Prospectus of Secure Mind

Illness, accidental death or disablement & loss of employment are the most significant of the many uncertainties that we are faced with in life. We would want to secure ourselves by preparing for the unexpected. We at ICICI Lombard General Insurance Co. Ltd, understand these apprehensions and hence, present Secure Mind Insurance to relieve the insecurities.

The **Policy** covers the sum insured for each individual, subject to maximum liability as specified under each cover, for a maximum period of 3 years on account of any of the following Insured Event. Insured event in relation to the Insured, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include: a) First Diagnosis of the below-mentioned Illnesses more specifically described below:

1. Cancer of specified severity
2. Kidney failure requiring regular dialysis;
3. Multiple Sclerosis with persisting symptoms; or
4. Benign Brain Tumor
5. Parkinson's Disease before the age of 50 years
6. Alzheimer's Disease before the age of 50 years
7. End Stage Liver Disease
8. Undergoing for the first time of the following surgical procedures, more specifically described below:

   a Major Organ/ Bone Marrow Transplant; b Open heart replacement or repair of heart valves;

   c Open chest CABG;

   d Surgery of Aorta;

8. Occurrence for the first time of the following medical events more specifically described below:

   a Stroke resulting in permanent symptoms;

b Permanent Paralysis of Limbs;

c First Heart Attack- of specified severity

d Major Burns;

e Loss of Speech;

f Deafness

g Coma of Specified Severity

(*) Kindly refer overleaf for detailed description of the cover

II (i) **Death of Insured Person on account of an Accident**

(ii) **Permanent Total Disablement (PTD) on account of an Accident resulting in the inability to remain gainfully employed.**

III. Loss of employment on account of retrenchment or layoffs on account of the insured person from his/her primary occupation due to illness contracted or injury due to accident .
(For salaried employees only)

Sum Insured

- The coverage is based on sum insured amount and basis opted at the time of availing of the policy.

Policy Coverage

- In the event of Insured's death or Permanent Total Disablement on account of an Accident resulting in Insured's inability to remain gainfully employed, the amount payable as per the sum insured amount and basis opted for at the time of the policy is paid off
- In case the insured contracts or undergoes any of the Major Medical Illness & Procedures covered under this Policy, then ICICI Lombard will pay the amount payable as per the sum insured amount and basis opted at the time of availing of the policy
- If the insured loses his job on account of causes listed in the Policy then ICICI Lombard will pay a lumpsum benefit as provided for under the policy

Features

The Company shall bear minimum of 50% of cost of pre-insurance health check up once the proposal is accepted.

- Easy Claim Settlement with minimal documentation

Policy Tenure

The policy tenure could be for a maximum period of 3 year.

Premium Payable

- The premium depends on the individual's age, sum insured, tenure, applicant's occupation & SI basis.

Exclusions:
1. EXCLUSIONS APPLICABLE TO SECTION I:

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

a) Any Pre-Existing Disease- Any Insured Event arising on account of or in connection with any Pre-Existing Disease

b) If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure.

c) The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within first three months of the commencement of the Period of Insurance.

d) Any congenital Illness or condition;

e) Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.

f) Any physical, medical condition or treatment or service that is specifically excluded in the Policy in Part I of the Schedule under Special Conditions.

g) Treatment relating to birth defects and external congenital Illnesses.

h) Birth control procedures and hormone replacement therapy.

i) Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.

j) Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

2. EXCLUSIONS APPLICABLE TO SECTION II

The Company shall not be liable under this Section for:

i. Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured.

ii. Payment of compensation in respect of Insured Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;

iii. Payment of compensation in respect of death, injury or disablement of

Insured (a) from Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the policy

iv. Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to any Insured

v. No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured suffered or which was present before the commencement of the Policy Period.

3. EXCLUSIONS APPLICABLE TO SECTION III

i. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from

employment of the Insured being attributed to any reason other than that arising from an Illness or Injury due to an Accident.

ii. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:

iii. Self-employed persons;

iv. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;

v. Any voluntary unemployment; vi. Unemployment at the time of inception of the Policy Period or arising within first three months of inception of the Policy Period.

vii. Any unemployment from a job under which no salary or any remuneration is provided to the Insured viii. Any unemployment due to resignation, retirement whether voluntary or otherwise ix. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

GENERAL EXCLUSIONS APPLICABLE TO THE POLICY:

The Company shall not be liable for any loss or damage under this Policy:

1. Arising or resulting from the Insured committing any breach of the law with criminal intent

2. Due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism

3. Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission

4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.

5. Directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.

6. Arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.

7. Any consequential or indirect loss or expenses arising out of or related to any Insured Event.

8. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization.

9. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations

11. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

Eligibility Conditions

The Insurance will be offered to the member/customers/employees who meet the following criteria:

- Age criteria at entry: Minimum 20 years, Maximum 65 years with lifetime renewability.
- Insured should not have suffered from any of the Major Medical Illness & Procedures covered under this Plan. (If any of them are pre-existing as indicated in the Application Form, they will be excluded from the cover as available to the insured).
- Satisfactory completion of health declaration form and health checkup of the applicant (if applicable)
- Self-employed persons will not be eligible to be covered for loss of employment.

Coverage Period

- The cover under the Policy commences from full premium receipt date (subject to receipt of satisfactory health declaration, health check-up (if applicable) and realization of premium cheque)
- The cover ends if any of the following occurs:
- Expiry of the policy period
- In case of payment of Death/Disability or “Major Medical Illness & Procedures” claim;
- In case of maximum payment (in aggregate) of sum insured for unemployment then this benefit will not be available to Insured. The Death, Disability, Major Medical Illness & Procedures will be still valid.

"Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy. ii. Insured Person will have the option to migrate to similar health insurance product available

with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, provided the policy has been maintained without a break."

Terms of Renewal

The Policy can be renewed under then the prevailing Secure Mind Insurance policy or its nearest substitute (in case the product Secure Mind is withdrawn by the Company) as per the regulatory prescriptions.

1. A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium conditions as provided in the policy.

2. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.

Cancellation/termination of Policy:

In case the premium has been paid by the Insured:

(a) Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

(b) The Insured may also cancel this policy by giving 15 days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the policy and retain the premium for the period his policy has been in force at the Company's short period scale as mentioned in the Policy provided that no refund of premium shall be made if any claim has been made under the policy by or on behalf of the insured.

(c) The Policy shall terminate in the event of claim in respect of the Insured becoming admissible and accepted by the Company.

(d) Premium refund for cancellations during the freelook period will be provided as per the Free look clause.

In case the premium has been paid by Policyholder

a) Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

b) The Insured may also cancel this policy by giving 15 days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the policy and retain the premium for the period his policy has been in force at the Company's short period scale as mentioned in the Policy provided that no refund of premium shall be made if any claim has been made under the policy by or on behalf of the insured. (c) The Policy shall terminate in the event of claim in respect of the Insured becoming admissible and accepted by the Company.

Free Look Period: Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges."

Certificate of Insurance (if applicable)

On receipt of satisfactory health declaration, health check-up (if applicable) and premium, ICICI Lombard will send a certificate of insurance.

Claim process:

In case of claim, please follow the procedure given below:

- ICICI Lombard to be informed giving the details of Certificate Insurance/policy as may be issued.
- Submit documents to ICICI Lombard 15 days of receipt of claim along with claim form and documents.

You shall be required to furnish the following documents for or in support of a Claim:

1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com
2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner
3. Original bills from chemists supported by proper prescription.
4. Original investigation test reports and payment receipts.
5. Indoor case papers
6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.
7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it

Major Medical Illness and Procedures:

For the purposes of this cover and the determination of the Company's liability under it, the Insured Event in relation to the Insured, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

a. First Diagnosis of the below-mentioned Illnesses more specifically described below:

1.Cancer of specified severity

2. Kidney failure requiring regular dialysis;

3. Multiple Sclerosis with persisting symptoms; or

4. Benign Brain Tumor

5. Parkinson's Disease before the age of 50 years

6. Alzheimer's Disease before the age of 50 years

7. End Stage Liver Disease

b. Undergoing for the first time of the following surgical procedures, more specifically described below:

1. Major Organ/ Bone Marrow Transplant;
2. Open heart replacement or repair of heart valves;
3. Open chest CABG;
4. Surgery of Aorta;

c. Occurrence for the first time of the following medical events more specifically described below:

1. Stroke resulting in permanent symptoms;
2. Permanent Paralysis of Limbs;
3. First Heart Attack- of specified severity
4. Major Burns;
5. Loss of Speech;
6. Deafness
7. Coma of Specified Severity

The Insured Event under this Section and the conditions applicable to the same are more particularly defined below:

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. All tumors which are histologically described as carcinoma in situ,benign, premalignant, 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;

MYOCARDIAL INFARCTION (First Heart Attack of specific severity)
I. 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.

II. 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.

OPEN CHEST CABG

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

STROKE RESULTING IN PERMANENT SYMPTOMS

I. 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. II. 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.

PERMANENT PARALYSIS OF LIMBS

I. 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.

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. 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.

MAJOR ORGAN /BONE MARROW TRANSPLANT

I. 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.

II. The following are excluded:

i. Other stem-cell transplants. ii. Where only islets of Langerhans are transplanted.

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. 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. II. Neurological damage due to SLE is excluded.

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. 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.

BENIGN BRAIN TUMOR

I. 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 tumormust be confirmed by imaging studies such as CT scan or MRI.

II. 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. III. 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.

PARKINSON'S DISEASE BEFORE THE AGE OF 50 YEARS

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below

I. Transfer: Getting in and out of bed without requiring external physical assistance

ii. Mobility: The ability to move from one room to another without requiring any external physical assistance iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means

v. Eating: All tasks of getting food into the body once it has been prepared Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

END STAGE LIVER FAILURE

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:i. Permanent jaundice; and ii. Ascites; and iii. Hepatic encephalopathy. II. Liver failure secondary to drug or alcohol abuse is excluded.

SURGERY OF AORTA

The actual undergoing of medically necessary 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

ALZHEIMER'S DISEASE BEFORE THE AGE OF 50 YEARS

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need

of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months

MAJOR BURNS

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

LOSS OF SPEECH

I. 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.

DEAFNESS

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

COMA OF SPECIFIED SEVERITY

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

GRIEVANCE REDRESSAL PROCESS:

In case of any grievance the insured person may contact the Company through

Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com
ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16,

Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064

There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordingsproduct-brochure/final-gro-mapping.pdf.

If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance redressal officer at the details provided in the below link:

https://www.icicilombard.com/grievanceredressal.com

If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255

Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115 **CIN**: L67200MH2000PLC129408 **UIN: ICIHLIP21401V032021** **Secure Mind**

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