Keep life's plan on track

Power your life insurance with

ICICI Pru Non-Linked

WAIVER OF PREMIUM

A Non-Participating Non-Linked Health Individual Pure Risk Rider



An add-on to your policy ensures continued life coverage, with future premiums waived during unforeseen events

ICICI PRUDENTIAL LIFE INSURANCE

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

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

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



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



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

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

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

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

d. Health Care option: Waiver of premium on Accidental Total and Permanent Disability

e. Health Criti20 Option: Waiver of premium on diagnosis of 20 critical illnesses

f. Health Criti60 Option: Waiver of premium on diagnosis of 60 critical illnesses



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



The Rider is also available for sale through online mode.

Plan at a glance - Eligibility Criteria to buy the rider

Premium Payment Option	Premium Payment Term (PPT) (in years)	Min/Max Coverage Term (in years)	Min/Max Age at Entry (in years)
Regular Pay	Life option/ Health Care Option: 5 to 67 Health Option/ Life& Health Option/ Health Criti20/ Health Criti60: 5 to 20	Life option/ Health Care Option: 5 to 67 Health Option/ Life& Health Option/ Health Criti20/ Health Criti60: 5 to 20	18/65

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

Premium Payment Frequency: Yearly, Half-Yearly, Monthly (same as chosen under the Base policy)
Rider term: The Rider Term shall always be equal to the outstanding premium payment term of the base policy or any other subsisting rider(s), as applicable, as on the date of attachment. The Rider premium payment term will be equal to the rider term.

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

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

The rider can be attached to an applicable base policy or rider(s) at the inception of such policy / rider(s) or at any subsequent policy anniversary, subject to the age of the life assured named under this rider not exceeding 85 years

(last birthday) for the “Life option” and “Health Care option”, 85 years (last birthday) otherwise at the end of the premium payment term of the base policy / rider(s). In case the rider is attached at any subsequent policy anniversary of the base policy, the base policy / rider(s) should be in-force and premium paying as on the date of attachment.

Premium will vary depending upon the Option chosen.

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

Benefits in detail

What exactly is Waiver of Premium Rider Benefit?

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

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

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

- For the base policy: Waiver of all future premiums payable under the base policy including any underwriting extra premiums.
- For the subsisting other rider(s): Waiver of all future premiums payable under the applicable subsisting rider(s) (if any) including any underwriting extra premiums.

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

So how does the Waiver of Premium Rider work?

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

- Life option
- Health option

- Life & Health option
- Health care option
- Health Criti20 option
- Health Criti60 option

Let's understand each benefit option one by one:

1. Life option

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

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

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

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

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

2. Health option

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

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

Accidental Total and Permanent Disability (ATPD)

The rider benefit will be applicable if the Life Assured named under the WoP rider has become totally, continuously

and permanently disabled as a result of accident within the Rider Term and should mandatorily satisfy at least one condition outlined within the following three conditions:

Condition 1:

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

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

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

1. Loss of sight means total, permanent and irreversible loss of all vision in at least one eye as a result of accident.

    a. The Blindness is evidenced by:
        i. Corrected visual acuity being 3/60 or less in at least one eye or;
        ii. The field of vision being less than 10 degrees in at least one eye; and
    b. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

2. Loss of hearing means total and irreversible loss of hearing in both ears as a result of accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. 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 means total and irrecoverable loss of the ability to speak as a result of injury to the vocal cords due to an accident. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

Or,

Condition 2:

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

Or,

Condition 3:

The Life Assured named under the WoP rider must be unable to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Work”:

a. Mobility: The ability to walk a distance of 200 meters on flat ground.
b. Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
c. Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
d. Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
e. Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
f. Blindness: permanent and irreversible – Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

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

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

Critical Illness (CI):

The Rider Benefit will be applicable on the Life Assured named under the WoP rider being diagnosed with any of the following 15 critical illnesses within the rider term by a Medical Practitioner.

List of CIs covered are as follows:

1. Cancer of Specified Severity
2. First Heart Attack of Specified Severity
3. Open Chest CABG
4. Stroke resulting in permanent symptoms.
5. Kidney Failure Requiring Regular Dialysis
6. Major Organ/ Bone Marrow Transplant
7. Multiple Sclerosis with Persisting Symptoms
8. Alzheimer's Disease
9. Heart Valve Surgery (Open Heart Replacement or Repair of Heart Valves)
10. Apallic Syndrome
11. Benign Brain Tumour
12. Brain Surgery
13. Coma of Specified Severity
14. Major Head Trauma
15. Major Burns

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

3. Life & Health option

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

- The earlier of death or terminal illness of the Life Assured named under the WoP rider.
- In the event of the Accidental Total and Permanent Disability of the Life Assured named under the WoP rider.
- When the Life Assured named in the WoP rider is diagnosed with any of the 15 covered critical illnesses

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

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

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

Illustration:

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

Premium Payment Term of Base Policy	Life Option (Premium in ₹)		Health Option (Premium in ₹)		Life & Health option (Premium in ₹)		Health care (Premium in ₹)	
	Annualized Premium[1]	Total Premiums Paid[2]	Annualized Premium[1]	Total Premiums Paid[2]	Annualized Premium[1]	Total Premiums Paid[2]	Annualized Premium[1]	Total Premiums Paid[2]
5 years	516	2,580	563	2,815	1,029	5,145	187	935
6 years	618	3,708	686	4,116	1,252	7,512	213	1,278
10 years	1,104	11,040	1,298	12,980	2,338	23,380	334	3,340
12 years	1,391	16,692	1,670	20,040	2,989	35,868	401	4,812
20 years	2,815	56,300	3,534	70,680	6,241	1,24,820	710	14,200

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

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

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

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

4. Health Care Option

The Rider benefit will be applicable in the event the Life Assured named under the WoP rider having suffered from Accidental Total and Permanent Disability.

All definitions and terms & conditions with regards to Accidental Total and Permanent Disability as mentioned under Health Option are applicable for this option as well.

5. Health Criti20 option

Rider Benefit will be applicable, in the event the Life Assured named under the WoP rider being diagnosed with any of the following 20 Critical Illnesses covered within the Rider Term by a Medical Practitioner.

List of CIs covered are as follows:

- Cancer of Specified Severity
- Myocardial Infarction (First Heart Attack - Of Specified Severity
- Open Chest CABG
- Open Heart Replacement or Repair of Heart Valves
- Coma of Specified Severity
- Kidney Failure Requiring Regular Dialysis
- Stroke Resulting in Permanent Symptoms
- Major Organ/Bone Marrow transplant
- Permanent Paralysis of Limbs
- Motor Neuron Disease with Permanent Symptoms
- Multiple Sclerosis with Persisting Symptoms
- Benign Brain Tumor
- Blindness
- Deafness
- End Stage Lung Failure
- End Stage Liver Failure
- Loss of Speech
- Loss of Limbs
- Major Head Trauma
- Primary (Idiopathic) Pulmonary Hypertension

In order for a Claim to be valid, it should satisfy the terms and conditions of the Critical Illnesses as referred under Appendix 1.

6. Health Criti60 option

The Rider Benefit will be applicable, in the event the Life Assured named under the WoP rider being diagnosed with any of the following 60 Critical Illnesses within the rider term by a Medical Practitioner.

List of CIs covered are as follows:

- Cancer of Specified Severity
- Myocardial Infarction (First Heart Attack - Of Specified Severity
- Open Chest CABG
- Open Heart Replacement or Repair of Heart Valves
- Coma of Specified Severity
- Kidney Failure Requiring Regular Dialysis
- Stroke Resulting in Permanent Symptoms
- Major Organ/Bone Marrow transplant
- Permanent Paralysis of Limbs
- Motor Neuron Disease with Permanent Symptoms
- Multiple Sclerosis with Persisting Symptoms
- Benign Brain Tumor
- Blindness
- Deafness
- End Stage Lung Failure
- End Stage Liver Failure
- Loss of Speech
- Loss of Limbs
- Major Head Trauma
- Primary (Idiopathic) Pulmonary Hypertension

- Third Degree Burns
- Alzheimer's Disease
- Parkinson's Disease
- Major Surgery of Aorta
- Myasthenia Gravis
- Aplastic Anaemia
- Loss of Independent Existence (Cover up to Age 74)
- Progressive Scleroderma
- Other Serious Coronary Artery Diseases
- Severe Rheumatoid Arthritis
- Cardiomyopathy
- Infective Endocarditis
- Medullary Cystic Kidney Disease
- Apallic Syndrome
- Creutzfeldt-Jakob Disease
- Pneumonectomy (Surgical Removal of One Lung)
- Brain Surgery
- Severe Ulcerative Colitis
- Chronic Relapsing Pancreatitis
- Progressive Supranuclear Palsy - Resulting In Permanent Symptoms
- Good Pastures Syndrome With Lung And Renal Involvement
- Fulminant Viral Hepatitis
- Severe Crohn's Disease
- Bacterial Meningitis
- Necrotising Fasciitis

- Muscular Dystrophy
- Poliomyelitis
- Tuberculous Meningitis
- Encephilitis
- Primary Myelofibrosis
- Pheochromocytoma
- Systemic Lupus Erythematous With Renal Involvement
- Eisenmenger's Syndrome
- Loss of use of One Limb and Loss of Sight in One Eye
- Refractory Heart Failure
- Takayasu Arteritis
- Severe Guillain-Barre Syndrome
- Spinal Stroke
- Benign Spinal Cord Tumour with Neurological Deficit
- Severe Progressive Bulbar Palsy

In order for a Claim to be valid, it should satisfy the terms and conditions of the Critical Illnesses as referred under Appendix 1.

Policy loan

Loan facility is not available under this Rider.

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

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

Revival

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

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

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

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

Any change in revival conditions will be disclosed to policyholders.

What are the exclusions?

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

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

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

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

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

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

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

   b) For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 months Prior to the date of commencement of risk of the benefit option issued or its date of reinstatement.

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

2. Disability caused due to attempted suicide, intentional self-inflicted injury or acts of self-destruction.

3. Disability caused due to any congenital external diseases, defects or anomalies or in consequence thereof

4. Disability caused by or arising from bacterial / viral infections (except pyogenic infection which occurs through an Accidental cut or wound)

5. Disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, riot, public defense, rebellion, revolution, insurrection, military or usurped power.

6. Disability caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.

7. Disability caused by alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered Medical Practitioner.

8. Disability caused by participation of the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

9. Disability of the Life Assured whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation.

10. Disability caused by engaging in hazardous sports / pastimes, i.e., taking part in (or practicing for) boxing,

caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

11. Disability arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

    a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

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

12. Certification by a Medical Practitioner who is either the Insured person(s) himself or related to the insured person(s) by blood or marriage or shares the same residence as the Life Assured.

C. The following exclusions shall apply for Critical Illness Cover (applicable Health option Life & Health option, Health Criti20 and Health Criti60):

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

1. Pre-Existing Diseases or conditions connected to a Pre-Existing Condition will be excluded. Pre-existing Disease means any condition, ailment, injury or disease:

    i. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Company or its reinstatement or

    ii. For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy or its reinstatement.

2. Existence of any Sexually Transmitted Disease (STD) and its related complications.

3. Self-inflicted injury, suicide, insanity and deliberate participation of the life Assured in an illegal or criminal act with criminal intent.

4. Useof intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified Medical Practitioner.

5. Foreign invasion or act of foreign armies

6. War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or willful participation in acts of violence.

7. Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft.

8. Taking part in any act of a criminal nature Or committing or attempting to commit breach of law

9. Treatment for injury or illness caused by avocations / activities such as para jumping, rock climbing hunting, mountaineering, steeple chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, sky diving, deep sea diving, ballooning, etc or any deliberate exposure to exceptional danger.

10. Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel or caused by nuclear, chemical or biological attack.

11. Caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

12. Caused due to surgical treatment of obesity that does not fulfil all the below conditions:

- Surgery to be conducted is upon the advice of the Medical Practitioner
- The Surgery / Procedure conducted should be supported by clinical protocols.
- The Life assured has to be 18 years of age or older and
- Body Mass Index (BMI):
  - greater than or equal to 40 or
  - greater than or equal to 35 in conjunction with any of the following severe co-morbidities:
    i. Obesity related cardiomyopathy
    ii. Coronary heart disease
    iii. Severe Sleep Apnea
    iv. Uncontrolled Type 2 Diabetes

13. Caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex

- Direct or indirect result of service in the military/paramilitary, naval, air forces or police organizations and participation in operations requiring the use of arms or ammunitions where the participation is ordered by such authorities for combating terrorists, rebels and the like.

15. Caused by sterility and infertility. This includes:
    - Any type of contraception, sterilization
    - Gestational Surrogacy
    - Reversal of sterilization
16. Failure to seek or follow medical advice, the Life assured named under the WoP rider has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
17. Any treatment of a donor for the replacement of an organ.
18. Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains aged 17.

Waiting period applicable for CI Benefit

Waiting period is applicable for CI Benefit (under Health,Life & Health, Health Criti20 and Health Criti60 options):

1. The benefit shall not apply or be payable in respect of any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the first 90 days from the Date of Commencement of Risk or 90 days from the WoP rider revival date where the WoP rider has lapsed for more than 3 months.
2. In the event of occurrence of any of the scenarios mentioned above, the Company will refund the premiums for the Rider and the Rider will terminate with immediate effect.

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

Survival Period:

Survival period is applicable for CI Benefit (under Health, Life & Health, Health Criti 20, Health Criti 60 options):

a. There is Survival Period of 15 days after the diagnosis of covered Critical Illness, unless a separate Survival Period is specified for any particular disease/condition/ illness as per the Critical illness definitions mentioned under Appendix I . In order for a valid claim, it is necessary that the Life Assured survives the Survival Period post diagnosis of any of the named Critical Illness.

b. If the Critical illness is diagnosed within the Rider Term but the Survival Period goes beyond the Rider Term, then also the claim shall be honored by the Company as per the applicable terms and conditions

c. In case the Life Assured has died post the Survival Period, the diagnosis of the claimed Critical Illness must be done before the death of the Life Assured.

Cancellation of the Rider

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

i) When the Base Policy / other subsisting rider(s) to which the WoP Rider is attached terminates upon payment of death / rider contingent benefit due to any reason whatsoever

ii) When the coverage under the Base Policy / other subsisting rider to which the WoP rider is attached expires due to cancellation or surrender or termination of the base policy / other subsisting rider due to any other reason

iii) When the WoP rider along with the Base Policy / other subsisting rider has not been revived within the revival period

iv) When the coverage under the Base Policy / other subsisting rider to which the WoP rider is attached lapses on account of non-payment of premiums and has not been revived within the rider term or policy period.

v) Upon expiry of the Rider term i.e., on date of maturity

vi) On cancellation of the WoP Rider by the Company for any reason whatsoever

vii) On payment of free look cancellation proceeds.

viii) On assignment of the Base policy or Subsisting Riders

Terms & Conditions

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

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

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

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

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

2. Tax Benefits: Tax benefits may be available on premiums paid and benefits received as per prevailing tax laws. Taxes, if any, will be charged extra as per prevailing rates. Tax laws are subject to amendments made thereto from time to time. Please consult your tax advisor for more details.

3. Grace Period: If the policyholder is unable to pay an installment premium by the due date, a grace period of 15 days will be given for payment of due installment premium for monthly frequency, and 30 days will be given for payment of due installment premium for any other frequency commencing from the premium due date. The cover continues during the grace period. In case the insured event occurs during this period, the benefit applicability will be subject to terms and conditions as outlined in "Benefits in Detail" and "What are the exclusions".

4. Changes in your Rider: Sum Assured, premium payment term, and rider term and benefit option once chosen at inception of Rider cannot be changed. You have the flexibility to change the frequency of premium payment on base policy anniversary and subject to the premium payment frequency of the Rider being same as that of the Base policy.

5. Renewal Premium in Advance: Collection of renewal premium in advance shall be allowed within the same financial year for the premium due in that financial year and advance premium for base policy is also collected for the same duration. Provided premium due in one financial year may be collected in advance in earlier financial year for a maximum period of three months in advance of the due date of the premium. The renewal premium so collected in advance shall only be adjusted on the due date of the premium.

6. In case of any contradiction between the terms and conditions of the Base Policy Document and this Rider Document, then:

   - For the benefits applicable under the Rider Benefit Options, the Rider Terms and Conditions shall prevail; and

- For the benefits payable under the Base Policy, the Base Policy and Subsisting Rider(s), Base Policy and Subsisting Rider terms and conditions shall prevail

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

Mode of Premium Payment	Loading (% of Annual Premium)
Yearly	0.0%
Half-yearly	5.1%
Monthly	9.2%

8. Nomination: Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time. Details of nomination will be as mentioned for the Base Policy. For more details on this section, please refer to our website.

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

10. Section 45: 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or 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.

11. For further details, please refer to the policy document.

12. Policy Servicing and Grievance Handling Mechanism: For any clarification or assistance, You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: www.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 Co. Ltd.
Unit 901A & 901B, 9th Floor, Prism Towers
Mindspace Link Road, Goregaon West,
Mumbai- 400104, Maharashtra.
Telephone:1800-2660
Facsimile: 022 4205 8222
Email - mailto:lifeline@iciciprulife.com

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.
Unit 901A & 901B, 9th Floor, Prism Towers
Mindspace Link Road, Goregaon West,
Mumbai- 400104, Maharashtra.
Telephone:1800-2660
Facsimile: 022 4205 8222
Email - mailto:lifeline@iciciprulife.com

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

IRDAI Grievance Call Centre (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA 55255 (or) 1800 4254 732 Email ID: complaints@irdai.gov.in

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

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

Appendix 1 - Definition of Critical Illnesses covered

1. Cancer of Specified Severity

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

b. The following are excluded –

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

2. Myocardial infarction (First Heart Attack of specific severity)

a. 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:

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

b. The following are excluded:

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

3. Open Chest CABG

a. 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 breastbone) 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.

b. The following are excluded:
Angioplasty and/or any other intra-arterial procedures

4. 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. Coma of Specified Severity

a. 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:
   i. No response to external stimuli continuously for at least 96 hours;
   ii. Life support measures are necessary to sustain life; and
   iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

6. Kidney Failure Requiring Regular Dialysis

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

7. Stroke resulting in Permanent Symptoms

a. 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.

b. The following are excluded:
   i. Transient ischemic attacks (TIA)
   ii. Traumatic injury of the brain
   iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. 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.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:
i. Other stem-cell transplants.
ii. Where only islets of langerhans are transplanted

9. Permanent Paralysis of Limbs

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

10. Motor Neuron Disease With Permanent Symptoms

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

11. Multiple Sclerosis With Persisting Symptoms

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

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

b. Neurological damage due to SLE is excluded.

12. Benign Brain Tumor

a. 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.
b. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
   i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
c. 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.

13. Blindness

a. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
b. The Blindness is evidenced by:
   i. Corrected visual acuity being 3/60 or less in both eyes or ;
   ii. The field of vision being less than 10 degrees in both eyes.
c. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. Deafness

a. 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.

15. End Stage Lung Failure

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

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

16. End Stage Liver Failure

a. Permanent and irreversible failure of liver function that has resulted in all three of the following:
   1. Permanent jaundice; and
   2. Ascites; and
   3. Hepatic encephalopathy.

b. Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss of Speech

a. 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, throat (ENT) specialist.

18. 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.

19. Major Head Trauma

a. 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.
b. 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.
c. 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.

d. The following are excluded:

i. Spinal cord injury.

20. Primary (Idiopathic) Pulmonary Hypertension

a. 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.

b. The NYHA Classification of Cardiac Impairment are as follows:

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

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

c. 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

21. Third Degree 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.

22. Alzeimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging.

The diagnosis of Alzheimer's Disease must be confirmed by an appropriate consultant and supported by a Medical Practitioner appointed by Us. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. There must also be an inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 3 months:

For the purpose of this clause, Activities of Daily Living are defined as:

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. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
v. Feeding – the ability to feed oneself once food has been prepared and made available.
vi. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

i. Neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease
ii. Any other type of irreversible organic disorder/dementia
iii. Alcohol-related brain damage.

23. Parkinson's Disease

a. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in permanent inability to perform independently at least three of the Activities of Daily Living, for a continuous period of at least 3 months:
b. For the purpose of this clause, Activities of Daily Living are defined as:
    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.

c. The following is excluded:

Parkinson's Disease accompanied with drug and/or alcohol abuse.

24. Major Surgery of Aorta:

The actual undergoing of medically necessary major surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Traumatic injury of the aorta is excluded.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

25. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

i. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
ii. The diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification is as follows:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.
Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.
Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.
Class V: Intubation needed to maintain airway.
The following are excluded:

i. Congenital myasthenic syndrome
ii. Transient neonatal or juvenile myasthenia gravis

26. Aplastic Anemia

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

i. Blood product transfusion.
ii. Marrow stimulating agents.
iii. Immunosuppressive agents; or
iv. Bone marrow transplantation.

The diagnosis of Aplastic anemia must be confirmed by a bone marrow biopsy. At least two of the following values should be present:

i. Absolute Neutrophil count of 500 per cubic millimeter or less.
ii. Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and
iii. Platelet count of 20,000 per cubic millimeter or less.

27. Loss of Independent Existence (cover up to age 74)

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three of the Activities of Daily Living, with no hope of recovery. For the purpose of this clause, Activities of Daily Living are defined as:

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. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
v. Feeding – the ability to feed oneself once food has been prepared and made available.
vi. Mobility - the ability to move from room to room without requiring any physical assistance.

This condition must be confirmed by the company's approved doctor.

This benefit will be available only up to age 74 last birthday.

28. Progressive Scleroderma

A systemic collagen-vascular Illness causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- Localized scleroderma (linear scleroderma or morphea);
- Eosinophilic 36 asciitis; and
- CREST syndrome.

29. Other Serious Coronary Artery Diseases

Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

30. Severe Rheumatoid Arthritis

Widespread chronic progressive joint destruction with major deformity, where all of the following criteria are met:

- Unequivocal diagnosis of Rheumatoid Arthritis made based on the American College of Rheumatology criteria.
- Damage and deformity of at least 3 (three) of the following joints: hand (Meta phalangeal joints), wrist, elbow, knee, hip, or feet (metatarsophalangeal joints). Such deformity must be confirmed by imaging studies showing such changes; and
- Disability resulting in the inability of the Insured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months.

Activities of Daily Living are defined as:

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

31. 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 IV, or its equivalent, based on the following classification criteria:

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 echocardiographic findings of compromised ventricular performance.
Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

32. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

1. Positive result of the blood culture proving presence of the infectious organism(s).
2. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
3. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist.

33. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis.
ii .Clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and
iii. The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy along with specialist Medical Practitioner opinion.

The following are excluded.

i Isolated or benign kidney cysts are specifically excluded from this Benefit.

ii Any condition is which cysts are absent.

34. Apallic Syndrome

Universal non-functioning of the brain cortex, with the brain stem intact. Diagnosis of Apallic Syndrome must be definitely confirmed by a registered Medical Practitioner who is also a neurologist and substantiated by clinical and investigation findings. This condition must be documented for a continuous period of at least one month.

35. Creutzfeldt-Jakob Disease (Cjd)

A diagnosis of Creutzfeldt Jakob Disease must be made by a specialist Medical Practitioner who is a neurologist, and the diagnosis must be substantiated by CSF examination, EEG, CT Brain and MRI of the brain. There must be permanent clinical loss of the ability in mental, physical and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

36. Pneumonectomy (Surgical Removal of One Lung)

Complete surgical removal of the entire right or entire left lung necessitated by an illness or an Accident of the Insured. The surgery must be certified to be Medically Necessary by a Medical Practitioner who is a pulmonologist or thoracic surgeon.

37. Brain Surgery

The actual undergoing of surgery to the brain, under general anesthesia, 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.

38. Severe ulcerative colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
All of the following criteria must be met:

- The entire colon is affected, with severe bloody diarrhea; and
- The necessary treatment is total colectomy and ileostomy; and
- The diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in gastroenterology

39. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Medical Practitioner who is a specialist in

gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

40. Progressive Supranuclear Palsy-Resulting In Permanent Symptoms

Confirmed by a registered doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy.
The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living.

Activities of Daily Living are defined as:

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

41. Good Pastures Syndrome With Lung And Renal Involvement

Goodpasture Syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung damage and end stage kidney disease of eGFR <60 mL/min/. The permanent damage should be for continuous period of at least 30 days. The diagnosis must be proven by kidney biopsy and confirmed by a specialist Medical Practitioner who is a rheumatologist.

42. Fulminant Viral Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

a. Rapid decreasing of liver size.
b. Necrosis involving entire lobules, leaving only a collapsed reticular framework.
c. Rapid deterioration of liver function tests.
d. Deepening jaundice; and
e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

43. Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to Hospital, and
- Fistula formation between loops of bowel, and
- At least one bowel segment resection.

The diagnosis must be made by a registered Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

44. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of Daily Living.

This diagnosis must be confirmed by:

a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and

b. A consultant neurologist certifying the diagnosis of bacterial meningitis.

Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.

c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.

d. Mobility: the ability to move indoors from room to room on level surfaces.

e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

f. Feeding: the ability to feed oneself once food has been prepared and made available.

45. Necrotizing Fasciitis

The occurrence of necrotizing fasciitis where the following conditions are met:

(i) the usual clinical criteria of necrotizing fasciitis are met; and

(ii) the bacteria identified is a known cause of necrotizing fasciitis; and

(iii) there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.

46. Muscular Dystrophy

Diagnosis of muscular dystrophy by a registered Medical Practitioner who is a neurologist based on the presence of following conditions:

i. Clinical presentation including weakness and loss of muscle mass, absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction.
ii. Characteristic electromyogram
iii. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 6 months.

For the purpose of this clause, Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, an braces, artificial limbs or other surgical appliances
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
d. Mobility: the ability to move indoors from room to room on level surfaces.
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f. Feeding: the ability to feed oneself once food has been prepared and made available

47. Poliomyelitis

The occurrence of Poliomyelitis, where the following conditions are met:

i. Poliovirus is identified as the cause through laboratory investigation.
ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis of Poliomyelitis must be confirmed by a registered Medical Practitioner who is a neurologist.

48. Tuberculous Meningitis

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by:

i Findings in the cerebrospinal fluid (csf) report
ii Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR
iii Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD

The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living.

Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
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f. Feeding: the ability to feed oneself once food has been prepared and made available

49. Encephalitis

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 6 weeks, certified by a specialist Medical Practitioner (Neurologist).

The permanent deficit must result in permanent inability to perform three or more Activities of Daily Living.

Activities of Daily Living are defined as:

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

50. Primary Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in severe anemia below 10 g/dl, low platelet count below 100,000 micro and enlarged spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Insured.

Person requires a blood transfusion at least monthly over at least six (6) consecutive months. The diagnosis of Primary Myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist.

Secondary Myelofibrosis is excluded.

51. Pheochromocytoma

Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumor.
The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

52. Systemic Lupus Erythematous with Renal Involvement

a. Multi-system, autoimmune disorder characterized by the development of autoantibodies, directed against various self-antigens. For purposes of the definition of "SLE" under this policy 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.

Diagnosis by a nephrologist, supported by renal biopsy report is mandatory. There must be positive antinuclear antibody test

b. The following are excluded
   i. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.
   ii. Class I – Minimal mesangial lupus nephritis
   iii. Class II – Mesangial proliferative lupus nephritis

53. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterization resulting in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, based on the following classification criteria:

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.

54. Loss of Use of One Limb and Loss of Sight in One Eye

To be eligible, both the conditions should be fulfilled.

- The complete and permanent loss of use of one (1) arm or one (1) leg, through paralysis caused by illness or injury persisting for at least six (6) months from the date of trauma or illness as certified by medical specialist, plus.
- Total, permanent and irreversible loss of sight in one eye as a result of illness or accident, which must be certified by an ophthalmologist.

55. Refractory Heart Failure

Refractory Heart failure is defined as a systolic or diastolic dysfunction which meets all of the below criteria

a. Heart Failure has reached cardiac impairment of Stage D of ACC/AHA classification for a continuous period of least six months and
b. Heart Failure that does not respond to optimal medical therapy ("triple therapy") and
c. results in Ejection fraction of the heart is less than or equal to 30%, as measured by Echocardiogram

The diagnosis must be confirmed by a Cardiologist

The following is excluded:

- Reversible causes of heart failure such as hypocalcemia, anaemia.
- Heart Failure secondary to alcoholism and drug abuse.

56. Takayasu Arteritis

It is a specific kind of arteritis, and the inflammation damages the aorta and its main branches resulting in the medically necessary bypass surgery or aortic valve surgery. The diagnosis has to be confirmed by a specialist medical practitioner and substantiated by typical findings in angiography.

57. Severe Guillain-Barre Syndrome

It is a disorder in which the immune system of a person attacks the person's peripheral nervous system resulting in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living. The diagnosis has to be confirmed by a neurologist and substantiated by typical findings in CSF, EMG and NC studies.

Activities of Daily Living are defined as:

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

58. Spinal Stroke

Death of spinal cord tissue due to inadequate blood supply or hemorrhage within the spinal canal resulting in neurological deficit with persisting clinical symptoms.

Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. 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.

59. Benign Spinal Cord Tumor with Neurological Deficit

Benign spinal cord tumor is defined as a life threatening, non-cancerous tumor of the spinal cord or its meninges. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
This spinal cord tumor must result in Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days and must be confirmed by the relevant medical specialist. The Neurological deficit must result in permanent inability to perform three or more Activities of Daily Living.

Activities of Daily Living are defined as :

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

60. Severe Progressive Bulbar Palsy

Neurological disorder with paralysis in the head region, difficulties in chewing and swallowing, problems in speaking, persistent signs of involvement of the spinal nerves and the motor centres in the brain and spastic weakness and atrophy of the muscles of the extremities. The disease must be Unequivocally Diagnosed by a Medical Practitioner who is a neurologist. The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.

The Activities of Daily Living are:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
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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

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Customers calling from anywhere in India, please dial 1800 2660

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

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