Benefit Payout Options

The monthly income will only be payable electronically.

8 Tax benefits

Tax benefits under the policy are subject to conditions u/s 80C and 80D of the Income Tax Act, 1961. Service tax and cesses, as applicable will be charged extra, as per applicable rates. The tax laws are subject to amendments from time to time.

9 Suicide clause

If the Life Assured whether sane or insane, commits suicide within one year from the date of commencement of this policy, the policy shall be void and the policy will terminate. The Company will refund 80% of the premium and all rights, benefits and interests under this policy will stand extinguished.

In the case of a reinstated Regular Pay and Limited Pay policies, if the Life Assured, whether sane or insane, commits suicide within one year from the date of reinstatement of the policy the Company will refund 80% of the premiums paid post revival.

10 Grace period

A grace period for payment of premium of 15 days applies for monthly premium payment mode and 30 days for other modes of premium payment. If the premium is not paid within the grace period, the policy shall lapse and cover will cease.

11 Limited pay option

Premiums need to be paid only for the chosen premium payment term. Once premiums have been paid for the premium payment term, the policy benefits will continue for the term of the policy.

12 Premium discontinuance

If the premium is not paid either on the premium due date or within the grace period, all benefits under this policy will cease.

13 Policy revival

A policy which has discontinued payment of premium may be revived subject to underwriting and the following conditions:

- The application for revival is made within 2 years from the due date of the first unpaid premium and before the termination date of the policy. Revival will be based on the prevailing Board approved underwriting policy.
- The Policyholder furnishes, at his own expense, satisfactory evidence of health of the Life Assured as required by the prevailing Board approved underwriting policy.

- The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are paid. The revival of the policy may be on terms different from those applicable to the policy before premiums were discontinued; for example, extra mortality premiums or charges may be applicable.
- The Company reserves the right to refuse to re-instate the policy. The revival will take effect only if it is specifically communicated by the Company to the Policyholder.

For CI Benefit, a waiting period of 3 months will be applicable for any revivals after 3 months from the due date of the first unpaid premium. No waiting period will be applicable for any revival within 3 months of the due date of the first unpaid premium.

Any change in revival conditions will be subject to prior approval from IRDAI and will be disclosed to policyholders.

14. No loans are allowed under this policy.

15. The bases for computing Surrender Value factors will be reviewed from time to time and the factors applicable to existing business may be revised subject to the prior approval of the IRDAI.

16 Nomination Requirements

Nomination in the 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.

17 Assignment Requirements

Assignment in the 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.

18 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.

19 Fraud and misrepresentation

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

About ICICI Prudential Life Insurance

ICICI Prudential Life Insurance Company is a joint venture between ICICI Bank, a premier financial powerhouse, and Prudential plc, a leading international financial services group. ICICI Prudential began its operations in December 2000 after receiving approval from Insurance Regulatory Development Authority of India (IRDAI).

ICICI Prudential Life Insurance has maintained its focus on offering a wide range of flexible products that meet the needs of the Indian customer at every step in life.



For more information:

Customers calling from any where in India, please dial **1860 266 7766**
Do not prefix this number with "+" or "91" or "00" (local charges apply)
Customers calling us from outside India, please dial **+91 22 6193 0777**

Call Centre Timings: 10.00 am to 7.00 pm
Monday to Saturday, except National Holidays.
To know more, please visit **www.iciciprulife.com**

ICICI Prudential Life Insurance Company Limited. IRDAI Regn. No. 105. CIN: U66010MH2000PLC127837.

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IRDAI clarifies to public that:

- IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
- IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.