

Date:

**PART – A**

Name of the customer:

**Name of the PFA/ Relationship Manager/ Broker:**

Address:

**License No:**

Contact details:

**Contact No:**

Policy No:

**Contact Address:**

Dear Mr/Ms .....,

Thank you for choosing Edelweiss Tokio Life as your preferred life insurance partner.

We are confident that the product you have chosen will suit your need, and that the Personal Financial Advisor/ Relationship Manager/ Broker....., has explained the product to you to the best of your satisfaction.

We have prepared your policy on the basis of the proposal form submitted by you. For your reference, we are attaching a copy of your proposal form along with this letter.

Our Service Expert from the customer care unit will be calling you shortly to guide you through your policy document and answer any additional questions you may have.

Should you need further information or assistance, please contact our Service Expert at 1800 2121 212 or mail us at [care@edelweisstokio.in](mailto:care@edelweisstokio.in)

We request you to go through your Policy Document in detail and check the accuracy of information provided. A Free Look period of 15\* days from the date of receipt of the policy is provided to you to review the terms and conditions of the policy. You may return the policy document to us within 15\* days from the date of receipt of the policy document if you disagree with any of the terms and conditions by giving us written reasons for your objection. We will refund the Premium paid subject to deduction of expenses as mentioned in the Free Look Clause of the policy document.

\*A free look period of 30 days in case of electronic policies and policies obtained through distance mode.

We look forward to servicing you during your policy term and request you to keep the policy document safely for future reference.

Regards,

**For Edelweiss Tokio Life Insurance Company Limited**

**Authorised Signatory**

**Edelweiss Tokio Life Insurance Company Limited**

**Registered Office Address: 6<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai 400070**

**Edelweiss Tokio Life – Accidental Death Benefit Rider**

**(An Individual, Non-Linked, Non-Par, Pure Risk Premium, Health Insurance Rider)**

UIN NO: 147B002V03

**POLICY PREAMBLE**

Edelweiss Tokio Life Insurance Company Limited has received a Proposal, Declaration along with Statements and the first premium from You. Both You and the Company have accepted that the said Proposal, Declaration along with Statements, reports or other documents are the basis of this contract of insurance and in consideration of and subject to receipt of due premiums as stated in the Policy Schedule, we have entered into this Policy with You which is the legal contract between You and the Company and is subject to the Terms & Conditions as stated in this Policy.

SAMPLE

## POLICY SCHEDULE

Policy Number	Rider Name & UIN No

Name of the Policyholder	Date of Birth	Gender	Age

Address

Name of the Life Insured	Date of Birth	Gender	Age	Age Admitted

Name of the Nominee (s)	<Nominee 1>	<Nominee 2>	<Nominee 3>
Age of the Nominee (s)			
Nomination Percentage			
Relationship with Life Insured			
Name of the Appointee (if Nominee is a minor)	<Appointee 1>	< Appointee 2>	< Appointee 3>

Rider Details	
Risk Commencement Date	
Policy Commencement Date	
Rider Term	
Rider Premium Paying Term	
Premium Frequency	
Modal Premium	Rs.
Annualized Premium	Rs.
Modal Premium plus Applicable Taxes	Rs.
Premium Due Date(s)	Date/month
Last Premium Due Date	
Rider Maturity Date	

### **BENEFIT INFORMATION**

Rider Sum Assured : Rs. Sum Assured

Consolidated Stamp duty paid: Rs.<< POL-STMP-DUTY-AMT>>/- paid by Pay order, vide Mudrank receipt no: \_\_\_\_\_ dated \_\_\_\_\_

**For and on behalf of "Edelweiss Tokio Life Insurance Company Ltd"**

#### **Authorised Signatory**

We request you to go through the Policy in detail and check for the accuracy of information provided in the Policy and return the Policy document to Us for correcting the discrepancies if any

## PART B

Defined Term	Meaning
<b>Accidental Death</b>	Accidental Death is defined as traumatic death caused solely by 'accident', occurring independently of any other causes and within ninety (90) days of such trauma, proved to the satisfaction of the insurer.
<b>Accident</b>	An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
<b>Injury</b>	Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
<b>Illness</b>	<p>Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.</p> <p>a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.</p> <p>b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:</p> <ul style="list-style-type: none"> <li>— it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests</li> <li>— it needs ongoing or long-term control or relief of symptoms</li> <li>— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it</li> <li>— it continues indefinitely</li> <li>— it recurs or is likely to recur.</li> </ul>
<b>Medical Practitioner</b>	<p>Medical practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.</p> <p>The Medical practitioner should not be</p> <ul style="list-style-type: none"> <li>• The policyholder/insured person himself/herself; or</li> <li>• An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or</li> <li>• Employed by or under contractual engagement with the insurance company;</li> <li>• Related to the policyholder/insured person by blood or marriage</li> </ul>
<b>Pre-Existing Disease</b>	<p>Pre-existing Disease means any condition, ailment, injury or disease:</p> <p>a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or</p> <p>b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.</p>
<b>Rider</b>	Edelweiss Tokio Life – Accidental Death Benefit Rider issued by Us and appended to the Base Policy
<b>Rider Premium</b>	The premium payable for the Rider as specified in the Schedule
<b>Rider Sum Assured</b>	Sum Assured opted under the Rider as specified in the Schedule
<b>Rider Term</b>	The term in years between the date of commencement and expiry of the Rider

## Part C

### Benefits

Applicability of Rider	
If Rider Premium has been received and the Schedule specifies that the Rider is in force under the Policy, then the Rider is subject to the Terms and Conditions and the specific terms, conditions and exclusions of this Rider.	
Death Benefit	
When Payable	Amount Payable
If the Accidental Death of the Insured occurs when the Policy and this Rider are in force and proved to the satisfaction of the insurer:	The Rider Sum Assured in lumpsum
On Non-Accidental Death of the Insured	Nil
Survival Benefit	
On the Insured surviving the Term of the Rider, We will pay:	Nil
Grace Period	
If We do not receive the Premium in full by the premium due date under this Rider Policy, then We will allow a Grace Period which is same as that allowed under the Base Plan to which this Rider is appended to.	

### Exclusions

We will not be liable to make any payment under this Rider if the death of the Insured is directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- Suicide or attempted suicide or self inflicted injury, whether the life assured is medically sane or insane.
- Any condition that is pre-existing at the time of inception of the policy.
- Failure to seek medical advice or treatment.
- War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.
- Service in the armed forces, or any police organization, of any country at war or service in any force of an international body.
- Committing an assault, a criminal offence, an illegal activity or any breach of law.
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- Participation by the insured person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Death as a result of any disease or infection.

## Part D

Surrender Benefit	
Premium Payment Option	Surrender Value payable
Regular Pay	NIL
Single Pay	$\text{Single Premium}^{\#} \times 70\% \times \frac{\text{Number of remaining complete months of rider term}}{\text{Total Rider Term in months}}$
Limited Pay	$70\% \times \left[ \text{Total Premium paid}^{\#} \text{ less } \left\{ \text{Total Premium payable}^{\#} \times \frac{\text{Number of completed months of rider term} + 1}{\text{Total Rider Term in months}} \right\} \right]$
<p><i># Single Premium or Total Premium includes extra premium for substandard lives, if any You may surrender/discontinue the Rider alone OR along with the Base Policy. If the Rider is surrendered/ discontinued alone, then the benefits under the Base Policy shall continue for the remainder of the Base Policy Term. If the Rider is surrendered, it cannot be re-attached to the Base Policy. Any Lock in period applicable to the Base Policy will be automatically applied to the Rider.</i></p>	

Revival
<p>If You have discontinued paying the Premium under the Base Policy and the Rider, then the Rider will automatically lapse along with the Base Policy and it can be revived only in accordance with the terms of the Base Policy.</p> <p>If you have discontinued paying only the Rider Premium, the Rider will automatically lapse and the Rider cannot be revived in future. Any revival of rider will be considered along with the revival of the base policy, and not in isolation.</p>

Free look Period
<p>You may return the Policy Document to Us within 15 days* of receipt of the Policy Document if You disagree with any of the terms and conditions by giving Us written reasons for Your objection. We will refund the Premium received after deducting proportionate risk premium for the period of cover, stamp duty charges and medical expenses (if any).</p> <p>* A free look period of 30 days in case of electronic policies and policies obtained through distance mode.</p>

Specific Rider terms and Conditions
<ol style="list-style-type: none"> <li>1. The benefits under the Rider which is in force shall be available for the Rider Term</li> <li>2. If you opt for the Rider on a Policy Anniversary subsequent to the Risk Commencement Date of the Base Policy, the Rider Term would be equal to the remaining Base Policy Term and the rider premium paying term will be equal to remaining premium payment term of the Base policy.</li> <li>3. <b>Termination of the Rider:</b> The Rider shall terminate immediately and automatically on the occurrence of the earliest of the following: <ol style="list-style-type: none"> <li>(i) The Insured's death;</li> <li>(ii) The expiry of the Rider Term;</li> <li>(iii) The Base Policy being terminated, discontinued or becoming paid-up; (iv) The Rider being terminated, discontinued separately;</li> <li>(v) On payment of the claim under the Rider.</li> </ol> </li> </ol>

**PART E**

Not Applicable

SAMPLE

**PART – F**

**GENERAL TERMS AND CONDITIONS**

All the general Terms and conditions like Claim Procedure, Nomination, Assignment, Validity/ Non-disclosure, etc will be same as mentioned in the policy contract of Base Plan to which this Rider is appended to.

SAMPLE



## **PART - G**

**Grievance Redressal Mechanism:** We have established a Grievance Redressal Mechanism to assist in the resolution of any complaint, grievance or dispute in respect of the Policy. You are requested to submit your written complaint at any of the below mentioned touch points:

### **Step 1:**

- Toll free customer care number: 1-800-2121-212 (9:00 am to 9:00 pm, 7 days a week).
- Email us at: [complaints@edelweisstokio.in](mailto:complaints@edelweisstokio.in) / [care@edelweisstokio.in](mailto:care@edelweisstokio.in)
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 6<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai – 400070.
- You can lodge your grievance/complaint at any of our branches/offices

### **Step 2:**

If you do not receive any resolution to your complaint within a period of 2 weeks or if the response is not as per your expectations, please feel free to contact our Grievance Redressal Officer, at any of the below touch points:

- +91-22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays).
- [GRO@edelweisstokio.in](mailto:GRO@edelweisstokio.in)
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Limited, 4<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai 400070.

### **Step 3:**

If you are not satisfied with the response of the GRO or do not receive a response from us within 14 days, you may approach the Grievance Cell of Insurance Regulatory and Development Authority of India (IRDAI'') on the following contact details:

- IRDAI Grievance Call Centre (IGCC) - Toll free No: 155255
- Email ID: [complaints@irda.gov.in](mailto:complaints@irda.gov.in)
- Register online at: <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:

Consumer Affairs Department  
Insurance Regulatory and Development Authority of India  
Sy. No. 115/1  
Financial District  
Nanakramguda  
Gachibowli  
Hyderabad – 500 032, Telangana  
Fax No: 91- 40 – 20204000

If the complaint/grievance has still not been resolved you may at any time approach the Office of the Insurance Ombudsman established by the Central Government of India as per Rule 13 and 14 of the Insurance Ombudsman Rules, 2017 ('Insurance Ombudsman Rules').

Powers of Insurance Ombudsman under Rule 13 of the Insurance Ombudsman Rules:

The Ombudsman shall receive and consider the following complaints or disputes relating to:

- a. delay in settlement of claims, beyond the time specified in the regulations, framed under Insurance Regulatory and Development Authority of India Act, 1999;
- b. any partial or total repudiation of claims by the Company;
- c. disputes over premium paid or payable in terms of insurance policy;
- d. misrepresentation of policy terms and conditions at any time in the Policy document or policy contract;
- e. legal construction of insurance policies in so far as the dispute relates to claim;

- f. policy servicing related grievances against the Company and their agents and intermediaries;
- g. issuance of life insurance policy including health 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 in life insurance including health insurance; and
- 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) as mentioned above.

Manner in which complaint is to be made in accordance with Rule 14 of the Insurance Ombudsman Rules:

1. Any person who has a grievance against the Insurer/Company/Us, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose territorial jurisdiction the branch or office of the Company, complaint against or the residential address or place of residence of the complainant is located.
2. 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 which the complaint is made, the fact giving rise to complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.
3. No complaint to the Insurance Ombudsman shall lie unless:
  - (a) the complainant makes a written representation to the Company named in the complaint and—
    - i. either the Company had rejected the complaint; or
    - ii. the complainant had not received any reply within a period of one month after the Company received the complainant's representation; or
    - iii. the complainant is not satisfied with the reply given to him by the Company;
  - (b) The complaint is made within one year—
    - i. after the order of the Company rejecting the representation is received; or
    - ii. after receipt of decision of the Company which is not to the satisfaction of the complainant;
    - iii. after expiry of a period of one month from the date of sending the written representation to the Company if the Company named in the complaint fails to furnish reply to the complainant.
4. The Insurance Ombudsman shall be empowered to condone the delay in filing a complaint as mentioned above under (3) (b), as he may consider necessary, after calling for objections of the Company against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under the Insurance Ombudsman Rules.
5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

If the complaint/grievance has still not been resolved You may any time approach the office of the Insurance Ombudsman established by the Central Government of India. The list of the Ombudsman with their addresses has been given below:

Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD-380 001. Tel.: 079-25501201/02/05/06 Fax: 079-27546142 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, BHOPAL-462 003. Tel.: 0755-2769201/9202 Fax : 0755-2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>
Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674-2596455/2596461 Fax: 0674-2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	Office of the Insurance Ombudsman, SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.: 0172-2706196/2706468 Fax : 0172-2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668/24335284 Fax: 044-24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23239633 / 23237532 Fax: 011-23230858 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>
Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361-2132204/05 Fax : 0361-2732937 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>	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.: 040-65504123/23312122 Fax: 040-23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel: 0484-2358759/2359338 Fax.: 0484-2359336 Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>	Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700072 Tel: 033-22124339/22124340 Fax: 22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>
Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel: 022-26106960/26106552 Fax: 022-26106052 Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>
Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, JAIPUR – 302005. Tel: 0141-2740363 Email: <a href="mailto:bimalokpal.jaipur@ecoi.co.in">bimalokpal.jaipur@ecoi.co.in</a>	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth PUNE - 411030. Tel: 020-41312555 Email: <a href="mailto:Bimalokpal.pune@ecoi.co.in">Bimalokpal.pune@ecoi.co.in</a>

<p>Office of the Insurance Ombudsman,  Jeevan Soudha Building,  PID No. 57-27-N-19  Ground Floor, 19/19, 24th Main Road,  JP Nagar, 1st Phase,  BENGALURU – 560 078.  Tel.: 080 - 26652048 / 26652049  Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></p>	<p>Office of the Insurance Ombudsman,  Bhagwan Sahai Palace, 4th Floor, Main Road  Naya Bans, Sector 15, Distt: Gautam Buddh Nagar  NOIDA – 201301.  Tel: 0120-2514250/52/53  Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></p>
<p>Office of the Insurance Ombudsman,  1st Floor, Kalpana Arcade Building,  Bazar Samiti Road, Bahadurpur,  PATNA – 800006  Tel No: 0612-2680952  Email id : <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a></p>	

You may refer to the list of Ombudsman with their addresses on <http://ecoi.co.in/ombudsman.html>

SAMPLE