

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your Policy Document.

S. NO	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1	Name of insurance Product/Policy	Pramerica Life Cancer+Heart Shield Pro (UIN:140N094V01)	Part A Policy Schedule
2	Policy Number	As mentioned in policy schedule	Part A Policy Schedule
3	Type of Insurance Product/ Policy	Fixed Benefit	-
4	Sum Insured (Basis) (Along with amount)	Means the amount specified in the Schedule payable according to the terms and conditions of this Policy.	Part A Policy Schedule
5	Policy Coverage (What am I covered for?) (Policy Clause Number/s)	The Benefit under the Policy will be paid, depending upon the stage and severity of following conditions/illness. a) The stages of Cancer and Heart (Cardiovascular) as covered under the Policy and defined in Part B of Policy document: 1. Minor Stage 2. Major Stage b) 26 Conditions covered under Major Illness. Benefit Payout Option defined in the Part C of the Policy document a) Care Benefit b) Care+ Benefit Premium Waiver Benefit: On diagnosis of critical illness under the policy, premium for next 3 Policy Years will be waived off from the next premium due date following the date of diagnosis of critical illness. More details defined in the Part C of the Policy document. Benefits are dependent on the chosen Coverage and Benefit option	Part C Section One
6	Exclusions	1. Pre-existing Disease: Pre-existing Disease means any condition, ailment, injury or disease	Part C Section Six

	(what the policy does not cover)	a. that is/are diagnosed by a physician not more than 48 months prior to the date of commencement of the policy issued by the insurer; or b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 48 months prior to the date of commencement of the policy. 2. General Exclusions for cancer: A waiting period of 180 days will apply from the date of commencement/revival of the cover, whichever is later. The Company will not entertain any claim arising due to diagnosis within the waiting period under this policy. No benefit shall be payable under the policy in respect of any Major Cancer, Carcinoma-in-situ or Early Stage Cancer resulting directly or indirectly from or caused or contributed by (in whole or in part): a. Any external congenital condition or related illness is not covered under the policy. b. Any pre-existing condition (as defined above) c. Intoxication by alcohol or narcotics or drugs not prescribed by a Registered Medical Practitioner. d. Nuclear, biological or chemical contamination (NBC) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or biological or chemical contamination. 3. In addition, no benefit will be payable: a. If the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy. b. For treatment like Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy / western medicines.	
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		c. No benefits shall be payable under this Policy for Cancer, Carcinoma in situ and Early Stage Cancer diagnosed or with the signs or symptoms of which first occurred within 180 Days following the effective date of the policy or reinstatement (whichever is later). d. No benefit is payable under this Policy for Cancer, Carcinoma-in-situ and Early Stage Cancer if the Insured Person has survived for less than seven (7) days following the diagnosis of Cancer, Carcinoma-in-situ and Early Stage Cancer 4. General Exclusions for Heart and Other Major Illnesses: Apart from the disease specific exclusions, no benefit will be payable if any of the cardiovascular condition is caused or aggravated directly or indirectly by any of the following: a. Any medical condition which first manifests itself within 180 days of the risk commencement date or reinstatement date whichever is later. b. Any Pre-existing illness (as defined above) or physical condition c. Any external congenital condition or related illness is not covered under the policy. d. Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at that time. e. Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner f. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action. g. Participation by the life assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray. h. Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.	
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7	Waiting Period • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage	A waiting period of 180 days will apply from the date of commencement/revival of the cover, whichever is later	Part C Section Four
8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured). iii. Deductible (It is a specified amount: - upto which an insurance company will	Sub-limit: Not Applicable Co-payment: Not Applicable Deductible: Not Applicable	-

	not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)	Any other limit: Not Applicable	
9	Claims/Claims Procedure	For claim related queries in respect of any Insured Member please contact our sales representative or call us on 1860 500 7070. Claims TATs - Claim Settlement without Investigation – 15 Days Claim Settlement with Investigation (Health) – 45 Days Critical Illness claim – https://pramericalife.in/admin/assets/images/pages/broucher-list-box/2026/01/1768545015-Critical%20Illness%20Claim%20Form.pdf Health Claim – https://pramericalife.in/admin/assets/images/pages/broucher-list-box/2026/04/1777273861-Health%20Claim%20Form.pdf List of Documents: As mentioned in the claim form https://pramericalife.in/claim/claim-forms	Part F Section Three
10	Policy Servicing	In case of any clarification or query please contact your Company Salesperson. Any concern may also be raised at any of the branch offices of the Company, the addresses of the branch offices are available on the official website of the company The Company may be contacted at: Customer Service Help Line: 1860-500-7070 (local charges apply) / or 01244697070 (9.30 am to 6.30 pm from Monday to Saturday) Email : contactus@pramericalife.in Website: www.pramericalife.in Communication Address : Customer Service, Pramerica Life Insurance Ltd., 7th and 8th Floor, Tower 2, Capital Business Park,	Part G

		Sector 48, Gurugram-122018 Office hours: 9.30 am to 6.30 pm from Monday to Friday	
11	Grievances/Complaints	Grievance Redressal Officer, Pramerica Life Insurance Ltd., 7th and 8th Floor, Tower 2, Capital Business Park, Sector 48, Gurugram-122018 GRO Contact Number: 0124 – 4697069 Email – gro@pramericalife.in Website: https://pramericalife.in/customer-services/grievance-redressal Office hours 9.30 am to 6.30 pm from Monday to Friday IRDAI- Grievance Redressal Cell: If after contacting the Company, the Policyholders query or concern is not resolved satisfactorily or within timelines the Grievance Redressal Cell of the IRDAI may be contacted. Bima Bharosa Toll Free number – 155255 or 1800-425-4732 Email Id- complaints@irdai.gov.in Website: https://bimabharosa.irdai.gov.in Complaints against Life Insurance Companies: Insurance Regulatory and Development Authority of India Policyholder's protection & Grievance Redressal Department (PPGR) Sy. No. 115/1 Financial District Nanakramguda, Gachibowli Hyderabad – 500032 Insurance Ombudsman: The office of the Insurance Ombudsman has been established by the Government of India for the redressal of any grievance in respect of life insurance policies. Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located. The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of	Part G

		the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. You may approach the Insurance Ombudsman if your grievance pertains to any of the following: - Delay in settlement of claim beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999 - Any partial or total repudiation of claims - Disputes over premium paid or payable in terms of insurance policy - Misrepresentation of policy terms and conditions - Legal construction of insurance policies in so far as the dispute relates to claim - Policy servicing related grievances against insurers and their agents and intermediaries - Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer - Non-issuance of insurance policy after receipt of premium - Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) No complaint to the Insurance Ombudsman shall lie unless - The complainant makes a written representation to the insurer named in the complaint and— - Either the insurer had rejected the complaint, or - The complainant had not received any reply within a period of one month after the insurer received his representation, or - The complainant is not satisfied with the reply given to him by the insurer - The complaint is made within one year— - After the order of the insurer rejecting the representation is received, or - After receipt of decision of the insurer which is not to the satisfaction of the complainant, or	
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		(iii) After expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant. The address of the Insurance Ombudsman are attached herewith and may also be obtained from the following link on the internet. Link https://www.cioins.co.in/ombudsman Council for Insurance Ombudsmen: (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, S.V Road , Santacruz (West), Mumbai – 400054. Tel no: 022-69038800/69038812. Email id: inscoun@cioins.co.in Website: www.cioins.co.in	
12	Things to remember	Benefit Payout Options Care Benefit: Level Sum Insured for the entire Policy Term for the chosen coverage option. Care+ Benefit: Under this benefit payout option, Indexed Sum Insured, as applicable would become payable. Indexed Sum Insured is Base Sum Insured increased by 10% p.a. (simple) starting first policy anniversary for each completed 'claim free year'. Indexation would only be applicable till the date of diagnosis of critical illness or till Indexed Sum Insured reaches 150% of Base Sum Insured. Additional benefit of monthly income as 1% of Base Sum Insured will become payable for five policy years under this benefit payout option in case of a Major claim. Free Look Cancellation: The Policyholder shall have a period of 30 days from the receipt of this Policy Document to review the terms and conditions of this Policy and if the Policyholder disagrees with any of the terms and conditions, Policyholder has the option to return this Policy stating the reasons for the objections upon which the Company shall refund to the Policyholder the Premium paid subject to deduction of Risk Premium for the period of risk cover, any expenses incurred by the Company towards medical examination of the Life Insured and stamp duty charges. Survival Period: A survival period of 7 days from the date of diagnosis of cancer and cardiovascular related conditions/procedures would be applicable. For conditions	Part C Section One Part D Section Four Part C

		defined under other major CI, there would be a 15 days survival period applicable from date of diagnosis of the condition to date of eligibility for the benefit payment. There will be no claim admissible during survival period Policy renewal: 1. Revival of a policy is available up to 5 years from the date of first unpaid premium. 2. Payment of all unpaid premiums with applicable interest is required to revive the Policy in all cases. 3. The unpaid premiums to be paid by the policyholder upon revival shall be based on the corresponding rates i.e. original premium amount for the period when original premium rates were applicable and revised premium amount for the period from the date of revision of premium rates till the date of revival 4. Upon revival of the Policy, the Policyholder will become entitled to all the Policy benefits as per the terms and conditions of the Policy. 5. Revival of the Policy is subject to underwriting policy of the Company as applicable from time to time. The Company reserves the right to obtain additional information before reviving the Policy and also has the right to decline revival of the Policy or impose extra mortality ratings as per the board approved underwriting policy of the Company. Premium Guarantee: NA Cancellation: Fraud, misrepresentation and forfeiture shall be dealt with in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.	Section Five Part D Section One Part F Section Two
13	Your Obligations	1. Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. 2. Disclosure of Material Information during the policy period such as change in occupation.	

You can also access the Customer Information sheet through this link:

<https://www.pramericalife.in/Downloads/Download>

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Place:

Date: _____ (Signature of the Policy Holder)

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