

ICICI Pru
Waiver of Premium
on Critical Illness Rider

**Don't let your medical emergency
turn into a financial one**



Company pays all future premiums under your base policy in case of any specified critical illness

Base policy benefits continue as applicable



Please note that riders can be attached to a base insurance policy only and are not offered separately. Available with select products only.

Illnesses come without giving any advance notice and may have the most crippling effect on a family, making it difficult to meet financial goals one has been saving towards.

Keeping this in mind, ICICI Prudential brings you ICICI Pru Waiver of Premium on Critical Illness Rider, which waives all your future premiums on occurrence of specified Critical Illnesses, thus ensuring your policy benefits continue as planned. This rider will form a part of the base insurance contract.

Key benefits of ICICI Pru Waiver of Premium on Critical Illness Rider

- Waiver of all future premiums payable under the base policy in the event of any of the 20 specified Critical Illnesses*
- Tax benefits on the premium paid and benefits received under the rider, as per the prevailing Income Tax laws ^{TMC2}

How does the ICICI Pru Waiver of Premium on Critical Illness Rider work?

- Attach the rider to your base policy either at inception or at any policy anniversary, subject to underwriting
- Pay the rider premium along with the base premium for the term of the rider
- In the event of any of the 20 specified Critical Illnesses, all future premiums payable during the remaining term of the base policy will be waived by the Company, provided both the base policy and the rider is in-force
- On death of the life assured the rider benefit will terminate



** Critical Illnesses are the diseases and procedures listed under "Coverage details"*

ICICI Pru Waiver of Premium on Critical Illness Rider at a glance

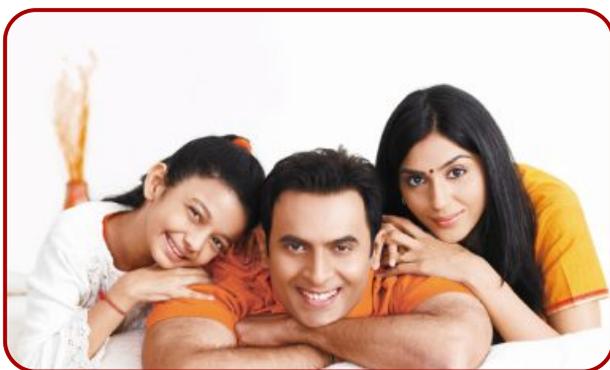
| Features | Boundary conditions |
|------------------------------|--|
| Minimum/Maximum age at entry | 18 years / 65 years |
| Minimum/Maximum benefit | The benefit is waiver of premium of the base policy over the outstanding term. |
| Term | Equal to premium paying term of the base policy; subject to a minimum of 5 years and maximum of 30 yrs |
| Maximum cover ceasing age | 75 years |
| Premium paying modes | Same as that of base policy |

Coverage details

Rider benefit will be payable on:

1. Undergoing the following procedures :

| S.N. | Procedures |
|------|--------------------------------|
| 1. | Brain Surgery |
| 2. | Coronary Artery Bypass Surgery |
| 3. | Heart Valve Surgery |
| 4. | Major Organ Transplant |
| 5. | Surgery to Aorta |



2. Diagnosis of the following diseases:

| S.N. | Disease |
|------|-------------------------------|
| 1. | Apallic Syndrome |
| 2. | Benign Brain Tumour |
| 3. | Blindness |
| 4. | Cancer |
| 5. | Chronic Lung Disease |
| 6. | Coma |
| 7. | End Stage Liver Disease |
| 8. | Kidney Failure |
| 9. | Heart Attack |
| 10. | Loss of Independent Existence |
| 11. | Loss of Limbs |
| 12. | Major Burns |
| 13. | Major Head Trauma |
| 14. | Paralysis |
| 15. | Stroke |

Addition or deletion of Rider

You may choose to add this rider to your base policy either at inception or at any policy anniversary (except in the last 5 policy years), subject to underwriting. If you choose to add the rider at a later date, the rider term should be equal to the remaining premium paying term of the base policy, subject to maximum cover ceasing age of 75 years with a minimum term of 5 years and a maximum term of 30 years. You may choose to remove the rider from the policy anytime.

Premium Illustration

The table below shows the yearly premiums for a rider attached to a base policy with an annual premium of Rs.24,000. The premiums shown below are for healthy male (exclusive of service tax and cess) at different ages:

| Age last birthday (years) | Rider term | | |
|---------------------------|------------|----------|----------|
| | 10 years | 15 years | 20 years |
| 20 | 439 | 475 | 502 |
| 30 | 502 | 522 | 564 |
| 40 | 877 | 1,119 | 1,302 |

The premium rates are reviewable from time to time subject to prior approval from IRDA. Any change in the above premiums will take place subject to IRDA approval and after giving notice to the policyholder.

Details of Critical Illnesses covered

1. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month.

2. Benign Brain Tumour

A Benign Tumour in the brain where all of the following conditions are met:

- i) It is life threatening;
- ii) It has caused damage to the brain;
- iii) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and
- iv) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

Exclusions:

- i) Cysts;
- ii) Granulomas;
- iii) Vascular malformations;

- iv) Haematomas;
- v) Calcification;
- vi) Meningiomas;
- vii) Tumours of the pituitary gland or spinal cord; and
- viii) Tumours of acoustic nerve (acoustic neuroma).

3. Blindness

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

4. Brain Surgery

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

5. Cancer of specified severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded –

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

6. Chronic Lung Disease

End Stage Respiratory Failure including Chronic Interstitial Lung Disease.

The following criteria must be met:

- i) Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre. (Forced Expiratory Volume during the first second of a forced exhalation)
- ii) Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less
- iii) Dyspnoea at rest.

This diagnosis must be confirmed by a chest physician.

7. Coma of specified severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

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

8. Open Chest CABG

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

- i) Angioplasty and/or any other intra-arterial procedures
- ii) Any key-hole or laser surgery

9. End Stage Liver Disease

End Stage Liver Disease means chronic end stage liver failure evidenced by all of the following:

- i) Uncontrollable Ascites ;
- ii) Permanent Jaundice;

- iii) Oesophageal or Gastric Varices and Portal Hypertension;
- iv) Hepatic Encephalopathy.

Liver disease arising out of or secondary to alcohol or drug abuse is excluded.

10. First Heart Attack – of specified severity

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

- 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.

The following are excluded:

- i) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- ii) Other acute Coronary Syndromes;
- iii) Any type of angina pectoris

11. Open Heart Replacement or repair of heart valves

The actual undergoing of open-heart valve surgery 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.

12. Kidney Failure requiring Regular Dialysis

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

13. Loss of Independent Existence

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

Activities of Daily Living:

- 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.

14. Loss of Limbs

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

15. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body. The condition should be confirmed by a Consultant Physician

Burns arising due to self infliction are excluded.

16. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant Neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The 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.

The following are excluded:

- i) Spinal cord injury; and
- ii) Head injury due to any other causes.

17. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of one of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or human bone marrow using haematopoietic stem cells.

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

18. 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.

19. Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i) Transient ischemic attacks (TIA);
- ii) Traumatic injury of the brain;
- iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

20. Surgery to Aorta

The actual undergoing of surgery via thoractomy or laparotomy for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term 'Aorta' means the Thoracic and Abdominal Aorta but not its branches.

Exclusions

No benefit will become payable in respect of any listed condition arising directly or indirectly from, through, in consequence of or aggravated by any of the following:

- i) Pre-Existing Conditions or conditions connected to a Pre-Existing Condition unless such Pre-Existing Condition is stated in the proposal form and specifically accepted by ICICI Prudential and endorsed thereon.
- ii) Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV)
- iii) Self inflicted injury
- iv) Use of intoxicating drugs, alcohol or solvent or the taking of drugs except under the direction of a qualified medical practitioner
- v) War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence
- vi) Treatment for injury or illness caused by avocations or activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hang-gliding, ballooning, deliberate exposure to exceptional danger
- vii) Aviation other than as a fare paying passenger in a commercial licensed aircraft
- viii) Taking part in any act of a criminal nature
- ix) Pregnancy or childbirth or complications arising therefrom
- x) Radioactive contamination due to nuclear accident
- xi) Any treatment of a donor for the replacement of an organ.
- xii) Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy or western medicines
- xiii) Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Australia, Brunei, Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, UAE, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time with approval from IRDA (Insurance Regulatory and Development Authority). Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated

Terms & Conditions

1. Freelook period: A period of 15 days is available to the Policyholder to review the rider. If the policyholder does not find the rider suitable, the policy document must be returned to the Company within 15 days from the date of receipt of the policy document.

On cancellation of the rider during the freelook period, we will return the premium subject to the deduction of expenses borne by the Company on medical examination, if any.

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

2. Tax benefits: Tax benefits under the rider will be as per the prevailing income tax laws. Service tax and education cesses will be charged extra as per applicable rates. Tax laws are subject to amendments from time to time.
3. Grace Period: The grace period for payment of premium will be same as that applicable for base policy. If rider premium is not paid within the grace period, the rider benefits will cease to exist.
4. Revival: The revival conditions for the rider will be same as those applicable for the base policy to which it is attached.
5. There is an initial waiting period of 6 months from the policy issuance date. The rider premium shall be refunded in respect of any of the specified critical illnesses and procedures, the symptoms of which have occurred or which have been diagnosed or for which treatment has been received, during the first 6 months from the date of policy. No further benefits shall be payable and the rider will be terminated.
6. In case the premium under the base policy changes due to a change in premium payment mode, the revised premiums shall also be waived and the rider premium, will change accordingly.
7. For the monthly and half-yearly modes of premium payments, additional loadings will be applied to both the base rider premium and the extra rider premium. The additional loadings, expressed as a percentage of the rider premium will be as given below.

| Mode of premium payment | Loading (% of premium) |
|-------------------------|------------------------|
| Half yearly | 7% |
| Monthly | 12% |
| Yearly | Nil |

8. No loan is available under this rider.
9. Nomination is not allowed under the rider.
10. Section 41: In accordance to the Section 41 of the Insurance Act, 1938, no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

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

11. Section 45: No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy holder and that the policy holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that 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.

12. For further details, refer to the policy document and detailed benefit illustration.

About ICICI Prudential Life Insurance

ICICI Prudential Life Insurance Company Limited, a joint venture between ICICI Bank and Prudential plc is one of the first companies to commence operations when the industry was opened in 2000. Since inception, it has written over 10 million policies and has a network of over 1,500 offices, over 1,59,000 advisors and several bank partners.



For more information,
call our customer service toll free number on [1800-22-2020](tel:1800-22-2020) from your MTNL or BSNL lines.
(Call Centre Timings: 9:00 A.M. to 9:00 P.M. Monday to Saturday, except National Holidays)
To know more, please visit www.icicprulife.com

Registered Office: ICICI Prudential Life Insurance Company Limited, ICICI PruLife Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai 400 025.

Insurance is the subject matter of solicitation. Riders are optional and available at an extra cost. For more details on the risk factors, terms and conditions please read this sales brochure carefully before concluding the sale. This product brochure is indicative of the terms, conditions, warranties and exceptions in the insurance policy. In the event of conflict, if any between the terms & conditions contained in this brochure and those contained in the policy documents, the terms & conditions contained in the Policy Document shall prevail. Tax benefits under the policy are subject to conditions under section 80C and 10(10D) of the Income Tax Act, 1961. Service tax and education cess will be charged extra as per applicable rates. The tax laws are subject to amendments from time to time. © 2011, ICICI Prudential Life Insurance Co. Ltd. Reg.No- 105. ICICI Pru Waiver of Premium on Critical Illness rider: UIN - 105C024V01 Advt. No. L/IC/18/2011-12.