

Heart disease or cancer can be defeated,
With the right plan by your side.

The specially designed



This is a non-linked non-participating health individual pure risk product

Pays money when you need it the most

✓ **Claim amount paid on detection*** ✓ **Affordable premiums**



ICICI PRUDENTIAL
LIFE INSURANCE

*The claim pay-out depends on the severity of the level of listed conditions



CICI Pru HEART / CANCER PROTECT

Nitesh is a research analyst with an MNC. He is travelling home to enjoy the upcoming festival. He is taking a recent version of Tablet for his father's 60th birthday. Once home, his father keeps complaining of frequent cough. They presume it is because of change of season and resort to home remedies. But when they visit a doctor at the nearby hospital and run a few tests, Nitesh's world comes crashing down. The diagnosis – CANCER.

Nothing had prepared Nitesh for this cruel turn of events, and he returns to his workplace with a heavy heart. Little does he know that there is another rude shock awaiting him! His 32 year old colleague had suffered a heart attack. It was unbelievable!

Nitesh, like everyone thought that Cancer or Heart attack happens to others, but now he understood that when they strike closer home the reality hits hard.

The truth is that although the victories against infectious and parasitic diseases are a triumph for public health projects of the 20th century, the burden of non-communicable diseases, such as heart disease and cancer, has increased. Sadly, these diseases have no age boundaries.

With changing demographics, medical advancements have also taken place. Timely medical intervention helps in early detection and better treatment but the cost of these have sky-rocketed in recent years.





How can cancer or heart disease affect you?

High Medical costs



Diagnosis and treatment of these deadly diseases are expensive and it can wipe off your life savings. Post treatment care can be long and costly. You would not want to sacrifice your family's goals and dreams for which you have worked so hard.

Temporary loss of income



The treatment can be prolonged with frequent visits to the hospital. It might also require you to change lifestyle and occupation. Your family might need to adjust without your monthly income till you recuperate.

Why should you buy ICICI Pru Heart / Cancer Protect

- Protect yourself against cancer or heart related problems or both
- Receive fixed pay-out based on severity of condition, irrespective of actual billing
- Waiver of future premiums on Minor cancer or Minor heart conditions and even on permanent disability
- Safeguard yourself against increasing health expenses, by opting for Increasing Cover Benefit which increases your cover every year
- Option to enhance your protection by selecting additional covers like Hospital Benefit and Income Benefit
- Get pay-out from this plan, in addition to payment from any other medical plans
- Tax benefits will apply to the premiums paid and benefits received as per the prevailing tax laws



Special benefits



Family Benefit

Avail a discount of 5% on first year's premium, on purchasing this product for yourself and your spouse. This discount will not be applicable from second year onwards.



Loyalty Benefit

Our existing customers can enjoy a discount of 5% on the first year's premium of this product. This discount will not be applicable from second year onwards.

How does the product work?

Choose to protect against Cancer or Heart problems or both Cancer and Heart problems:

- Cancer cover provides protection against pre-cancerous (Carcinoma-in-Situ) and Early stage of cancer in addition to severe stages of cancer
- Heart cover provides protection against even the most common heart problems
- Cancer cover and Heart cover offers protection for both cancer and heart problems

List of covered conditions mentioned in the below section



Benefits in detail

Lump sum amount will be paid on diagnosis of any of the listed conditions based on their level

Level	Payout (as % of sum assured)
Minor condition	25%
Major condition	100% less earlier Minor condition claim payouts, if any

You can claim for Minor conditions multiple times as long as the total payout does not exceed 100% of the sum assured of the chosen cover.



Waiver of premium

On diagnosis of any of the listed Minor condition or in case you suffer permanent disability due to an accident, all future premiums payable under your policy will be waived off and the policy will continue.



Additional Benefits in detail

Enhance your protection cover by choosing one or a combination of the following additional benefits:

- Hospital Benefit
- Increasing Cover Benefit
- Income Benefit

Hospital Benefit



You will get daily hospital cash benefit of Rs. 5,000 if you get hospitalised for a continuous stay of 24 hours, due to any of the listed conditions under your chosen cover. The benefit amount is fixed and will be paid irrespective of actual hospitalisation expenses. This benefit will be payable subject to a maximum limit of ten (10) days per policy year and thirty (30) days over the policy term. The yearly limit of number of days of hospitalisation cannot be carried forward to next year.

Increasing Cover Benefit



Your sum assured will increase by 10% simple interest every year, till the time first claim is made. The maximum sum assured under Increasing Cover Benefit is limited to 200% of the sum assured chosen at inception.

Income Benefit



1% of the sum assured chosen at inception, will be paid to you each month for a period of 5 years on diagnosis of any of the Major conditions under the cover. This benefit is over and above the lump sum payable.



List of conditions covered

For Cancer cover:

Minor Conditions	Major Conditions
Early stage Cancers	Cancer of Specified Severity
Carcinoma-in-Situ of any organ (except skin)	

For Heart cover:

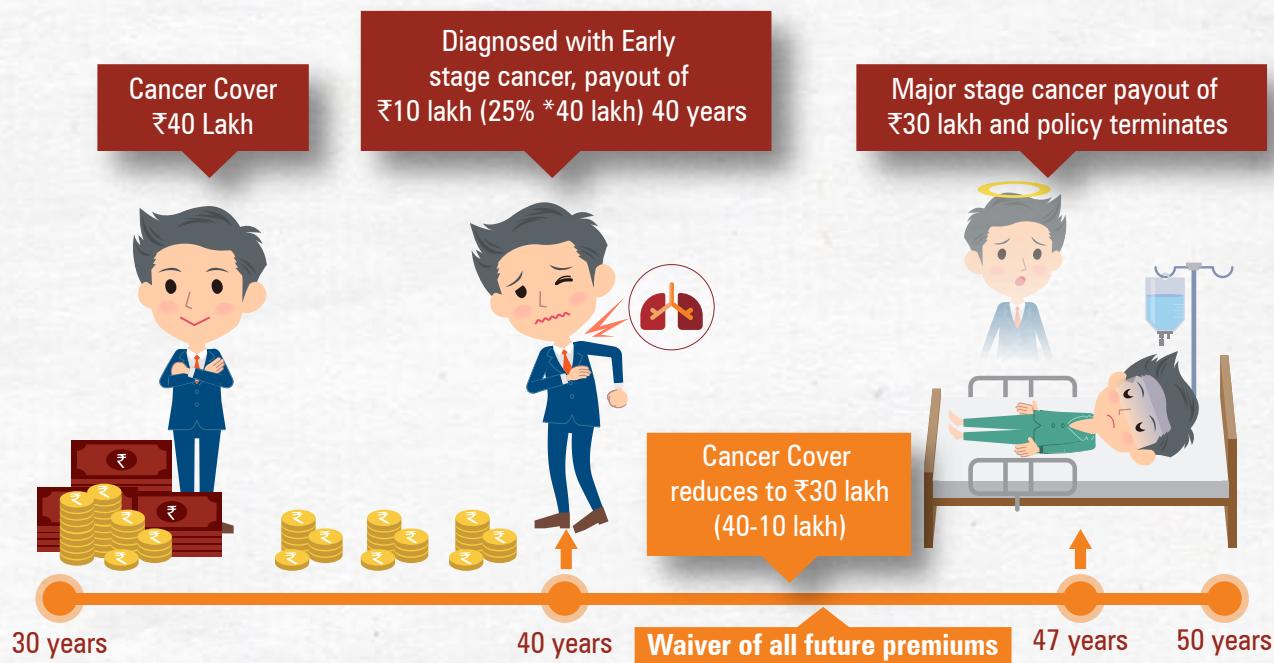
Minor Conditions	Major Conditions
Angioplasty	Cardiomyopathy
Balloon Valvotomy or Valvuloplasty	First Heart Attack of Specified Severity (Myocardial Infarction)
Carotid Artery Surgery	Heart Transplant
Implantable Cardioverter Defibrillator	Major Surgery of aorta
Implantation of Pacemaker of Heart	Open Chest CABG
Infective Endocarditis	Open Heart replacement or Repair of Heart Valve
Minimally Invasive Surgery of aorta	Primary (Idiopathic) Pulmonary Hypertension
Pericardectomy	
Pulmonary Thromboembolism	
Surgery for Cardiac Arrhythmia	
Surgery to Place Ventricular Assist Devices or Total Artificial Hearts	



Sample Illustrations

Illustration 1:

Animesh is a professional consultant aged 30 years. He bought ICICI Pru Heart / Cancer Protect, with Cancer cover of ₹40 lakh for 20 years. He was diagnosed with Early stage cancer of lung at the age of 40. He received a payout of ₹10 lakh through this plan which helped him with his medical expenses. The plan continued with remaining ₹30 lakh (40-10 lakh) without Animesh having to pay any further premiums. Unfortunately, when he touched 47 years, he was detected with Major stage cancer of lung, and the remaining amount of ₹30 lakh was paid to him.

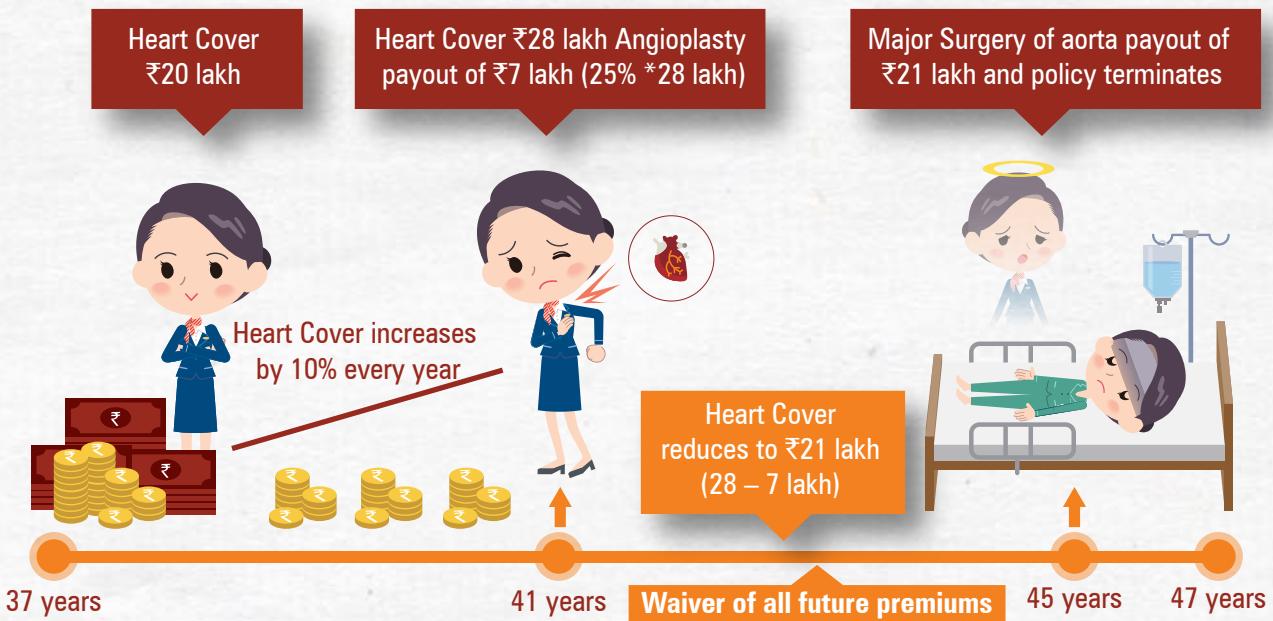




Sample Illustrations

Illustration 2:

Ritika is a sales professional aged 37 years. She bought ICICI Pru Heart / Cancer Protect, with Heart cover of ₹20 lakh for 10 years. She opted for Increasing Cover Benefit under which her sum assured increased by 10% every year. At age of 41 she underwent angioplasty for which she received ₹7 lakh, thereafter the increase in the sum assured stopped. The policy continued for ₹21 lakh (28 - 7 lakh) without Ritika having to pay any further premiums. At the age of 45, she underwent Major Surgery for aorta and the remaining ₹21 lakh was paid to her.

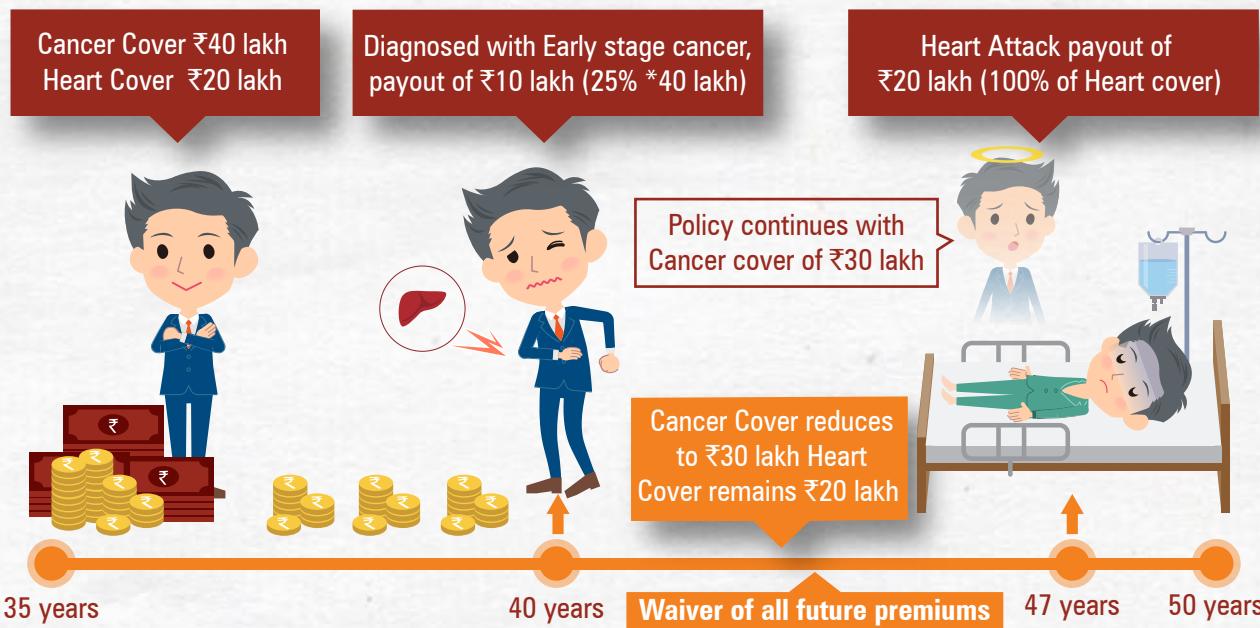




Sample Illustrations

Illustration 3:

Rohan is a businessman aged 35 years. To safeguard himself against unforeseen circumstances, he bought ICICI Pru Heart / Cancer Protect, with Cancer cover of ₹40 lakh, and Heart cover of ₹20 lakh for 15 years. At the age of 40, he was diagnosed with Early stage cancer of liver and ₹10 lakh was paid through this plan. Thereafter his policy continued for remaining Cancer cover of ₹30 lakh (40 - 10 lakh) and his Heart cover of ₹20 lakh without Rohan having to pay any further premiums. Unfortunately at the age of 47, he suffered Heart attack for which he received ₹20 lakh, and his Heart cover ceased. The policy continued for his remaining Cancer cover of ₹30 lakh for the rest of the policy term.





Specifications of the plan

Age at entry (age as on last birthday)	Minimum: 18 years Maximum: 65 years
Maximum maturity age (age as on last birthday)	Minimum: 23 years Maximum: 75 years
Policy Term	Single Pay: 5 years Regular Pay: 5 to 40 years
Premium payment option	Single Pay, Regular Pay
Premium payment term	Single Pay: Single Regular Pay: Same as Policy Term
Minimum Sum Assured	₹2 lakh
Maximum Sum Assured	Cancer cover : ₹50 lakh Heart cover : ₹25 lakh
Premium Payment modes	Single, Yearly, Half-yearly and Monthly

Surrender

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

Surrender Value = Single Premium * Surrender Value Factor

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



List of conditions covered under Heart cover

Minor conditions



Angioplasty

- Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.



Balloon Valvotomy or Valvuloplasty

- The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a specialist in the relevant field where the procedure is performed totally via intravascular catheter based techniques.
- The diagnosis of heart valve abnormality must be supported by cardiac catheterization or Echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist
- The following are excluded:
Procedures done for treatment of Congenital Heart Disease



List of conditions covered under Heart cover



Carotid Artery Surgery

- The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria (a) and (b) below must be met:
 - i. Actual undergoing of endarterectomy to alleviate the symptoms; or
 - ii. Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
- (b) The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.



Implantable Cardioverter Defibrillator

- Actual undergoing of insertion of an implantable cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness .
- Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter-Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D)
- The insertion of a permanent Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field.
- Cardiac arrest secondary to alcohol or drug misuse will be excluded.



List of conditions covered under Heart cover



Implantable Cardioverter Defibrillator

- Actual undergoing of insertion of an implantable cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness .
- Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter-Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D)
- The insertion of a permanent Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field.
- Cardiac arrest secondary to alcohol or drug misuse will be excluded.



Implantation of Pacemaker of Heart

- Actual undergoing of Insertion of a permanent cardiac pacemaker to correct serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a specialist in the relevant field.
- Cardiac arrest secondary to alcohol or drug misuse will be excluded.



List of conditions covered under Heart cover



Infective Endocarditis

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

- Positive result of the blood culture proving presence of the infectious organism(s)
- Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a consultant cardiologist.



Minimally Invasive Surgery of Aorta

- The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Procedures done for treatment of Congenital Heart Disease are excluded



List of conditions covered under Heart cover



Pericardectomy

- The undergoing of a pericardectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.
- The actual undergoing of pericardectomy secondary to chronic constrictive pericarditis.
The following are specifically excluded:
 - Chronic constrictive pericarditis related to alcohol or drug abuse
 - Acute pericarditis due to any reason



Pulmonary Thromboembolism

- Acute Pulmonary Thromboembolism: means the blockage of an artery in the lung by a clot or other tissue from another part of the body. The Pulmonary Embolus must be unequivocally diagnosed by a specialist on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs), angiography or echocardiography, with evidence of right ventricular dysfunction and requiring medical or surgical treatment on an inpatient basis.



List of conditions covered under Heart cover



Surgery for Cardiac Arrhythmia

- Ablative Procedure is defined as catheter ablation procedures using radiofrequency or cryothermal energy for treatment of a recurrent or persistent symptomatic arrhythmia refractory to antiarrhythmic drug therapy. Ablation procedures should immediately follow the diagnostic electrophysiology study. The ablative procedure must be certified to be absolutely necessary by a consultant cardiologist (electrophysiologist).
- Preprocedural evaluation prior to ablation procedures and ablation procedures as below should be completely documented:
 - Strips from ambulatory Holter monitoring in documenting the arrhythmia.
 - Electrocardiographic and electrophysiologic recording, cardiac mapping and localization of the arrhythmia during the ablative procedure.



Surgery to Place Ventricular Assist Devices or Total Artificial Hearts

- This is an open chest procedure for implantation of Left Ventricular Assist Device/Ventricular Assist Device as bridges to cardiac transplantation or destination therapy for long term use for the Refractory Heart Failure with reduced ejection fraction as defined below: NYHA Class IV symptoms who failed to respond to optimal medical management for ≥ 45 of the past 60 days, or have been intra-aortic balloon pump dependent for 7 days, or IV inotrope dependent for 14 days.
- The following are excluded:
Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.



List of conditions covered under Heart cover

Major conditions



Cardiomyopathy

- An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, based on the following classification criteria:
 - Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
 - Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.



List of conditions covered under Heart cover



First Heart Attack of Specified Severity (Myocardial Infarction)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- The following are excluded:
 - Other acute Coronary Syndromes
 - Any type of angina pectoris
 - A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.



Heart Transplant

- The actual undergoing of a transplant of heart that resulted from irreversible end-stage failure of the heart. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner (cardiologist).
- Stem cell Transplants are excluded.



List of conditions covered under Heart cover



Major Surgery of aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

The following are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques are excluded.
- Angioplasty and/or any other intra-arterial procedures, catheter based techniques, "keyhole" or laser procedures are excluded.
- Procedures done for treatment of Congenital Heart Disease are excluded



Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

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



Open Heart replacement or Repair of Heart Valve

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.



List of conditions covered under Heart cover



Primary (Idiopathic) Pulmonary Hypertension

- An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- The NYHA Classification of Cardiac Impairment are as follows:
 - Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.



List of conditions covered under Cancer cover

Minor conditions



Carcinoma-in-Situ of any organ (except skin)

- Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.
- The diagnosis of the Carcinoma in situ must always be supported by a histopathological report.
- Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
- In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS.
- Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, and CIN II (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded.
- All CIS of the skin are specifically excluded.
- This coverage is available to the first occurrence of CIS of same organ. Multiple claims from same organ will not be admissible.



List of conditions covered under Cancer cover



Early stage Cancers

Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

- Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification
- Prostate tumor should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent classification.
- Chronic lymphocytic leukaemia classified as RAI Stage I or II;
- Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin,
- Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
- All tumors of the urinary bladder histologically classified as T1N0M0 (TNM Classification)

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.



List of conditions covered under Cancer cover

Major conditions



Cancer of Specified Severity

- 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.
- The following are excluded –
 - 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.
 - Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - Malignant melanoma that has not caused invasion beyond the epidermis;
 - 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 T2NOMO
 - All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
 - Chronic lymphocytic leukaemia less than RAI stage 3
 - Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
 - All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;



Conditions for Hospital Benefit

- Hospitalisation should be on recommendation of a registered medical practitioner to seek medical intervention due to any of the listed conditions.
- This benefit is payable on admissible claim of any of the listed conditions and where Life Assured is hospitalised for the same condition.
- Hospitalisation prior to diagnosis of listed condition under the chosen cover is excluded.
- Hospitalisation for any condition other than the ones listed under the policy is excluded from the scope of the benefit.
- Subsequent hospitalisation arising due to further complication or follow-up of the already covered condition shall only be covered subject to the maximum limit mentioned above.
- If Cancer cover and Heart cover are taken together then all the above conditions are applicable to listed conditions under Cancer cover separately and Heart cover separately.
 - In case of claim under Hospital Benefit due to listed conditions of any one cover, the pay-out will be made for that cover, and the Hospital Benefit due to listed conditions under another cover remains unaffected/ unutilised.
 - The allowance of number of days of hospitalisation for under each cover cannot be clubbed and availed for any one cover.



Conditions for Permanent Disability (PD) due to accident

The benefit because of Permanent Disability (PD) due to an accident will be applicable if the Life Assured is unable to perform 3 out of the 6 following Activities of Daily Work:

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



Conditions for Permanent Disability (PD) due to accident

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

- The disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by a Company appointed independent medical practitioner.
- PD due to accident should not be caused by the following:
 - Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or
 - Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
 - The Life Assured with criminal intent, committing any breach of law; or
 - Due to war, whether declared or not or civil commotion; or
 - Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- PD due to accident must be sudden, unforeseen and involuntary event caused by external, visible and violent means.
- The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the PD of the Life Assured. In the event of PD of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit.
- The policy must be in-force at the time of accident
- The Company shall not be liable to pay this benefit in case PD of the Life Assured occurs after the date of termination of the policy.



Terms and conditions

- Claim will be admissible only if the Life Assured is diagnosed for the first ever occurrence of any of the listed conditions and policy is in force at the time of diagnosis. The total payout in the policy cannot exceed 100% of the sum assured of the cover selected.
- Claim under one type of cover does not impact the sum assured of the other cover.
- Under a particular cover, either Cancer or Heart, for the multiple Minor conditions claims to be admissible, there needs to be a period of at least 6 months between the date of diagnosis of a Minor condition claim and date of diagnosis of subsequent Minor condition claim.
- Under Cancer cover, multiple Minor condition claims from the same organ will not be admissible. For the purpose of claim under Cancer cover, each group of the following sites are treated as one organ.
 - Basal cell and squamous skin cancer
 - Corpus uteri, vagina, fallopian tubes, cervix uteri, ovary
 - Colon and rectum
 - Penis, testis
 - Stomach and esophagus
- Where Cancer cover and Heart cover are chosen together, all future premiums under the policy will be waived off on any of the following conditions:
 - A Minor/Major condition claim under either Cancer cover or Heart cover; or
 - Upon the diagnosis of Permanent Disability of the Life Assured due to an accident.

Waiver of premium

In case the policy has been purchased for you and your spouse, waiver of future premiums will be applicable only for that Life Assured who has been diagnosed with the following conditions

- A Minor condition; or
- Permanent Disability due to accident; or
- A Minor/Major condition where Cancer cover and Heart cover are chosen together



Terms and conditions

Income Benefit

- The Income Benefit will be paid as and when due irrespective of the expiry of the policy term, provided Major condition has been diagnosed within the policy term.
- In case of death of Policyholder during income benefit payout period, the benefit will be paid to the Claimant.
- If 100% of the sum assured has already been paid under the policy on account of multiple Minor condition claims, then on a claim under listed Major conditions, only Income Benefit will be paid and there will not be any lump sum benefit payment.
- Where the Cancer cover and Heart cover are taken together, pay out under Income Benefit will be triggered for only that cover for which a claim of Major condition is registered and all Benefits through other cover remains unaffected.

Increasing Cover Benefit

- Increase in sum assured will stop on occurrence of first claim under the cover.
- Where Cancer cover and Heart cover are taken together, in case of occurrence of first claim under any one type of cover, the increase in sum assured will stop for that cover type and Increasing Cover Benefit will continue for the other type of cover, for which no claim has occurred.

Special Benefits

Family Benefit

- Family benefit will have to be chosen at the inception of the policy only, spouse cannot be added once the policy is issued. The policy benefits of both the Life's Assured shall be independent of each other
- This discount is not applicable on Single pay policy.



Terms and conditions

Loyalty Benefit

This discount is not applicable on Single Pay policy.

- You can avail either Family Benefit or Loyalty Benefit.

Waiting Period

- The benefit shall not apply or be payable in respect of any listed conditions of which the symptoms have occurred or for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the first six months from the Date of commencement of risk or three months from the policy revival date where the policy has lapsed for more than three months.
- In the event of occurrence of any of the scenarios mentioned above, where it is established that the Life Assured was diagnosed to have any one of the listed conditions during the waiting period for which a claim could have been made, the Company will refund the premiums from the Date of commencement of risk of the policy or from the date of revival as applicable and the policy will terminate with immediate effect. For policies with Family Benefit, this Life Assured will be removed and the policy will continue for the other Life Assured with the reduced premium from the next premium due date.
- If Cancer cover and Heart cover are taken together, premiums corresponding to the cover and its additional benefits (if any), under which the claim is made will be refunded from the Date of commencement of risk of the policy or from the date of revival as applicable. The cover and its additional benefits for which the premiums have been refunded will cease with immediate effect. The policy will continue with the other cover and its additional benefits (if any), and all future premiums will be payable only for this cover and its additional benefits.
- No waiting period applies if any of the listed conditions occur due to accident.

Survival Period

- Benefits under Heart cover will be payable only if the Life Assured survives for a period of 7 days from the date of diagnosis of any of the listed conditions under Heart cover.
- There is no survival period for Cancer cover.



Terms and conditions

Exclusions for listed conditions

In addition to the condition specific exclusions mentioned in the definition of listed conditions, the following exclusions shall apply to the listed conditions of Cancer cover and Heart cover:

- Pre Existing Diseases are not covered. Pre-existing Disease means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
 - c) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition.
- Any investigation or treatment for any illness, disorder, complication or ailment arising out of or connected with the pre-existing illness shall be considered part of that pre-existing illness.
- No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.
- Any covered event or its signs or symptoms having occurred within the waiting period.
- Existence of any Sexually transmitted diseases.
- Self-inflicted injuries, suicide, insanity, and deliberate participation of the Life Assured in an illegal or criminal act with criminal intent.
- Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a medical practitioner.
- Radioactive contamination due to nuclear accident.
- Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains aged 17.



Terms and conditions

Exclusion for Hospital Benefit

In addition to the exclusions of listed conditions mentioned above, following exclusions will be applicable to Hospital Benefit

- Any treatment of a donor for the replacement of an organ.
- Ayurvedic, Homeopathy, Unani, Yoga and naturopathy, Siddha, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy / western medicines.

Free look period

If you are not satisfied with the terms and conditions of the policy, please return the policy document to the Company for cancellation with reasons within:

- 15 days from the date you received it, if your policy is not purchased through Distance marketing
- 30 days from the date you received it, if your policy is an electronic policy or is purchased through Distance Marketing.

On cancellation of the policy during the free look period, we will return the premium 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 policy shall terminate on payment of this amount and all rights, benefits and interests under this policy will stand extinguished.

Tax benefits

- Tax benefits under the policy are subject to conditions u/s 80D of the Income Tax Act, 1961. Goods & Services Tax and Cess (if any) will be charged extra as per prevailing rates over the premium amount as per the applicable rates. Tax laws are subject to amendments from time to time.



Terms and conditions

Grace period:

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

Premium discontinuance

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

Policy revival

A policy, which has lapsed for non-payment of premium may be revived subject to the following conditions:

- No benefit is payable for an event which occurred or symptoms of which first occurred or were first diagnosed during the period when policy was in lapsed condition.
- The application for revival is made within 5 years from the due date of the first unpaid premium and before the termination date of the policy. Revival will be based on the prevailing Board approved underwriting policy.
- A waiting period of 3 months will be applicable for any revivals after 3 months from the due date of the first unpaid premium.
- No waiting period will be applicable for any revival within 3 months of the due date of the first unpaid premium.
- The policyholder furnishes, at his own expense, satisfactory evidence of health of the Life Assured as required by the prevailing Board approved underwriting policy.
- The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are paid. The interest rate applicable in December 2019 is 7.97% p.a. compounded half yearly.
- The revival of the policy may be on terms different from those applicable to the policy before premiums were discontinued.
- The Company reserves the right to refuse to re-instate the policy. The revival will take effect only if it is specifically communicated by the Company to the Policyholder.
- Any change in revival conditions will be subject to prior approval from IRDAI and will be disclosed to policyholders.

The Company will not provide loans under this policy.



Terms and conditions

Premium Guarantee

- The premiums are guaranteed for a block of three (3) years after which it can be revised with prior approval of IRDAI. Premiums, if and when revised, will be guaranteed for a subsequent block of three (3) years. We will inform you about the premium revision, if any, at least 3 months in advance.
- The revision in premiums, shall not be based on any individual policy claim experience.
- For Single Pay policies, the premium is guaranteed for the entire policy term.

Modal loadings

Loadings for various modes of premium payment are given below

Mode of Premium Payment	Loading (as a % of Premium)
Monthly	6.0%
Semi-Annual	3.5%
Annual	NA

Nomination

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

Assignment

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



Terms and conditions

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.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Fraud and Misrepresentation

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

- For further details, please refer to the policy document and the benefit illustration.



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 products that meet the needs of the Indian customer at every step in life.



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

For more information:

Customers calling from anywhere in India, please dial **1860 266 7766**

Do not prefix this number with "+" or "91" or "00" (local charges apply)

Customers calling us from outside India, please dial **+ 91 22 6193 0777**

Call Centre Timings: 10.00 am to 7.00 pm

Monday to Saturday, except National Holidays.

To know more, please visit www.iciciprulife.com

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BEWARE OF SPURIOUS / FRAUD PHONE CALLS!

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.

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