



Pramerica Life **Critical Illness Rider**

A Non-Linked Non-Participating Individual Pure Risk Health Insurance Rider
UIN: 140B026V01

Pramerica Life Critical Illness Rider

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

Advancement in medical science and facilities has dramatically improved quality of life and its expectancy. Despite this, we are still vulnerable to many possible illnesses. You may survive a critical illness, but such survival comes with a steep cost of medical expenses.

Pramerica Life Critical Illness Rider enables you to get the best treatment available and takes care of the indirect expenses while you recover from a critical illness. By opting for Pramerica Life Critical Illness Rider along with the base policy, you can enhance the existing protection available under base policy at affordable rates.

Pramerica Life Critical Illness Rider

Eligibility Criteria:

Entry Age	18 to 65 years
Maturity Age	23 to 70 years
Rider Sum Assured	Minimum ₹1,00,000 Maximum: ₹50,00,000
Rider Policy Term	5 to 52 years.
Premium Payment Term	Limited Pay: 5 to 15 years To 60 years less Age at entry Regular Pay: Equal to rider policy term
Premium Payment Mode	Same as base policy (Annual, Semi – Annual and Monthly)

All reference to age are based on age last birthday. Rider Sum Assured shall not exceed the Sum Assured at inception of the base policy, similarly Rider Policy Term and Premium Payment term cannot be more than the Policy Term and Premium Payment Term of the base policy.

Benefits in detail

This is an optional rider that can be opted along with the non-linked base plans and provides for financial compensation in the event life insured is diagnosed with any of the covered 32 critical illnesses / conditions and surgeries. The policyholder will have to pay additional premium in addition to the base policy premium if rider benefit has been opted for.

Critical Illness Benefit: The benefit equal to rider Sum Assured shall be payable upon the first occurrence of one of the listed illnesses or conditions or where the Life Insured is proved to have undergone the type of surgery indicated, subject to definitions, exclusions and terms and conditions.

Once the claim is paid, the rider cover terminates immediately. However, the remainder of the base policy continues till the end of the term.

- The claim would be paid only if the critical illnesses falls within the definition laid down for each illness. The diagnosis must be confirmed by a specialist and the date of diagnosis would be considered for processing a claim.
- There will be a minimum Survival Period of 30 days applicable for the claim. There may be a longer survival period for specific illnesses. Please refer to the detailed definitions of illnesses.
- There will be a Waiting Period of 90 days from the Rider Commencement Date or revival of the Rider during which no benefits are payable
- Any benefit under this Critical Illness Rider is in addition to any amounts payable under the Base Policy or any other Riders in force at that time

The list of Critical Illnesses covered is as below:

1	Cancer of Specified Severity	17	Loss Of Limbs
2	Myocardial Infarction (First Heart Attack Of Specific Severity)	18	Major Head Trauma
3	Open Chest CABG	19	Primary (Idiopathic) Pulmonary Hypertension
4	Open Heart Replacement or Repair Of Heart Valves	20	Third Degree Burns
5	Coma Of Specified Severity	21	Aplastic Anaemia
6	Kidney Failure Requiring Regular Dialysis	22	Medullary Cystic Disease
7	Stroke Resulting In Permanent Symptoms	23	Parkinson's Disease
8	Major Organ /Bone Marrow Transplant	24	Apallic Syndrome
9	Permanent Paralysis Of Limbs	25	Surgery of the Aorta
10	Motor Neuron Disease With Permanent Symptoms	26	Fulminant Viral Hepatitis - resulting in acute liver failure
11	Multiple Sclerosis With Persisting Symptoms	27	Cardiomyopathy
12	Benign Brain Tumor	28	Muscular Dystrophy

13 Blindness	29 Poliomyelitis - resulting in paralysis
14 Deafness	30 Chronic Recurring Pancreatitis
15 End Stage Lung Failure	31 Bacterial Meningitis
16 End Stage Liver Failure	32 Loss of Independent Existence

A comprehensive list of definitions for each of the above critical illness are covered in Annexure A

Death Benefit: Death Benefit is not applicable in this Rider.

Maturity Benefit: Maturity Benefit is not applicable in this Rider.

Important Definitions

Survival Period means period of time after the date of first diagnosis of a critical illness that the policyholder has to survive to become eligible for the benefit payment under the critical illness cover.

Waiting Period means the period starting from the Rider Commencement Date or date of revival (whichever is later) during which no benefits are payable.

Medical Practitioner means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured.

Other Features

Flexible Premium Payment Modes

You have an option to pay premiums Annually, Semi-annually or Monthly. Monthly mode is allowed only if the premiums are paid electronically, such as through Credit Card, Direct Debit and ECS/NACH.

Premium Modes	Annual	Semi-annual	Monthly
Factors	1	0.51	0.086

Change premium payment term from regular pay to Limited pay

Under this option, the policyholder can choose to convert the outstanding regular premiums into limited premiums period that may be available under the base product subject to the following conditions:

- The maximum age to exercise this option will be the maximum age applicable for Limited Pay.
- Policyholder can exercise this option only after the total premiums for the initial 5 policy years have been paid.

Such alterations shall be in accordance with the Board approved underwriting policy and the Premium rates under such circumstances shall be charged as filed under the product.

Grace Period: As per Base Product.

Premium Discontinuance: If due premiums are not paid during the rider premium payment term, the rider cover lapses immediately on the expiry of the grace period and no rider benefit will be paid except the Policy Cancellation Value, if any. The rider cover can be reinstated within the revival period of 5 years and the conditions as applicable to the base policy.

Lapse: The rider benefit shall lapse if due premiums are not received before expiry of grace period. No rider benefit shall be payable in lapse status.

Revival: You can revive your lapsed rider policy for its full coverage within five years from the due date of the first unpaid premium but before policy maturity, by paying all outstanding premiums together with the interest, as applicable. The interest for revival of the policy will be charged at market related rates set by the Company from time to time. The rate of interest shall be reset on an annual basis at the beginning of every financial year (April) and would be determined based on the average of 10-year G-Sec YTM plus 75 basis points rounded down to 25 basis points. The average of the benchmark would be taken from the previous financial year for the period 1st July to 31st Dec. The source of information for 10 year GSec rate would be "CCIL". The current applicable rate of interest on policy reinstatement is 8.00% p.a. compounding monthly which would be applicable for the FY 2024-25. Revival of the policy is subject to Board approved underwriting policy, 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 morbidity/mortality ratings as per the Board approved underwriting policy of the Company. The medical expenses, if any, shall be borne by the policyholder. In case rider benefit is not revived within the revival period, the rider benefit shall be terminated and the Policy Cancellation Value (in respect of the rider benefit), if any, shall be payable and revival of such terminated rider will not be allowed at a later stage.

Policy Cancellation Value: Policy Cancellation Value shall be payable only under limited pay policy upon the Policyholder applying for the same before the stipulated date of maturity or at the end of revival period, if the policy is not revived. The Rider Policy shall acquire a Policy Cancellation Value on payment of premium for two consecutive full years.

Where Policy Cancellation Value = 60% (multiplied by) Total Premiums Paid[^] (multiplied by) (Outstanding Policy duration (in months) (divided by) (Policy Term (in months))

[^]Total Premiums Paid means total of all the Rider premiums paid (including modal loading and underwriting extras if any), excluding taxes

No policy cancellation value shall be payable in respect of regular pay policies. However, In case of conversion from Regular pay to Limited pay, PCV value gets acquired only after paying premiums for 2 complete policy years during the limited pay period. Total Premiums Paid, unexpired policy term and original policy term will be calculated from the date of conversion for PCV, where Total Premiums Paid will only consist of premiums paid post conversion. The rider alone may be discontinued separately or it gets discontinued if the base policy is surrendered / discontinued. Once the rider is discontinued, the rider policy shall be terminated and the Policy Cancellation Value, if any, shall be payable. Rider once terminated cannot be attached again in future during the remaining policy term of the base policy.

Terms and Conditions

Rider Conditions:

- Rider can be attached on commencement of the base plan or any subsequent policy anniversary subject to Board approved underwriting policy
- Addition of the rider will be subject to underwriting, the outstanding policy term and premium payment term of the base policy
- Rider premium is payable over and above the premium under the base policy and shall be paid along with the premium under the base policy
- Premium payment frequency of the Rider shall be same as premium payment frequency of the base policy.
- Rider policy term can be equal to or less than the term of the base policy, if chosen at commencement of the base policy or equal to the outstanding term of the base policy if chosen at subsequent policy anniversary, subject to maximum maturity age of 70. If the entry age plus base policy term is beyond age 70, the rider would be of term 70 less entry age. The rider shall not be offered if the outstanding term under the base policy is less than 5 years.
- Rider premium payment term can be equal to or less than the premium payment term of the base policy, if chosen at inception or equal to or less than the outstanding premium payment term of the base policy, if chosen at subsequent policy anniversary, subject to minimum premium payment term of 5 years.
- Premium pertaining to health riders shall not exceed 100% of the premium under the base plan and for all life insurance riders put together shall not exceed 30% of the premium under base plan.
- If the base policy is terminated by way of cancellation, surrender, lapse, death, maturity or if a claim under this rider is paid, the rider coverage will be terminated.

Free look cancellation: If the rider is chosen at commencement of cover under the Base Policy, the free look period will be the same as that for the Base Policy to which the rider is attached.

However, if the rider is taken at any of the subsequent policy anniversaries, 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 a proportionate 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.

Suicide Exclusions: In case of death due to suicide, within twelve months from date of commencement of risk or from the date of revival of the Policy, the Company's only obligations under this Policy shall be to pay an amount equal to higher of 80% of the total Premium paid (excluding underwriting extra premiums and taxes, if any) or Policy Cancellation Value as on the date of death, if any, provided the policy is in force.

Alterations: Rider can be attached to the Base Policy at inception or at any policy anniversary of the Base Policy as per Board approved Underwriting Policy and the applicable Rider terms and conditions. Rider shall automatically get discontinued if the Base Policy is surrendered and Policy Cancellation Value under the Rider, if any shall be payable.

Waiting Period: There will be a waiting period of 90 days from Policy inception or from any subsequent reinstatement, whichever is later. The waiting period for this benefit is defined as the period starting from policy inception or date of revival during which no benefits are payable.

Survival Period: The survival period is defined as the period of time after the date of first diagnosis of a critical illness that the policyholder has to survive to become eligible for the benefit payment under the critical illness cover. There will be a minimum survival period of 30 days applicable for the claim. There may be a longer survival period for specific illnesses, please refer to the detailed definitions of illnesses in Annexure A.

General Exclusions: The Life Insured shall not be entitled to any Critical Illness Benefits if the covered Critical Illness results either directly or indirectly from any of the following causes:

1. Pre-existing disease (PED)" means any condition, ailment, injury or disease:
 - a. That is/are diagnosed by a physician not more than 36 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 36 months prior to the date of commencement of the policy.

This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception.

2. Any sickness-related condition manifesting itself within 90 days from the policy commencement date or its latest revival/reinstatement date, whichever is later.
3. If the insured dies within 30 days of the diagnosis of the covered Critical Illness.
4. Intentional self-inflicted injury, suicide or attempted suicide
5. For any medical conditions suffered by the Life Insured or any medical procedure undergone by the Life Insured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
6. Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee jumping; underwater activities involving the use of breathing apparatus or not;
*Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;
7. Participation by the insured person in a criminal or unlawful act with criminal intent;
8. For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
9. For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;
10. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
11. Any External Congenital Anomaly which is not as a consequence of Genetic disorder
12. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event
13. Any other additional exclusions, under the Company's policy document pertaining to this benefit shall be applicable.

Tax Benefits

Premiums paid under this rider may be eligible for tax exemptions, subject to the applicable tax laws and conditions. Income tax benefits under this rider, if any, shall be applicable as per the prevailing Income Tax Laws and are subject to amendments from time to time. Kindly consult a tax expert.

Goods and Services Tax (GST)

GST and other levies, as applicable, will be extra and levied as per prevailing tax laws and are subject to change from time to time.

Nomination and Assignment

Nomination in this policy is allowed as per Section 39 of Insurance Act, 1938 as amended from time to time.

Assignment in this policy is allowed as per Section 38 of Insurance Act, 1938 as amended from time to time.

Annexure A: Definitions of Covered Critical Illness

1. **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:

- 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 T2NOMO
- v. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
- viii. 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;

2. **Myocardial Infarction (First Heart Attack of Specific Severity):** 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,

The following are excluded:

 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
3. **Open Chest CABG:** 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: Angioplasty and/or any other intra-arterial procedures.
4. **Open Heart Replacement Or Repair Of Heart Valves:** The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.
5. **Coma Of Specified Severity:** A 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.
 - iv. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
6. **Kidney Failure Requiring Regular Dialysis:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
7. **Stroke Resulting In Permanent Symptoms:** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization 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.
8. **Major Organ /Bone Marrow Transplant:**

The actual undergoing of a transplant of:

 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted
9. **Permanent Paralysis Of Limbs:** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
10. **Motor Neuron Disease With Permanent Symptoms:** Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
11. **Multiple Sclerosis With Persisting Symptoms:** 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.
- iii. Neurological damage due to SLE is excluded.

12. **Benign Brain Tumor:** Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed imaging studies such as CT scan or MRI. 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.

The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. **Blindness:** Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. **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 90 decibels across all frequencies of hearing” in both ears.

15. **End Stage Lung Failure:** End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

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

16. **End Stage Liver Failure:** 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.

Liver failure secondary to drug or alcohol abuse is excluded.

17. **Loss Of Limbs:** The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

18. **Major Head Trauma:** Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

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: Spinal cord injury

19. **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 Catheterization. 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:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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.

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

21. **Aplastic Anaemia:** A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- i. Bone marrow stimulating agents
- ii. Immunosuppressants
- iii. Bone marrow transplantation
- iv. The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

22. **Medullary Cystic Disease:** A definite diagnosis of medullary cystic disease evidenced by all of the following:

- i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

- i. Polycystic kidney disease
- ii. Multicystic renal dysplasia and medullary sponge kidney
- iii. Any other cystic kidney disease

23. **Parkinson's Disease:** A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- i. Muscle rigidity

- ii. Tremor
- iii. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily

Living for a continuous period of at least 3 months despite adequate drug treatment.

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. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

- i. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- ii. Essential tumor
- iii. Parkinsonism related to other neurodegenerative disorders

24. **Apallic Syndrome:** A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact.

The definite diagnosis must be evidenced by all of the following:

- i. Complete unawareness of the self and the environment
- ii. Inability to communicate with others
- iii. No evidence of sustained or reproducible behavioural responses to external stimuli

- iv. Preserved brain stem functions
- v. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures
- vi. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

25. Major Surgery of the Aorta: The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- iii. Surgery following traumatic injury to the aorta

26. Fulminant Viral Hepatitis - resulting in acute liver failure:

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- i. Typical serological course of acute viral hepatitis
- ii. Development of hepatic encephalopathy
- iii. Decrease in liver size
- iv. Increase in bilirubin levels
- v. Coagulopathy with an international normalized ratio (INR) greater than 1.5
- vi. Development of liver failure within 7 days of onset of symptoms
- vii. No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- i. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
- ii. Fulminant viral hepatitis associated with intravenous drug use

27. Cardiomyopathy: A definite diagnosis of one of the following primary cardiomyopathies:

- i. Dilated Cardiomyopathy
- ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- iii. Restrictive Cardiomyopathy

iv. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- i. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- ii. Transient reduction of left ventricular function due to myocarditis
- iii. Cardiomyopathy due to systemic diseases
- iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

28. Muscular Dystrophy: A definite diagnosis of one of the following muscular dystrophies:

- i. Duchenne Muscular Dystrophy (DMD)
- ii. Becker Muscular Dystrophy (BMD)
- iii. Emery-Dreifuss Muscular Dystrophy (EDMD)
- iv. Limb-Girdle Muscular Dystrophy (LGMD)
- v. Facioscapulohumeral Muscular Dystrophy (FSHD)
- vi. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- vii. Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

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. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered: Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

29. **Poliomyelitis - resulting in paralysis:** A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- i. Poliovirus infections without paralysis
- ii. Other enterovirus infections
- iii. Guillain-Barré syndrome or transverse myelitis

30. **Chronic Recurring Pancreatitis:** A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- i. Exocrine pancreatic insufficiency with weight loss and steatorrhoea
- ii. Endocrine pancreatic insufficiency with pancreatic diabetes
- iii. Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- i. Chronic pancreatitis due to alcohol or drug use
- ii. Acute pancreatitis

31. **Bacterial Meningitis - resulting in persistent symptoms:** A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered: Aseptic, viral, parasitic or non-infectious meningitis

32. **Loss of Independent Existence:** A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

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. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

Section 41 of the Insurance Act 1938: Prohibition of rebate, (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 out 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 that may extend to ten lakh rupees.

Section 45 of the Insurance Act 1938, (as amended from time to time):

Fraud and mis-statement would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938, as amended from time to time. For provisions of this Section, please contact the insurance Company or refer to the sample policy contract of this product on our website www.pramericalife.in

Grievance Redressal

I. 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.

II. The Company may be contacted at:
Customer Service Helpline 1860 500 7070 /
011 48187070 (Local charges apply)
(9:30 am to 6:30 pm from Monday to Saturday)
Email: contactus@pramericalife.in
Email for Senior Citizen: seniorcitizen@pramericalife.in
Website: www.pramericalife.in

Communication Address:
Customer Service
Pramerica Life Insurance Ltd.
4th Floor, Building No. 9 B, Cyber City,
DLF City Phase III, Gurgaon– 122002
Office hours: 9:30 am to 6:30 pm from Monday to Friday

III. Grievance Redressal Officer:
If the response received from the Company is not satisfactory or no response is received within two weeks of contacting the Company, the matter may be escalated to:
Email- customerfirst@pramericalife.in

Grievance Redressal Officer,
Pramerica Life Insurance Ltd.,
4th Floor, Building No. 9 B, Cyber City,
DLF City Phase III, Gurgaon– 122002
GRO Contact Number: 0124 – 4697069
Email- gro@pramericalife.in
Office hours: 9:30 am to 6:30 pm from Monday to Friday

IV. 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

V. Insurance Ombudsman:

The office of the Insurance Ombudsman has been established by the Government of India for the redressal of any grievance in respect to 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 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.

In case you are not satisfied with the decision/resolution of the insurer, you may approach the Insurance Ombudsman if your grievance pertains to any of the following:

- a. Delay in settlement of claim beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999
- b. Any partial or total repudiation of claims
- c. Disputes over premium paid or payable in terms of insurance policy
- d. Misrepresentation of policy terms and conditions
- e. Legal construction of insurance policies in so far as the dispute relates to claim
- f. Policy servicing related grievances against insurers and their agents and intermediaries
- g. Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer
- h. Non-issuance of insurance policy after receipt of premium
- i. 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

(a) The complainant makes a written representation to the insurer named in the complaint and—

(i) Either the insurer had rejected the complaint, or

(ii) The complainant had not received any reply within a period of one month after the insurer received his representation, or

(iii) The complainant is not satisfied with the reply given to him by the insurer

(b) The complaint is made within one year—

(i) After the order of the insurer rejecting the representation is received, or

(ii) After receipt of decision of the insurer which is not to the satisfaction of the complainant, or

(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 as Annexure and may also be obtained from the following link on the internet - Link: [://www.cioins.co.in/ombudsman](http://www.cioins.co.in/ombudsman)

Address & Contact Details of Ombudsmen Centres

<p>COUNCIL FOR INSURANCE OMBUDSMEN, (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz (West), Mumbai – 400054. Tel no: 022 - 69038800/69038812. Email id: inscoun@cioins.co.in website: www.cioins.co.in</p>
<p>If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal) Please visit our website for details to lodge complaint with Ombudsman.</p>

Office Details	Jurisdiction of Office Union Territory, District	Office Details	Jurisdiction of Office Union Territory, District
<p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu</p>	<p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh</p>
<p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa</p>	<p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana, (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh</p>
<p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, NEW DELHI – 110 002. New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Pondicherry</p>

Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, 3 rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4 th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Building Opp. Cochin Shipyard, M.G Road, Ernakulam – 682015 Tel: 0484-2358759/2359338 Fax: 0484-2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe- A part of Union Territory of Pondicherry
Office of Insurance Ombudsman, 4 th Floor, Hindusthan Building Annexe, 4, C.R. Avenure, Kolkata – 700072 Tel:033-22124339/22124340 Fax: 033-22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim and Andaman & Nicobar Islands		

About Pramerica Life Insurance Limited

Pramerica Life Insurance Limited is a joint venture between DHFL Investments Limited (DIL), a wholly-owned subsidiary of Piramal Capital and Housing Finance Limited (“PCHFL”) and Prudential International Insurance Holdings, Ltd. (PIIH), a fully owned subsidiary of Prudential Financial, Inc. (PFI). Pramerica Life Insurance Limited represents the coming together of two renowned financial services organizations with a legacy of business excellence spread over decades.

Pramerica Life Insurance Limited, started operations in India on September 01, 2008 and has a pan India presence through multiple distribution channels which have been customized to address the specific insurance needs of diverse customer segments. The Company is committed to providing protection and quality financial advice to its customers.

Pramerica is the brand name used in India and select countries by Prudential Financial, Inc.

Prudential International Insurance Holdings, Ltd. and Prudential Financial, Inc. of the United States are not affiliated with Prudential Plc. a Company incorporated in the United Kingdom.

For further information on the Company, please visit www.pramericalife.in

About Piramal Capital & Housing Finance Limited (PCHFL)

Piramal Capital & Housing Finance Limited (PCHFL), a wholly owned subsidiary of Piramal Enterprises Limited (flagship company of the Piramal Group), is a housing finance company engaged in retail and wholesale lending.

In retail lending, PCHFL is one of the leading players that addresses the diverse financing needs of the under-served and unserved people of ‘Bharat’ market. It has over 1 million customers and presence in 24 states with a network of over 300 branches. It offers multiple products, including home loans, small business loans to Indian budget conscious customers at the periphery of metros and in Tier I, II and III cities. In wholesale lending, it caters to both real estate as well as non-real estate sector and offers multiple products including construction finance, structured debt and senior secured debt.

The Piramal Group also has strategic partnerships with leading global funds such as CDPQ, CPPIB, APG, Ivanhoe Cambridge and Bain Capital.

About Prudential Financial, Inc. (PFI)

Prudential Financial, Inc. (PFI), a financial services leader with \$1.7 trillion of assets under management as of September, 2021 has operations in the United States, Asia, Europe and Latin America. Prudential's diverse and talented employees are committed to helping individual and institutional customers grow and protect their wealth through a variety of products and services, including life insurance, annuities, retirement-related services, mutual funds and investment management. Prudential International Insurance Holdings & Prudential Financial Inc. of the United States are not affiliated with Prudential Plc, a Company incorporated in the United Kingdom. In the U.S., PFI's iconic Rock symbol has stood for strength, stability, expertise and innovation for more than a century. For more information, please visit www.prudential.com/about

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IRDAI Registration No. 140. Pramerica Life Insurance Limited. Registered Office and Communication Address: 4th Floor, Building No. 9, Tower B, Cyber City, DLF City Phase III, Gurgaon-122002. CIN: U66000HR2007PLC052028. Customer Service Helpline Tel. No: 1860 500 7070 or 011 4818 7070 (Local charges apply) Timings: 9:30 a.m. to 6:30 p.m. (Monday-Saturday), Website: www.pramericalife.in. The Pramerica mark displayed belongs to 'The Prudential Insurance Company of America' and is used by Pramerica Life Insurance Limited under license.

CIR/B-ENG/24/OCT/V2

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