

ICICI PRUDENTIAL LIFE INSURANCE

ICICI Pru Group Loan Secure

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

We understand the importance of securing loved ones from the burden of repaying the loan by protecting against death, terminal illness, accidental death, critical illness or total and permanent disability.

To provide this protection, **ICICI Pru Group Loan Secure** offers customised solutions to members of lender-borrower groups. The product would be offered to lender-borrower groups such as banks, non-banking financial companies, housing finance companies, micro-finance institutions and other such financial institutions.

Key Features



Comprehensive benefit options:

A comprehensive plan which offers multiple options to cover death and terminal illness, accidental death, critical illness and disability.



Choice of coverage options:

Flexibility to choose between various reducing cover options. Moratorium periods of 3 and 7 years are available, wherein level cover is offered during the moratorium period.



Wide range of coverage terms:

Flexibility to choose coverage term up to a maximum of 30 years.



Choice of premium payment terms:

Choose to pay premium only once or for a limited period of 5 or 10 years as per your convenience.



Tax benefits:

Get tax benefits on the premiums paid and benefits received under the policy, as per the prevailing Income Tax laws.

Advantages to you as a Financial Institution

- Protect your ability to recover the loan in the event of the death and terminal illness, accidental death, critical illness or total and permanent disability of the borrower
- Simple administration process of addition of new members

ICICI Pru Group Loan Secure at a glance



Premium Payment Terms

Single Pay (SP), Limited Pay – 5 years (LP-5),
Limited Pay – 10 years (LP-10)



Minimum / Maximum Age at Entry

14 / 70 years (Age completed birthday)
For Critical Illness (CI) Benefit: 18 / 65 years
(Age completed birthday)



Minimum / Maximum Age at Maturity

16 / 75 years (Age completed birthday)
For CI Benefit: 20 / 75 years (Age completed birthday)



Minimum Sum Assured

Premium Payment Term	For benefits other than CI Benefit (per member)	For CI Benefit (per member)
SP	₹ 10,000	₹ 10,000
LP – 5	₹ 5,00,000	₹ 5,00,000
LP – 10	₹ 20,00,000	₹ 5,00,000

ICICI Pru Group Loan Secure at a glance (Cont...)

Basic Benefit	Death Benefit with Accelerated Terminal Illness Benefit

Additional Benefit options	Quantum of benefit	Benefit term
Additional Accidental Death (AD) Benefit	Equal to Death Benefit	Member's coverage term
Accelerated CI Benefit	Equal to Death Benefit	7 / 12 years or coverage term, whichever is lower
Accelerated Total and Permanent Disability (TPD) Benefit	Equal to Death Benefit	Member's coverage term

Coverage Options	Reducing / Reducing after 3 years / Reducing after 7 years

ICICI Pru Group Loan Secure at a glance (Cont...)

Policy / Coverage Terms*

Coverage options	SP	LP - 5	LP - 10
Reducing cover	2 - 20, 25, 30	8 - 20, 25, 30	15 - 20, 25, 30
Reducing after 3 years	5 - 20, 25, 30	8 - 20, 25, 30	15 - 20, 25, 30
Reducing after 7 years	10 -20, 25, 30	10 - 20, 25, 30	15 - 20, 25, 30

Premium Payment Mode for Limited Pay (LP) options

Yearly, half-yearly, quarterly and monthly

Grace Period at member level for LP options

For monthly mode of premium payment: 15 days
Otherwise: 30 days

Tax Benefit

Tax benefits may be available as per the prevailing Tax laws. We recommend that you seek professional advice for applicability of tax benefit on premium paid and benefits received.
Taxes: Goods and Services tax and applicable cesses, if any will be charged extra, as applicable. The tax laws are subject to amendments from time to time

* The coverage term at inception shall not be more than the outstanding loan tenure.
Premium and Benefits will vary depending upon the cover option chosen.

ICICI Pru Group Loan Secure – Coverage options in detail

The Sum Assured in the plan is the level of cover chosen by the individual members at the inception of the cover. The Death Benefit is equal to the Sum Assured at the inception of the cover and reduces during the individual members' coverage term as per the applicable coverage schedule.

Moratorium period of 3 and 7 years are available wherein Death Benefit is level during the moratorium period selected, and reduces thereafter as per the coverage schedule. The benefits payable will be as set out in the member's Certificate of Insurance, irrespective of the loan repayments actually made by the member and the outstanding loan amount.

ICICI Pru Group Loan Secure – Benefits for your members

Benefit payable on death or terminal illness: Benefit will be payable on earlier of death or diagnosis of Terminal Illness of the individual member, before the end of the member's coverage term or loan foreclosure, whichever is earlier. The Sum Assured of the member (for basic death or terminal illness benefit) cannot be greater than the total outstanding loan amount at that time. Death or terminal illness Benefit is equal to Sum Assured at the time of member's cover inception and reduces during the coverage term as per the coverage schedule. On payment of this benefit, member's risk cover will cease. In the event of death of the Member or diagnosis of terminal illness on the Date of Termination of Cover or Terminal Date whichever is earlier, then death benefit shall not be payable. The Member Cover shall terminate with all rights and benefits thereunder.

Additional Accidental Death (AD) Benefit: AD Benefit is equal to Death Benefit. If this benefit is selected, in case of death of the member due to accident, AD Benefit will be payable in addition to Death Benefit. On payment of this benefit, member's risk cover will cease. In the event of the Member meets with an accident on the Date of Termination of Cover or Terminal Date resulting in the death of the Member, then this benefit shall not be payable. The Member Cover shall terminate with all rights and benefits thereunder.

Accelerated Critical Illness (CI) Benefit: CI Benefit will be equal to Death Benefit. If this benefit is selected, CI Benefit will be payable on the individual member being diagnosed with a covered Critical Illness. CI cover for the individual members will be only for the first seven / twelve coverage years, as chosen, or the individual member's coverage term, whichever is lower. On payment of this benefit, member's risk cover will cease.

In the event the Member is diagnosed with any of the covered Critical Illnesses on the Date of Termination of ACI Cover or Terminal Date, then this benefit shall not be payable. The Member Cover shall terminate with all rights and benefits thereunder.

Accelerated Accidental Total and Permanent Disability (TPD) Benefit: Accidental TPD Benefit will be equal to Death Benefit. If this benefit is selected, TPD Benefit will be payable on the individual member being regarded as Totally and Permanently Disabled due to an accident. On payment of this benefit, member's risk cover will cease.

In the event of an accident on the Date of Termination of Cover or Terminal Date resulting in the total or permanent disability of the Member, then this benefit shall not be payable. The Member Cover shall terminate with all rights and benefits thereunder.

Surrender Value: In case of surrender of the Master Policy by the Master Policyholder or foreclosure of the loan or transfer of loan to another financial institution , the members of the group shall have an option to surrender or to continue the cover as an individual policy for the full Coverage Term. . At member level, a Surrender Value will be payable under the following circumstances:

- In the event the Member chooses not to continue the cover upon surrender of the Master Policy being by the Master Policyholder,
- On surrender of membership due to full prepayment of loan,
- If the member discontinues paying premiums and does not revive his / her membership in the revival period
- If any claim is triggered in the revival period
- In the event of death of member/life assured post full prepayment of loan

Upon Member level surrender, the unexpired risk premium will be paid as surrender value and on payment of surrender value the cover of the Member under the Master Policy will cease and all rights, benefits and interests of the Member under the policy will stand extinguished.

For more information on surrender value , refer to Policy Document and Certificate of Insurance

Grace period: Under the Limited Pay option, a grace period is available at individual member level. A grace period of 15 days is allowed for payment of premium for monthly frequency and 30 days is allowed for other frequencies commencing from the premium due date. If the due premium is not paid before the end of grace period, the individual member's cover will lapse and the risk cover of the member will cease. The life cover continues during the Grace Period. In case the Life Assured suffers from any of the contingencies covered under the policy during the Grace Period, applicable Benefit will be payable.

Revival: An individual member's cover, which has lapsed for non-payment of premium within the grace period, may be revived within five years from the due date of the first unpaid premium. The Member furnishes, at his own expense, satisfactory evidence of health 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. Revival interest rates will be set monthly and is equal to 150 basis points in addition to the prevailing yield on 10 year Government Securities. The yield on 10 year Government Securities will be sourced from www.bloomberg.com. The interest rate applicable in August 2024 is 8.36% p.a. compounded half yearly.The revival interest rate will be reviewed on the 15th day of every month by the company based on the 10-year G-Sec yield of one day prior to such review. If the Member cover is not revived within this period then the applicable member surrender value will be paid and the member's cover will terminate. If the Member was covered for CI Benefit, a waiting period of 3 months will be applicable post revival of the cover, unless explicitly

Terms & Conditions

1. **Suicide clause:** If a member whether sane or insane, commits suicide within 12 months from the date of commencement of insurance cover, Higher of 80% of the total premium paid till the date of death or the surrender value available as on date of death in respect of such a member shall be payable.

   If a member whether sane or insane, commits suicide within 12 months from the date of revival of insurance cover for that member, Higher of 80% of the total premiums paid till the date of death or member's surrender value available as on date of death, in respect of such a member will be payable.

   On the above payment, the member's cover will terminate and all rights, benefits and interests of the member under the Master Policy will stand extinguished.

2. **Freelook period:** You/ the Master Policyholder have an option to review the policy following the receipt of the Certificate of Insurance/ Policy Document respectively whether electronically or otherwise. If You/ the Master Policyholder disagrees with the terms and conditions of the policy or otherwise and has not made any claim, please return the Certificate of Insurance / Policy Document to the company, with reasons for cancellation within 30 days from the date you receive it.

   On cancellation during the freelook period, we will return the premiums paid, subject to the deduction of:

   - Stamp duty
   - Expenses borne by the Company on medical examination, if any
   - Proportionate risk premium for the period of cover

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

Terms & Conditions (Cont...)

3. Tax benefits:

Tax benefits may be available as per the prevailing Tax laws. We recommend that you seek professional advice for applicability of tax benefit on premium paid and benefits received.

4. Benefit option, coverage option, Sum Assured, premium payment term, coverage term and premium payment mode cannot be changed during the individual member's coverage term.

5. Conditions and Exclusions:

Critical Illnesses (CIs) definitions and exclusions

Sr. No.	Critical Illness	Categories
1	Cancer of specified severity	Cancer
2	Open Chest CABG	Heart and Artery Benefit
3	Myocardial Infarction (First Heart Attack - of specified severity)	
4	Heart Valve Surgery (Open Heart Replacement or repair of Heart Valves)	
5	Surgery to aorta	
6	Cardiomyopathy	
7	Primary (Idiopathic) Pulmonary hypertension	
8	Blindness	Major Organ Benefit
9	End stage Lung Failure (Chronic Lung Disease)	
10	End stage Liver Failure (Chronic liver disease)	
11	Kidney Failure requiring regular dialysis	
12	Major Organ / Bone Marrow Transplant	
13	Apallic Syndrome	Brain and Nervous System Benefit
14	Benign Brain Tumour	
15	Brain Surgery	
16	Coma of specified severity	
17	Major Head Trauma	
18	Permanent Paralysis of Limbs	
19	Stroke resulting in permanent symptoms	
20	Alzheimer's Disease	
21	Motor Neurone Disease with Permanent Symptoms	
22	Multiple Sclerosis with Persisting Symptoms	
23	Muscular Dystrophy	
24	Parkinson's Disease	
25	Poliomyelitis	
26	Loss of Independent Existence	

Terms & Conditions (Cont...)

5. Conditions and Exclusions:

Critical Illnesses (CIs) definitions and exclusions

Sr. No.	Critical Illness	Categories
27	Loss of Limbs	Others
28	Deafness	
29	Loss of Speech	
30	Medullary Cystic Disease	
31	Systematic lupus Eryth. w. Renal Involvement	
32	Third degree Burns (Major Burns)	
33	Aplastic Anaemia	

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. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

1. All tumors 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 and CIN-3.
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
3. Malignant melanoma that has not caused invasion beyond the epidermis;
4. 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
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
6. Chronic lymphocytic leukaemia less than RAI stage 3
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
8. 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;

Terms & Conditions (Cont...)

2. 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 a 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.

Excluded are:

1. Angioplasty and/or any other intra-arterial procedures

3. 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:

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. Other acute Coronary Syndromes
2. Any type of angina pectoris
3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

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

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

The NYHA Classification of Cardiac Impairment are as follows:

1. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
2. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

8. Blindness

Total and irreversible loss of sight in both eyes as a result of illness or accident. The Blindness is evidenced by:

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

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

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

Terms & Conditions (Cont...)

9. End stage Lung Failure (Chronic lung disease):

End stage lung disease causing chronic respiratory failure, as confirmed and evidenced by all of the following:

1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO2 < 55mmHg$); and
4. Dyspnea at rest.

10. End stage Liver Failure (Chronic liver disease):

Permanent and irreversible failure of liver function that has resulted in all three of the following:
(a) Permanent jaundice;
(b) Ascites; and
(c) Hepatic encephalopathy.
Liver failure secondary to drug or alcohol abuse is excluded.

11. 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.

12. Major Organ / Bone Marrow Transplant

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.
iii. The following are excluded:
   a. Other stem-cell transplants
   b. Where only islets of langerhans are transplanted

13. Apallic Syndrome:

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

Terms & Conditions (Cont...)

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

i) has qualified nursing staff under its employment round the clock;

ii) 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;

iii) has qualified medical practitioner(s) in charge round the clock;

iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;

v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

14. Benign Brain Tumour:

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

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

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

The following conditions are excluded:

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

15. Brain Surgery

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

16. Coma of Specified Severity:

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This

diagnosis must be supported by evidence of all of the following:

- 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.

17. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the Accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The following are excluded:

(a) Spinal cord injury;

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.

18. Permanent Paralysis of Limbs

Terms & Conditions (Cont...)

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

19. 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.

20. 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:

- non-organic diseases such as neurosis;
- alcohol related brain damage; and

- any other type of irreversible organic disorder/dementia

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.

21. 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 anteriorhorn 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.

22. Multiple Sclerosis with Persisting Symptoms

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

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

2) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. Other causes of neurological damage such as SLE are excluded.

23. Muscular Dystrophy

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

(a) Family history of other affected individuals;

(b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild

tendon reflex reduction;
(c) Characteristic electromyogram; or
(d) Clinical suspicion confirmed by muscle biopsy.

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

24. Parkinson's Disease

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

(a) cannot be controlled with medication;
(b) shows signs of progressive impairment; and
(c) Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

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

25. 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.

26. Loss of Independent Existence

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

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

Activities of Daily Living:

Terms & Conditions (Cont...)

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.

27. Loss of Limbs

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

28. Deafness

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

29. 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.

30. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

a) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;

b) clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and

c) the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

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

31. 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
ClassVI-Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

32. 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.

33. Aplastic Anaemia

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

(a) Blood product transfusion;

(b) Marrow stimulating agents;

(c) Immunosuppressive agents; or

(d) Bone marrow transplantation.

Terms & Conditions (Cont...)

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.

Accelerated Accidental Total and Permanent Disability

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

The total and permanent loss of use of both hands, or both feet, or both eyes, or a combination of any two, will also result in the Member being regarded as totally and permanently disabled.

OR

To be regarded as totally and permanently disabled, the Member must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit.

OR

To be regarded as totally and permanently disabled, the Member must be unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily 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.

The above disability must have lasted without interruption for at least six consecutive months and must be deemed permanent by an appropriate medical practitioner appointed by the company.

Waiting period for CI Benefit

Terms & Conditions (Cont...)

1. 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 date of commencement of cover of member or 3 months from the member's cover reinstatement date where the member cover has lapsed for more than 3 months.
2. 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 Member 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 premium for that member and member's cover will terminate with immediate effect.
3. No waiting period applies where Critical Illness is due to accident.

Exclusions for CI 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 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 first policy issued by the Company or its reinstatement.
  - 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
  - iii) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition.
- Existence of any Sexually Transmitted Disease (STD) and its related complications
- Self-inflicted injury, suicide, insanity and deliberate participation of the Member 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.

Terms & Conditions (Cont...)

- 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 Member 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

For AD Benefit the following conditions apply:

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 Member 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 Member 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 Member independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the death of the Member. In the event of the death of the Member after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. The benefit is payable if the Accidental Death occurs beyond the Coverage Term but within 180 days from the date of Accident, provided the Accident occurs within the Coverage Term.

d. The member's cover must be in-force at the time of accident.

Terms & Conditions (Cont...)

e. The Company shall not be liable to pay this benefit in case the accident that resulted in accidental death of the Member occurs on or after the date of termination of the member cover.

For the purpose of Accidental TPD, the following conditions shall apply:

1. The disability should have lasted for at least 180 days without interruption and must be deemed permanent by a Company empanelled medical practitioner.
2. TPD due to accident should not be caused by the following:
   - Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Member is under the influence of any narcotic substance or drug or intoxicating liquor; 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 Member 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. TPD due to accident must be caused by violent, external and visible means.
4. The accident shall result in bodily injury or injuries to the Member independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the TPD of the Member. In the event of TPD of the Member after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. The benefit is payable even if the ATPD occurs beyond the Coverage Term but within 180 days from the date of Accident, provided the Accident occurs within the Coverage Term, and the disability should have lasted for at least 180 days without interruption and must be deemed permanent by a Company empanelled medical practitioner.
5. The member cover must be in-force at the time of accident.
6. The Company shall not be liable to pay this benefit in case the accident that resulted in TPD of the Member occurs on or after the date of termination of the member cover.

6. Since this is a protection product with no savings element there is no paid-up value.

Terms & Conditions

7. **Recovery:** We reserve the right to recover the amount from the Master Policyholder or the Member or any other person, if it is found that the Benefits are erroneously paid due to the fault of the Master Policyholder. In case we are not in a position to recover such amounts from the Member or any other person, the Master Policyholder will be liable to pay the said amount to the Company within 15 days from the date of its demand. However, the Master Policyholder will not be liable or responsible for any wrong payments made by the Company without any fault on the part of the Master Policyholder.

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

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

10. The Company does not express itself upon the validity of or accepts any responsibility for the assignment or nomination in recording the assignment or registering the nomination or change in nomination.

11. **Section 41 of the Insurance Act, 1938 as amended from time to time:** 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.

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

12. **Fraud and Misrepresentation:** Treatment will be as per Section 45 of the Insurance Act, 1938 as amended from time to time.

    Section 45 of the Insurance Act, 1938, as amended from time to time:

    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 revived 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.

13) Policy Servicing and Grievance Handling Mechanism:

For any clarification or assistance, You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: www.iciciprulife.com. For updated contact details, We request You to regularly check Our website. If You do not receive any resolution from Us or if You

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are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at gro@iciciprulife.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.iciciprulife.com. If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may escalate the matter to Our internal grievance redressal committee at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.
Ground Floor & Upper Basement Unit No. 1A & 2A,
Raheja Tipco Plaza, Rani Sati Marg,
Malad (East), Mumbai- 40009, Maharashtra.

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

IRDAI Grievance Call Centre (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA)155255 (or) 1800 4254 732
Email ID: complaints@irdai.gov.in

Address for communication for complaints by fax/paper: Policyholders' Protection and Grievance Redressal Department – Grievance Redressal Cell Insurance Regulatory and Development Authority of India Survey No. 115/1, Financial District, Nanakramguda, Gachibowli,Hyderabad, Telangana State – 500032

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

This is subject to change from time to time.

Refer https://www.iciciprulife.com/services/grievance-redressal.html for more details

About ICICI Prudential Life Insurance

ICICI Prudential Life Insurance Company Ltd. (ICICI Prudential Life) is a joint venture between ICICI Bank Ltd., one of India's largest private sector banks, and Prudential Corporation Holdings Limited. 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 savings and protection products that meet the different life stage requirements of customers.

ICICI PRUDENTIAL LIFE INSURANCE

ICICI Prudential Life Insurance Company Limited. IRDAI Regn. No. 105.
CIN: L66010MH2000PLC127837.

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

Registered Office - ICICI Prudential Life Insurance Company Limited, ICICI PruLife Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai 400 025. For more details on the risk factors, term and conditions please read the sales brochure carefully before concluding the sale. The product brochure is indicative of terms & conditions, warranties & exceptions contained in the insurance policy. The information contained here must be read in conjunction with the policy document of ICICI Pru Group Loan Secure. In the event of conflict, if any between the terms & conditions contained in this brochure and those contained in the policy documents, the terms & conditions contained in the policy document of ICICI Pru Group Loan Secure shall prevail. Tax benefits under the policy are as per the prevailing tax laws. Goods and Services Tax and Cess (if any) will be charged extra as per applicable rates and company policy from time to time.. The tax laws are subject to amendments from time to time. Trade Logo displayed above belongs to ICICI Bank Ltd & Prudential IP services Ltd and used by ICICI Prudential Life Insurance Company Ltd under license. ICICI Prudential Life Insurance Co. Ltd. Reg No: 105. ICICI Pru Group Loan Secure Form No: GL1/GL2; UIN:105N152V04. Advt No.:L/II/1061/2024-25.

BEWARE OF SUSPICIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS
IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.
Public receiving such phone calls are requested to lodge a policy complaint.