Boost your employees' financial safety with an added shield

Add an

ICICI Pru

GROUP NON-LINKED ACCIDENTAL DEATH AND DISABILITY RIDER

Non-Participating Non-Linked Health Group Pure Risk Renewable Rider

to your Term Plan



ICICI PRUDENTIAL LIFE INSURANCE

ICICI Pru Group Non-Linked Accidental Death and Disability Rider is offered to employer-employee groups and non-employer-employee groups, as an attachment to their underlying group policy. The coverage may be voluntary or compulsory.

Under this rider, in the event of unfortunate demise or disability caused due to accident, the sum assured of the respective benefit option as chosen by the Member/ the Master Policyholder is payable. The Rider will have to be attached to your Master Base policy /Member Base policy and it will provide an additional sum assured as per the benefit option chosen to give you that extra comfort of safety.

Salient features that make ICICI Pru Group Non-Linked Accidental Death and Disability Rider suitable for you?



Protection against accidental death and disabilities



Option to add the rider benefit option to Master Base policy Member Base policy at inception or at any subsequent Master Base policy /Member Base policy renewal



Flexibility to pay premiums in single pay, yearly (annual), half-yearly, quarterly or monthly mode



Tax benefits may be available as per prevailing tax laws

Plan at a glance - Eligibility Criteria to buy the Rider

Plan options	This Rider offers two types of Benefit Options as given below: • Accidental Death Benefit Option ("**ADB**") • Accidental Total and Permanent Disability Benefit Option ("**ATPD**")
Min/Max Entry Age	**Minimum Entry Age** – 18 years **Maximum Entry Age** – 65 years
Min/Max Coverage Term offered	**Minimum coverage** term is 1 month. **Maximum coverage** term permissible under each of the benefit option(s) offered within the rider is 1 year. The benefit option(s) under the rider can be attached to an applicable member cover at the inception of such Master Base policy or at any subsequent Master Base policy renewal, subject to the age restrictions mentioned. The term of the Master Base policy and Rider will be the same.
Min/Max Premium Payment Term	**Minimum Premium Paying Term** – 1 month **Maximum Premium Paying Term** – 1 year In the case of one-year renewable rider, the premium payment term will be set to 1 year, same as that of the base one-year renewable plan. In the case of Master Base policy term less than one year, the premium payment term for rider will be same as the Master Base policy.
Mode of Premium Payment Offered	**One year Policy Term:** Yearly/ Half-yearly / Quarterly/ Monthly **Policy Term less than One year:** Single Premium/ Quarterly/ Monthly Modes of premium payment should be same as that of the master base policy.
Min/Max Annualized Premium	**Minimum:** Corresponding to the minimum sum assured under the respective benefit options. **Maximum:** Corresponding to the maximum sum assured under the respective benefit options. However, the premium pertaining to any of the benefit options shall not exceed 100% of premium under the Member Base policy.

Min/Max Basic Sum Insured (in INR)	**Minimum offered** – ₹ 10,000 **Maximum offered** - The maximum Sum Assured under each benefit option will be as per Board-approved Underwriting Policy (BAUP), but not exceeding the Sum Assured on Death at inception for the member cover of master base policy for ATPD benefit option and not exceeding three times the Sum Assured on Death at inception for the base policy for ADB benefit option

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

Premium will vary depending upon the Option chosen.

Benefits in detail

This Rider offers two types of Benefit Options as given below

- Accidental Death Benefit ("**ADB**")
- Accidental Total and Permanent Disability Benefit ("**ATPD**")

Since this is an Accidental Death and Disability Rider, we have defined 'Accident' as sudden, unforeseen, and involuntary event caused by external, visible and violent means.

Accidental Death Benefit (ADB) option

Under this option, if the Member whose life is covered by this benefit option passes away, due to an accidental death which happens within the Coverage term such that death happens 180 days from the date of accident, the sum assured for ADB will be paid out as a lump sum to the person specified (known as the Claimant)in the policy, provided the benefit option is in-force on the date of the Accident.

If Accidental Death occurs beyond the Coverage Term, this sum assured will be paid provided the accidental death occurs within 180 days from the date of accident. This is applicable subject to Accident occurring within the Coverage Term and the Benefit Option being in-force on the date of Accident.

In the event of an accident on the Date of Termination of Cover resulting in the death of the Member, Sum Assured for ADB shall not be payable.

On payment of the Accidental Death Benefit to the Claimant, the cover under this benefit option will terminate and all rights, benefits and interests under the option will stand extinguished.

Accidental Total and Permanent Disability (ATPD) Benefit option

Under this option, if the Member whose life is covered by this benefit option gets totally, continuously and permanently disabled, due to an accident which happens within the Coverage term of this benefit option such that the disability occurs within 180 days from the date of accident, the Sum Assured for ATPD will be paid out as a lump sum to the person specified (known as Claimant) in the policy.

If Accidental Total and Permanent Disability occurs beyond the Coverage Term, this sum assured will be paid provided the disability occurs within 180 days from the date of accident. This is applicable subject to Accident occurring within the Coverage Term and the Benefit Option being in-force on the dated of Accident.

In the event of an accident on the Date of Termination of Cover resulting in a total and permanent disability of the Member, Sum Assured for ATPD shall not be payable.

Accidental Total and Permanent Disability Benefit is payable to the Claimant if the Accidental Total and Permanent disability meets any of the 3 conditions mentioned below.

The disabilities as stated in these Conditions must have continuously lasted, without interruption for at least 180 days and must in the opinion of a Medical Practitioner, be deemed permanent. These disabilities as stated above must also be verified by a Medical Practitioner appointed by the Company. However, for the disabilities mentioned in Condition 1 under sub points j to n (i.e., physical severance), such 180 days period would not be applicable.

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

Condition 1:

The Member suffers the following disabilities due to an Injury/Accident due to which there is total and irrecoverable disability:

a. Loss of Use of at least two limbs

b. Loss of Sight of both eyes

c. Loss of hearing and loss of speech

d. Loss of Use of four fingers and Thumb of both hands

e. Loss of Use of one limb and sight of one eye

f. Loss of Use of one limb and hearing

g. Loss of Use of one limb and speech

h. Loss of sight of one eye and speech

i. Loss of sight of one eye and hearing

j. Loss by severance of two or more limbs at or above wrists or ankles

k. Loss by severance of four Fingers and Thumb of both hands

l. Loss by severance of one limb and sight of one eye

m. Loss by severance of one limb and hearing

n. Loss by severance of one limb and speech

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Or,

Condition 2:

The Member must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit.

Or,

Condition 3:

The Member must be unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Work":

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

b. Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.

c. Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

d. Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.

e. Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

f. Blindness: permanent and irreversible – Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

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

1. Loss of Sight:

a. Total, permanent and irreversible loss of all vision in at least one eye as a result of an Accident.

b. The Blindness is evidenced by:

i. Corrected visual acuity being 3/60 or less in at least one eye or;

ii. The field of vision being less than 10 degrees in at least one eye.

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

2. Loss of Hearing:

Total and irreversible loss of hearing in both ears as a result of an 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.

3. Loss of Speech:

Total and irrecoverable loss of the ability to speak as a result of injury to the vocal cords due to an Accident. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. The respective benefit options will terminate on payment of ADB or ATPD Sum Assured, as applicable.

On payment of the Accidental Disability Benefit to the Claimant, the cover under for ATPD benefit will terminate and all rights, benefits and interests under the option will stand extinguished.

If you have opted for both the ATPD and ABD benefit options, then on payment of Accidental Total and Permanent Disability Benefit, the Rider coverage for that benefit option will terminate Rider shall continue with coverage only for Accidental Death Benefit.

Additional feature

Sum Assured Reset Benefit - This benefit is applicable only upon it being specifically chosen by the Master Policyholder. The Sum Assured for chosen benefit option(s) for each Member can be increased or decreased by the Master Policyholder/Members during the term of the Rider, subject to underwriting, provided life cover for the Member is in force and the Sum Assured for the chosen benefit option(s) does not exceed the Member's base sum assured. The increase or decrease of the Sum Assured of the chosen benefit option(s) shall be mutually agreed between the Company and the Master Policyholder and there is no deviation from agreed benefit structure at the inception of Master Rider tenure.

If the base sum assured for any Member is increased/decreased by the Master Policyholder/Member during the term of the policy, the Sum Assured of the chosen benefit option(s) would be reset to the base sum assured if necessary, such that it does not exceed the Member base sum assured. The increase or decrease of the Sum Assured of the chosen benefit option(s) shall be mutually agreed between the Company and the Master Policyholder and there is no deviation from agreed benefit structure at the inception of Master Rider tenure.

Policy Surrender/Member Withdrawal Benefit:

In case the Master Policyholder surrenders the Master Rider, the Members of the group will be given the option to continue life cover till the end of the Coverage Term.

The option to continue the cover will be applicable only to those schemes where the premium is paid by the members provided the Member Base Policy is in force.

If the Member chooses to continue the Cover upon Surrender of the Master Rider by the Master Policyholder, then this has to be specifically communicated to the Company by the Master Policyholder/ or the Member and will be effective only upon acceptance of the same by the Company.

In the event, the Members chooses not to continue the Cover upon Surrender of the Master Base policy along with the Master Rider chosen or on surrender of the Master Rider only, then the Unexpired risk premium value, if any, will be payable to the Master Policyholder

Unexpired risk premium value for respective benefit options will be calculated as below:

Unexpired risk premium value = 75% X [Outstanding Coverage Term in days / (Total Coverage Term in days)] X Premiums paid less actual stamp duty paid less medical costs incurred in issuance of the Policy.

Where, Outstanding Coverage Term in days = Total Coverage Term in days at the time of attachment minus Number of completed coverage term in days at the time of exit.

For lender borrower groups, on foreclosure of loan or transfer of loan to another financial institution by the member, the member has the option to continue or discontinue the cover.

Member Withdrawal Benefit:

On member withdrawal, the premium paid towards the member is pro-rated to reflect the life cover not yet provided and this is the withdrawal benefit.

Withdrawal benefit = 75% * [Outstanding coverage term in days / (Total Coverage Term in days)] X Premiums paid

Revival/Reinstatements

The Master Policyholder has the option to modify the Rider Renewal Date. The applicable premium for the period up to the original Rider Renewal Date will be calculated on a pro-rata basis and will be refunded to the Master Policyholder. Premium applicable from the modified Rider Renewal Date will be calculated based on the latest data provided.

The Master Policyholder can renew the Rider only with the renewal of the Master Base Policy to which the Rider is attached

What are the exclusions?

For accidental disability cover, following exclusions shall apply:

1. Disability arising out of a Pre-existing Diseases or any complication arising therefrom. Pre-existing Disease means any condition, aliment, injury or disease:
   a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the benefit option issued- by the insurer or its reinstatement; or
   b) For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 months Prior to the date of commencement of the benefit option issued or its reinstatement.

   Coverage under this Rider after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by the company.
2. Disability caused due to attempted Suicide, intentional self-inflicted injury or acts of self-destruction.
3. Disability caused due to any Congenital external diseases, defects or anomalies or in consequence thereof
4. Disability caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)
5. Disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, Riot, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Disability caused by treatment directly arising from or consequent upon any Member committing or attempting to commit a breach of law with criminal intent.

7. Disability caused by Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
8. Disability caused by participation of the Member in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
9. Disability of the Member whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation.
10. Disability caused by engaging in hazardous sports / pastimes, i.e., taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off paste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
11. Disability arising from working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous activities.
12. Disability arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
    a) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
    b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
13. Certification by a Medical Practitioner who is either the Member himself or related to the Member by blood or marriage, or shares the same residence as the Member.

For accidental death cover, following exclusions shall apply:

1. Death caused due to Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction.
2. Death caused by congenital external diseases, defects or anomalies or in consequence thereof
3. Death arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, Riot, public defense, rebellion, revolution, insurrection, military or usurped power.
4. Death caused by treatment directly arising from or consequent upon any Member committing or attempting to commit a breach of law with criminal intent.
5. Death caused by Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
6. Death caused by participation of the Member in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
7. Death of the Member whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation.
8. Death caused by engaging in hazardous sports / pastimes, i.e., taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
9. Death caused by working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in hazardous activities.
10. Death arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
    a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

Cancellation of the Rider

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

(i) When the Member Base policy to which the Rider is attached terminates upon payment of death benefit due to any reason whatsoever

(ii) When the coverage under the Master Base Policy/Member Base policy (as applicable) to which the Master Rider/ Member level Rider is attached expires due to cancellation or surrender or termination due to any other reason

(iii) When the coverage under the Master Base Policy/Member Base policy to which the Rider is attached lapses on account of non-payment of premiums and has not been revived within the Coverage Term under the benefit option

(iv) Upon expiry of the coverage term for each of benefit option(s) chosen

(v) On cancellation of the Rider by the Company for any reason whatsoever

(vi) On payment of free look cancellation proceeds

(vii) If the Member ceases to satisfy any of the eligibility criteria as mentioned in “Plan at a glance - Eligibility criteria to buy the Rider” above and chooses to expressly discontinue the cover when he/she ceases to be a Member of the group;

(viii) If the Member reaches Terminal Age;

Tax Benefits

Premiums and the benefits under the policy, will be subject to the taxes and other statutory levies as may be applicable from time to time.

The Master Policyholder/Member will be required to pay goods and services tax, cess or any other form of taxes or charges or levies as per the prevailing laws, regulations and other financial enactments as may exist from time to time, wherever applicable.

All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time.

All provisions stated in this Policy are subject to the current guidelines issued by the Regulator as on date. All future guidelines that may be issued by the Regulator from time to time may also be applicable to this Policy.

Claim Payment

a) For lender-borrower groups, the claim amount payable on the happening of the contingent event covered under this policy, shall be paid to the Master Policyholder in line with the IRDAI framework and to the extent of outstanding loan amount, provided a valid assignment has been made by the Member in favor of the Master Policyholder. Any residual benefit shall be paid to the beneficiary. In the absence of a valid assignment, the claim payment will be made to the beneficiary.

Before payment of any claim under this Master Policy, the Company shall require the delivery to it of the following documents establishing the right of the claimant or claimants to receive payment.

For Accidental Death Claims:

i. Claim intimation form

ii. Member Policy Schedule, certificate of insurance as applicable

iii. Death certificate issued by the local authority in case of death claim

iv. Credit account statement to the extent of outstanding loan balance amount in favour of Master Policyholder, if applicable

v. Claimant's recent photograph, photo Identity proof & address proof

vi. Post Mortem report & viscera/ chemical analysis report

vii. FIR report, final police investigation report, police panchnama/ Inquest report, driving license*

viii. KYC of both life assured and nominee, Nominee bank details

ix. Pan card/ Form 60 of the Claimant

x. Newspaper cuttings, if any

xi. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim

xii. The Company reserves the right to call for additional information, documents or particulars, in such form and manner as the Company would prescribe, and the Benefits would be paid only after receipt of such additional information, documents or particulars.

* If death is due to road accident and the life assured was driving / riding the vehicle

For Accidental Total and Permanent Disability Claims:

i. Claim intimation form

ii. Member Policy Schedule, certificate of insurance as applicable

iii. Certificate from Medical Practitioner

iv. Credit account statement to the extent of outstanding loan balance amount in favour of Master Policyholder, if applicable

v. Claimant's recent photograph, photo Identity proof & address proof

vi. FIR report, final police investigation report, police panchnama/ Inquest report, driving license

vii. KYC of both life assured and nominee, Nominee bank details

viii. Pan card/ Form 60 of the Claimant

ix. EPM form with cancelled cheque

x. Treating doctor's certificate giving exact duration, diagnosis, prognosis and treatment given post accident

xi. Current and previous medical records for last 5 years, if any.

xii. Certificate from employer.

xiii. Income documents: Salary slip of last 6 months/ITR for last 3years/ Bank Statement of last 1 year giving income credit.

xiv. Other Insurance policy Life/health/mediclaim with details of past claim settlement letters.

xv. The Company reserves the right to call for additional information, documents or particulars, in such form and manner as the Company would prescribe, and the Benefits would be paid only after receipt of such additional information, documents or particulars.

b) For non-lender borrower groups, in the event of a claim arising under the policy, the member / nominee / legal heir to whom benefits are payable shall be intimated to the Company, through Master Policyholder, in writing. Before payment of any claim under this Master Policy, the Company shall require the delivery to it of the following documents establishing the right of the claimant or claimants to receive payment.

For Accidental Death Claims:

i. Claim intimation form

ii. Member Policy Schedule, certificate of insurance as applicable

iii. Death certificate issued by the local authority in case of death claim

iv. Claimant's recent photograph, photo Identity proof & address proof

v. Post Mortem report & viscera/ chemical analysis report

vi. FIR report, final police investigation report, police panchnama/ Inquest report, driving license*

vii. KYC of both life assured and nominee, Nominee bank details

viii. Pan card/ Form 60 of the Claimant

ix. Newspaper cuttings, if any

x. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim

xi. The Company reserves the right to call for additional information, documents or particulars, in such form and manner as the Company would prescribe, and the Benefits would be paid only after receipt of such additional information, documents or particulars.

* If death is due to road accident and the life assured was driving / riding the vehicle

For Accidental Total and Permanent Disability Claims:

i. Claim intimation form

ii. Member Policy Schedule, certificate of insurance as applicable

iii. Certificate from Medical Practitioner

iv. Claimant's recent photograph, photo Identity proof & address proof

v. FIR report, final police investigation report, police panchnama/ Inquest report, driving license

vi. KYC of both life assured and nominee, Nominee bank details

vii. Pan card/ Form 60 of the Claimant

viii. EPM form with cancelled cheque

ix. Treating doctor's certificate giving exact duration, diagnosis, prognosis and treatment given post accident

x. Current and previous medical records for last 5 years, if any.

xi. Certificate from employer.

xii. Income documents: Salary slip of last 6 months/ITR for last 3years/ Bank Statement of last 1 year giving income credit.

xiii. Other Insurance policy Life/health/mediclaim with details of past claim settlement letters.

xiv. The Company reserves the right to call for additional information, documents or particulars, in such form and manner as the Company would prescribe, and the Benefits would be paid only after receipt of such additional information, documents or particulars.

c) All claim payments shall be made in Indian Currency only in accordance with the prevailing Exchange control regulations and other relevant laws and regulations in India.

d) The settlement of claim is subject to correct information provided by the member related to his/her personal information & in declaration of good health, if applicable. The Company reserves the right to reject the claim of a member in case incorrect information related to member is provided for the Cover. The decision of the Company regarding the settlement of the Cover shall be binding on the Master Policyholder.

e) A death claim under a life insurance policy shall be paid or be rejected or repudiated giving all the relevant reasons, within 30 days from the date of receipt of all relevant papers and required clarifications. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate the same at the earliest and complete such investigation expeditiously, in any case not later than 90 days from the date of receipt of claim intimation and the claim shall be settled within 30 days thereafter.

f) If there is delay on the part of Insurer beyond the timelines as mentioned above, the insurer shall pay interest at a rate, which is 2% above bank rate from the date of receipt of last necessary document.

Terms & Conditions

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

   On cancellation of the Rider /Member's cover during the free look period, We will return the premium paid subject to the deduction of:

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

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

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

2. **Grace Period:** The Grace Period for monthly mode of payment is 15 days, and 30 days for quarterly and half-yearly mode of premium payment, commencing from the premium due date. The member's cover continues during the Grace Period. In case the insured event occurs during the Grace Period, then We will pay the benefit under the applicable Benefit Option(s) subject to terms and conditions of this Rider as outlined in Clauses "Benefits in detail" and "What are the exclusions" above.

   Grace Period at the time of renewal of rider contract will be same as applicable for that of the master base policy.

   Any claim arising during this period will be settled subject to renewal of the Master Policy along with the Rider.

   If any premium instalment for the benefit option(s) along with the Member Base policy /Master Base policy is not paid by the Member/Master Policyholder within the Grace Period, then the benefit option(s) shall lapse and the cover will cease.

   The Company is liable for any claim if the Premiums in respect of the concerned Member is received by the Master Policyholder, subject to the Claimant/Master Policyholder proving that the Member has paid the Premium within the Grace Period and has secured a proper receipt that he was duly insured.

   The Company shall be responsible to honour any valid claims brought under this Rider in instances

wherein the Master Policyholder has collected/ deducted the Premium but has failed to pay the same to the Company within the Grace Period due to administrative reasons.

3. In case of any contradiction between the terms and conditions of the Master Base Policy Document and this Master Rider Document, then:
   - For the benefits payable under the Rider, the Rider Terms and Conditions shall prevail; and
   - For the benefits payable under the Master Base Policy, the Master Base Policy Terms and conditions shall prevail
4. **Premium loadings:** The premium loadings for non-annual premium payment modes with one year term are as given below:

Premium paying frequency	Modal loading (as a % of annual premium)
Half-yearly	2%
Quarterly	3%
Monthly	4%

Modal loadings will be applied to both the base premium for chosen benefit option(s) and corresponding extra mortality premium, if any. No modal loading applicable for policy terms less than one year. Premiums under the rider can be paid in yearly, half-yearly, quarterly or monthly mode, same as chosen under the Master Base policy. The Master Policyholder may choose to opt for a change of premium paying mode other than Yearly and Single Pay during the policy term, subject to the premium payment frequency of the Rider being same as that of the master base policy. The excess/deficit of premium would be payable to/payable by the Master Policyholder.

The premium payable on renewal of the Master Policy may vary and shall be quoted on application for such renewal.

5. **Nomination:** Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time. Details of nomination will be as mentioned for the Master Base Policy. For more details on this section, please refer to our website.
6. **Assignment:** Assignment shall be as per Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on this section, please refer to our website.
7. **7.Section 41 of the Insurance Act, 1938 as amended from time to time:** In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time, no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

8. **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.

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

9. For further details, please refer to the Rider document.

10. In case of withdrawal of the product due to any reason by Us, we shall provide the following option to the Master policyholder for the existing covered members:

    (i) A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product; or

(ii) Migrate to any other suitable product (any other existing product or modified version of the withdrawn product) as per the choice of the Master policyholder

11. Policy Servicing and Grievance Handling Mechanism: For any clarification or assistance, You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: www.iciciprulife.com. For updated contact details, We request You to regularly check Our website. If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at gro@iciciprulife.com 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 .

The concerns of senior citizens will be resolved on priority ensuring there is a speedy disposal of the grievances.

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.

About ICICI Prudential Life Insurance

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

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

ICICI PRUDENTIAL LIFE INSURANCE

For More Information:

Customers calling from anywhere in India, please dial 1800 2660

Do not prefix this number with "+" or "91" or "00"

Call Centre Timings: 10.00 am to 7.00 pm

Monday to Saturday, except National Holidays.

To know more, please visit www.iciciprulife.com

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