



Edelweiss Tokio Life  
**ZINDAGI**   
**plus**

An Individual, Non-Linked, Non-Par, Pure Risk Premium,  
Life Insurance Product



# 5 Reasons

to choose this plan

1

Secure your family's financial future through **life insurance cover**

2

Option of choosing **Better Half Benefit<sup>#</sup>** to ensure enhanced financial security even in the absence of main bread earner

3

Option to **Increase your sum assured** regularly to take care of increased cost of living, OR

4

Option to **Increase your sum assured** at key life stages to take care of changing responsibilities, OR

5

Option of **waiver of premium** in case of one of the covered critical illnesses

<sup>#</sup>In the event of the occurrence of simultaneous death of the life insured and spouse or death of the spouse arising directly or indirectly due to the same event which caused the death of the life insured, Better Half Benefit will not be payable.

## Why Edelweiss Tokio Life Insurance?

At Edelweiss Tokio Life Insurance, we realize that your needs are more important than anything else. That's why it is our constant aim to understand your needs first before offering any advice or an insurance solution. Your needs, based on your priorities, are first understood, then evaluated against your future goals so that we are able to ensure that we can offer you the best solution suited to your needs.

## Why a term insurance plan?

While every increase in your income leads to an enhanced lifestyle for your family, it is important that the financial support you provide to your family is secured in case of an unfortunate event. A term insurance plan ensures that in a scenario where the bread winner is no more, his/her dependants are provided necessary income required to maintain their lifestyle.

## Why Edelweiss Tokio Life - Zindagi Plus?

Edelweiss Tokio Life – Zindagi Plus is a life insurance plan designed to provide comprehensive protection to your family. It not only covers your present requirements but also provides the flexibility to take care of your changing responsibilities as well as increasing cost of living. It also ensures that the family remains well protected even if the main bread earner of the family isn't around.

You can customise this plan by choosing a convenient Premium Paying Term and the Death Benefit payment mode.

## How does this plan work?

### Step 1

Choose Plan Option – Life Cover with Level Sum Assured or Life Cover with Decreasing Sum Assured

### Step 2

Choose the Base Sum Assured, Policy Term, Premium Paying Term and Premium Paying Frequency

### Step 3

Choose any one Additional Benefit out of – Top-up Benefit, Life Stage Benefit, or Waiver of Premium Benefit. Additionally, you can also choose Better Half Benefit. Additional premium will be payable for each Additional Benefit chosen.

### Step 4

Choose death benefit payment mode options as 'Lumpsum' or 'Monthly Income' or 'Lumpsum plus Monthly Income'.

# Plan Options

## 1. Life Cover with Level Sum Assured

Under this plan option, Base Sum Assured remains the same throughout the policy term.

## 2. Life Cover with Decreasing Sum Assured

Under this plan option, full Base Sum Assured continues till the policy anniversary falling immediately after the Life Insured attains the age of 60 years. Starting from the policy anniversary falling immediately after the Life Insured attains the age of 60 years till the end of Policy Term, the Base Sum Assured is reduced by 50%.

The premium will not change on reduction of the Base Sum Assured.



# Additional Benefits

## 1. Top-up Benefit

Top-up Benefit can only be selected at the policy inception. Under this additional benefit, at every policy anniversary starting from first policy anniversary, Top-up sum assured will get added to the policy till the policy anniversary falling immediately before the life insured attains the age of 60 years or till the outstanding policy term is less than 5 years or till the policy anniversary at which the cumulative Top-up sum assured becomes equal to the Base Sum Assured, or till the date of death of the Life Insured, whichever is earlier. Top-up Sum Assured is equal to Top-up Rate multiplied by Base Sum Assured. Top-up Rate is 5% or 10%, as selected by you at the policy inception.

An additional premium will be charged for every addition of Top-up sum assured. Additional premium shall be based on the attained age of the Life Insured, Top-up sum assured and outstanding Policy Term at the time of the addition of Top-up sum assured. The Top-up sum assured added to the policy as well as the additional premium, both, will apply prospectively for the remaining premium paying term.

You have the option to opt out of Top-up Benefit anytime during the remaining policy term by giving a written request to us. There will not be any addition of Top-up sum assured to the Policy from the subsequent Policy Anniversary. After opting out, you shall continue to pay the premium equal to the last premium paid immediately before such opt out and the policy will continue with the cumulative Top-up sum assured. Once opted out of this benefit, you cannot opt in again for this benefit.

This additional benefit is not available if Life Stage Benefit is selected or if Waiver of Premium Benefit is selected or if Premium Paying Term is 'Pay till 60'. This additional benefit is available only if the Base Sum Assured is greater than or equal to Rs. 50,00,000. There will not be any addition of Top-up sum assured after a claim for any benefit under a rider has been intimated to us.



## Top-up Benefit can be understood with the help of the below example –

Anil opts for 'Life Cover with Level Sum Assured' Plan Option and adds 'Top-up Benefit' with a Top-up Rate of 10% in his policy with a policy term of 45 years as regular pay. Death Benefit payable will be as per the following table:

Beginning of policy year	Base Sum Assured (Rs.)	Top-up Sum Assured (Rs.)	Cumulative Top-up Sum Assured (Rs.)	Death Benefit (Rs.)
1	1 Crore	Nil	Nil	1 Crore
2	1 Crore	10 Lacs	10 Lacs	1.1 Crore
3	1 Crore	10 Lacs	20 Lacs	1.2 Crore
4	1 Crore	10 Lacs	30 Lacs	1.3 Crore
5	1 Crore	10 Lacs	40 Lacs	1.4 Crore
6	1 Crore	10 Lacs	50 Lacs	1.5 Crore
7	1 Crore	10 Lacs	60 Lacs	1.6 Crore
8	1 Crore	10 Lacs	70 Lacs	1.7 Crore
9	1 Crore	10 Lacs	80 Lacs	1.8 Crore
10	1 Crore	10 Lacs	90 Lacs	1.9 Crore
11	1 Crore	10 Lacs	1 Crore	2 Crores
12-45	1 Crore	Nil	1 Crore	2 Crores

## 2. Life Stage Benefit

Under this additional benefit, Life Stage sum assured can be added to the Policy while the Policy is In-Force without any medical examination, upon the occurrence of one or more of the following events during the lifetime of the life insured, provided the policy is accepted at standard rates at policy inception and at revival:

- 1st Marriage after risk commencement date: 50% of Base Sum Assured
- Birth of 1st child after risk commencement date: 25% of Base Sum Assured
- Birth of 2nd child after risk commencement date: 25% of Base Sum Assured
- Home Loan taken by life insured after risk commencement date (only once during the policy term): 50% of Base Sum Assured or loan amount, whichever is lower

Policyholder can exercise this benefit before the completion of the premium paying term or before the life insured attains the age of 46 years or till the outstanding policy term is less than 5 years, whichever is earlier, while Policy is In-Force, by submitting a written request to us within a period of six (6) months from the date of above specified event(s) in order to avail this benefit. The Life Stage sum assured will be applicable from the policy anniversary falling immediately on or after the date of intimation.

Life Stage premium will be charged for every addition of Life Stage sum assured. Life Stage premium shall be based on the attained age of the life insured, Life Stage sum assured and outstanding policy term at the time of addition of the Life Stage sum assured. The Life Stage sum assured as well as the Life Stage premium, will both apply prospectively for the remaining premium paying term.

This additional benefit is not available if Top-up Benefit is selected or if Waiver of Premium Benefit is selected or if Premium Paying Term is 'Pay till 60'. This additional benefit is available only if the Base Sum Assured is greater than or equal to Rs. 50,00,000.

There will not be any addition of Life Stage sum assured after a claim for any benefit under a rider has been intimated to us or if on Revival, the policy has been accepted at sub-standard rates. This additional benefit is available subject to board approved underwriting policy.





# 3. Better Half Benefit

Better Half Benefit can be selected only at the policy inception and if the life insured is married, age difference between life assured and spouse is less than or equal to 10 years and provided that the policy is accepted at standard rates at policy issuance. This additional benefit is available only if the Base Sum Assured is greater than or equal to Rs. 50,00,000. In case of death of the life insured before the maturity date while the policy is in-force and if his/her spouse is alive, following benefits will be applicable in addition to payment of sum assured on death:

- Life cover will commence on the life of the spouse and will continue for the remaining policy term. On death of the spouse before the maturity date, we will pay Better Half Benefit sum assured which is 50% of the Base Sum Assured or Rs. 1 crore whichever is lower. This benefit will be paid as per the Death Benefit Payment mode selected by you.
- No more future premiums will be required to be paid.

Policyholder doesn't have the option to opt out of this benefit. As Better Half Benefit is available on the life of the spouse after death of the life insured, if the spouse dies before the death of the life insured, this benefit will not be available.

## Exclusions:

This additional benefit will not be payable under the following situations

- **#In the event of the occurrence of simultaneous death of the life insured and spouse or death of the spouse arising directly or indirectly due to the same event which caused the death of the life insured.**
- If the spouse has attained the age of 75 years at the time of death of the life insured.
- After the death of the Life Insured, in case of death of spouse due to suicide within 12 months from the risk commencement date of the policy or the date of revival of the policy, whichever is later, Better Half Benefit will not be paid and the Policy will terminate.

## Kindly note (If Better Half Benefit is opted):

- In case of demise of the Life Insured, the spouse will be required to submit fresh nomination for the Policy.
- In case of demise of the spouse after the demise of the Life Insured and if all the other conditions under Better Half Benefit are met, the claim amount will be payable to the nominee(s) as selected by spouse. In case the spouse fails to submit fresh nomination for the Policy, the Policy proceeds will be payable to the legal heir(s) of the spouse.
- In the event of demise of the Life Insured, the spouse will become the Policyholder of the Policy.

# 4. Waiver of Premium Benefit

This additional benefit can be selected only at the policy inception. Under this additional benefit, on survival of 30 days post the first diagnosis of the life insured suffering from any one of the Insured Critical Illness conditions (as mentioned below) during the policy term and while the policy is in-force, all future premiums will be waived and the benefits of the policy shall continue.

Note:

- a) Premium payable on account of Waiver of Premium Benefit is guaranteed for the first five years and reviewable thereafter subject to approval from IRDAI.
- b) The benefit shall not apply or be payable in respect of any critical illness of which the signs or symptoms have occurred or for which care, treatment or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the waiting period (90 days from the risk commencement date or the date of revival of the policy whichever is later)
- c) This additional benefit shall be applicable upon the first occurrence of any one of the defined Critical Illness conditions covered, subject to meeting the definitions, policy conditions and exclusions. This benefit is applicable only in respect of the first incidence of any one of the covered Critical Illness conditions after Policy issuance.

This additional benefit is available only for the plan option 'Life Cover with Level Sum Assured' and if 'Regular Pay' has been chosen as the premium payment option. This additional benefit cannot be selected with Top-up Benefit and Life Stage Benefit.



# List of Critical Illnesses under Waiver of Premium Benefit

- 1 Cancer of specified severity Cancer
- 2 Myocardial Infarction (First Heart Attack – of Specified Severity)
- 3 Open Heart Replacement or Repair of Heart Valves
- 4 Surgery to Aorta
- 5 Cardiomyopathy
- 6 Primary (idiopathic) Pulmonary Hypertension
- 7 Open Chest CABG
- 8 Blindness
- 9 End Stage Lung Failure
- 10 End Stage Liver Failure
- 11 Kidney Failure Requiring Regular Dialysis
- 12 Major Organ/ Bone Marrow Transplant
- 13 Apallic Syndrome
- 14 Benign Brain Tumor
- 15 Coma of specified Severity
- 16 Major Head Trauma
- 17 Permanent Paralysis of Limbs
- 18 Stroke resulting in permanent symptoms
- 19 Alzheimer’s Disease
- 20 Motor Neuron Disease with Permanent Symptoms
- 21 Multiple Sclerosis with Persisting Symptoms
- 22 Muscular Dystrophy
- 23 Parkinson’s Disease
- 24 Loss of Independent Existence
- 25 Loss of Limbs
- 26 Deafness
- 27 Loss of Speech
- 28 Systemic lupus Erythematosus with Renal Involvement
- 29 Third Degree Burns
- 30 Aplastic Anaemia
- 31 Bacterial Meningitis
- 32 Creutzfeldt-Jacob Disease
- 33 Encephalitis
- 34 Rheumatoid arthritis
- 35 Poliomyelitis

Definition and exclusions of Critical Illnesses covered under Waiver of Premium Benefit are mentioned later in the document

# Death Benefit

## Under Plan Option - Life Cover with Level Sum Assured:

If the life insured dies before the maturity date while the policy is in-force, we will pay Sum Assured on Death.

The minimum Sum Assured on Death payable under the Policy at any time during the policy term, while the policy is in in-force, shall be highest of:

- 10 times of Annualised Premium<sup>§</sup>; OR
- 105% of the Total Premiums Paid\* as on date of death; OR
- Guaranteed Sum Assured on Maturity<sup>@</sup>; OR
- Any absolute amount assured to be paid on death.

*§ Annualised Premium means premium amount payable in a year chosen by You, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.*

*\* Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.*

*@ Guaranteed Sum Assured on Maturity is zero.*

*Any absolute amount assured to be paid on death is equal to Base Sum Assured.*

If the policyholder has opted for the Top-up Benefit at the policy inception, Cumulative Top-up Sum Assured will also be paid in addition to Sum Assured on Death.

If the policyholder has applied for the Life Stage Benefit during the policy term, Life Stage Sum Assured will also be paid in addition to Sum Assured on Death.

## Under Plan Option - Life Cover with Decreasing Sum Assured:

***If the life insured dies on or before the policy anniversary falling immediately on or after the life insured attains the age of 60 years while the policy is in-force, we will pay Sum Assured on Death.***

The minimum Sum Assured on Death payable under the Policy at any time during the policy term, while the policy is in in-force, shall be highest of:

- 10 times of Annualised Premium<sup>§</sup>; OR
- 105% of the Total Premiums Paid\* as on date of death; OR
- Guaranteed Sum Assured on Maturity<sup>@</sup>; OR
- Any absolute amount assured to be paid on death.

*§ Annualised Premium means the premium amount payable in a year chosen by You, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.*

*\* Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.*

*@ Guaranteed Sum Assured on Maturity is zero.*

*Any absolute amount assured to be paid on death is equal to Base Sum Assured.*

If the policyholder has opted for the Top-up Benefit at the policy inception, Cumulative Top-up Sum Assured will also be paid in addition to Sum Assured on Death.

If the policyholder has applied for the Life Stage Benefit during the policy term, Life Stage Sum Assured will also be paid in addition to Sum Assured on Death.

*If the life insured dies after the policy anniversary falling immediately on or after the life insured attains the age of 60 years while the policy is in-force, we will pay Sum Assured on Death.*

The minimum Sum Assured on Death payable under the Policy at any time during the policy term, while the policy is in in-force, shall be highest of:

- 10 times of Annualised Premium<sup>§</sup>; OR
- 105% of the Total Premiums Paid\* as on date of death; OR
- Guaranteed Sum Assured on Maturity<sup>@</sup>; OR
- Any absolute amount assured to be paid on death.

*§ Annualised Premium means the premium amount payable in a year chosen by You, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.*

*\* Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.*

*@ Guaranteed Sum Assured on Maturity is zero.*

*Any absolute amount assured to be paid on death is equal to 50% of Base Sum Assured.*

If the policyholder has opted for the Top-up Benefit at the policy inception, Cumulative Top-up Sum Assured will also be paid in addition to Sum Assured on Death.

If the policyholder has applied for the Life Stage Benefit during the policy term, Life Stage Sum Assured will also be paid in addition to Sum Assured on Death.

## **Death Benefit Payment Mode**

Death Benefit will be payable in Death Benefit Payment mode selected by you and as described below:

- a) Lumpsum: Death Benefit will be payable in lumpsum
- b) Monthly Income: A specific percentage of Death Benefit will be payable every month for the fixed number of months (36, 60, 120 or 180) starting from next policy monthiversary from the date of death.
  - i. Level monthly income: The monthly income will remain constant.
  - ii. Increasing monthly income: The monthly benefit will increase annually @ 5.00% per annum (compounded).

The specific percentage of Death Benefit depending on the level/ increasing monthly income and number of months selected is given below:

## No of months for which benefit is paid

	36	60	120	180
% of Death Benefit payable monthly				
Level	3.020	1.917	1.085	0.806
Increasing	2.880	1.734	0.872	0.568

c) Lumpsum plus Monthly Income: You can choose the proportion of Death Benefit to be received as lumpsum and the balance in the form of monthly income after death. The minimum proportion that can be chosen in lumpsum form is 1% and maximum proportion can be 99%.

The Monthly Income will apply in the way described above under 'Monthly Income' mode.

The monthly income will be payable only in electronic mode.

Death Benefit Payment mode selected at policy inception cannot be changed during the Policy Term.

# Maturity Benefit

As this is a pure term plan, no benefit is payable on maturity.

## Enhance Protection through Riders

A rider is an add-on provision to the base plan. Riders can help in making your plan more comprehensive by paying a nominal premium. Riders can be added at the inception of the policy or at policy anniversary during the policy term subject to underwriting and terms and conditions of the riders.

Following riders are available with this plan:

- [Edelweiss Tokio Life - Accidental Death Benefit Rider \(UIN: 147B002V03\)](#): This rider provides for additional financial security in case any death occurs due to accident. Also, the benefit is payable in lumpsum.
- [Edelweiss Tokio Life - Accidental Total and Permanent Disability Rider \(UIN: 147B001V03\)](#): This rider provides you with a lump sum to cater to your immediate expenses in case your income earning capacity is hindered due to an accidental disability (total & permanent).
- [Edelweiss Tokio Life – Hospital Cash Benefit Rider \(UIN: 147B006V03\)](#): This rider provides for daily allowance as well as post hospitalization benefits, in case of hospitalization of the life insured.
- [Edelweiss Tokio Life - Critical Illness Rider \(UIN: 147B005V03\)](#): This rider provides for a lumpsum amount on diagnosis of one of the listed critical illnesses.

Sum assured under a rider cannot exceed the sum assured on death. Total premium for all Riders, other than health or Critical Illness riders, cannot exceed 30% of the premium of the base product. Total premium for all health related or Critical Illness Rider cannot exceed 100% of the premium of the base product.

# Other Benefits

## Tax Benefits

You may be eligible for tax benefits as per applicable tax laws. Tax benefits are subject to change in the tax laws. Kindly consult your tax advisor for detailed information on tax benefits/implications.

## Eligibility Conditions

Minimum Entry Age (last birthday)	18 years (For Life Insured and Spouse*)			
Maximum Entry Age (last birthday)	Plan Option	Premium Paying Term	Life Insured	Spouse*
	Life Cover with Level Sum Assured	Regular Pay	65 Years	60 Years
		Pay till 60	50 Years	50 Years
	Life Cover with Decreasing Sum Assured	Regular Pay	55 Years	55 Years
Pay till 60		50 Years	50 Years	
Minimum Maturity Age (last birthday)	Plan Option	Premium Paying Term	Minimum Maturity Age	
	Life Cover with Level Sum Assured	Regular Pay	28 Years	
		Pay till 60	65 Years	
	Life Cover with Decreasing Sum Assured	Regular Pay	65 Years	
Pay till 60		65 Years		
Maximum Maturity Age (last birthday)	80 Years			
Minimum Policy Term	Regular Pay	10 Years		
	Pay till 60	15 Years		
Maximum Policy Term	62 Years			
Premium Paying Term (PPT)	Regular Pay:	Same as Policy Term		
	Pay till 60:	(60 – Age at entry + 1) Years		
Minimum Base Sum Assured (Rs.)	If Top-up Benefit, Life Stage Benefit or Better Half benefit is opted: 50 lakhs All other scenarios: 25 Lakhs			
Maximum Base Sum Assured (Rs.)	No Limit, subject to Board approved underwriting policy			
Minimum Premium (Rs.)	Premium Paying Frequency		Minimum Premium (Rs.)	
	Annual		3,000	
	Semi-Annual		2,000	
	Quarterly		1,250	
	Monthly		300	
Maximum Premium (Rs.)	No limit, subject to board approved underwriting policy			
Premium Paying Frequency	Annual, Semi-Annual, Quarterly, Monthly			

Base Sum Assured should be in multiple of '000.

\* Applicable if Better Half Benefit is opted



# Definition and exclusions of Critical Illnesses covered under Waiver of Premium Benefit:

## 1. Cancer of specified severity

A malignant tumor characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- I. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- II. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- III. Malignant melanoma that has not caused invasion beyond the epidermis;
- IV. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- V. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- VI. Chronic lymphocytic leukaemia less than RAI stage 3
- VII. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- VIII. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- IX. All tumors in the presence of HIV infection.

## 2. Myocardial Infarction (First Heart Attack – of Specified 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 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.

### **4. Surgery to Aorta**

Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded

### **5. Cardiomyopathy**

The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than 25%. This must result in severe physical limitation of activity to the degree of class IV of the New York Heart Classification and this limitation must be sustained over at least six months when stabilized on appropriate therapy. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

New York Heart Association (NYHA) Classification

Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.

Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.

Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases

## 6. Primary (idiopathic) Pulmonary hypertension

- I. 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  $\geq 30$  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.
- II. 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.
- III. 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.

## 7. 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:

- I. Angioplasty and/or any other intra-arterial procedures

## **8. Blindness**

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. 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.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure

## **9. End Stage Lung Failure**

- I. 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 (PaO<sub>2</sub> <55mmHg); and
  - iv. Dyspnea at rest.

## **10. End Stage Liver Failure**

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

## **11. 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.

## 12. Major Organ/ Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
  - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
  - i. Other stem-cell transplants
  - ii. Where only islets of langerhans are transplanted

## 13. Apallic Syndrome

Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery.

## 14. 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 by 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:

- III. 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.

## 15. Coma of specified Severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
  - i. no response to external stimuli continuously for at least 96 hours;
  - ii. life support measures are necessary to sustain life; and
  - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

## 16. Major Head Trauma

- I. 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.
- II. 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.
- III. 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.
- IV. The following are excluded:
  - i. Spinal cord injury;

## 17. 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

## 18. Stroke resulting in permanent symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
  - i. Transient ischemic attacks (TIA)
  - ii. Traumatic injury of the brain
  - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

## 19. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

- 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. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding - the ability to feed oneself once food has been prepared and made available.

Psychiatric illnesses and alcohol related brain damage are excluded.

Coverage for this impairment will cease at age sixty-five (65) or on maturity date/ expiry date, whichever is earlier

## **20. Motor Neurone 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

## **21. Multiple Sclerosis with Persisting Symptoms**

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months
- II. Other causes of neurological damage such as SLE and HIV are excluded

## **22. Muscular Dystrophy**

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living".

Activities of Daily Living are defined as:

- 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. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding - the ability to feed oneself once food has been prepared and made available.

## **23. Parkinson's Disease**

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- I. The disease cannot be controlled with medication; and
- II. There are objective signs of progressive deterioration; and
- III. There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

- 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. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding - the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

Coverage for this impairment will cease at age sixty-five (65) or on maturity date/ expiry date, whichever is earlier.

## **24. Loss of Independent Existence**

Loss of the physical ability through an illness or injury to do at least 3 of the 5 tasks listed below ever again.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The company's appointed doctor should also agree that the disability will last throughout life with no prospect of

improvement, irrespective of when the cover ends or the insured person expects to retire

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The tasks 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. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding - the ability to feed oneself once food has been prepared and made available

## **25. 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.

## **26. Deafness**

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

## **27. Loss of Speech**

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

## 28. Systemic lupus Erythematosus with Renal Involvement

The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either

- I. Renal involvement is defined as either persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria
- II. Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of "permanent neurological dysfunction".

Discoid lupus and medication induced lupus are excluded

## 29. 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

## 30. Aplastic Anaemia

Aplastic Anaemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anaemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

- I. Absolute neutrophil count of less than  $500/\text{mm}^3$
- II. Platelets count less than  $20,000/\text{mm}^3$
- III. Reticulocyte count of less than  $20,000/\text{mm}^3$

The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.

Temporary or reversible aplastic anemia is excluded and not covered in this policy

### **31. Bacterial Meningitis**

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection

### **32. Creutzfeldt-Jacob Disease**

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

### **33. Encephalitis**

Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. Encephalitis caused by HIV infection is excluded

### **34. Rheumatoid arthritis**

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities.

Degenerative osteoarthritis and all other forms of arthritis are excluded.

There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

### **35. Poliomyelitis**

The occurrence of Poliomyelitis where the following conditions are met:

- I. Poliovirus is identified as the cause; and
- II. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist. Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded

“Accident” –An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

“Medical Practitioner” – 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.

### Exclusions -

The life assured will not be entitled to Waiver of Premium Benefit if a Covered Critical Illness occurs within 90 days from the date of commencement of risk or reinstatement whichever is later (i.e. during the waiting period) or any signs or symptoms related to Covered Critical Illness occurs during the waiting period or if a Covered Critical Illness results either directly or indirectly from any one of the following causes:

- Pre-Existing disease: Pre-existing Disease means any condition, ailment, injury or disease:
  - 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
  - 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 or its reinstatement.
  - c. A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy its reinstatement in a diagnostic illness or medical condition.
- Intentional self-inflicted injury, attempted suicide while sane or insane.
- 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.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- Taking part in any naval, military or air force operation during peace time.
- Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the insured person in a criminal or unlawful act with a criminal intent.

- 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.
- 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

## Policy Loan

Loans aren't allowed under the policy.

## Non-forfeiture Benefits

### Premium Discontinuance

If any premium remains unpaid at the end of the grace period, the Policy will immediately and automatically lapse.

### Surrender Benefit

This product does not acquire any surrender value and therefore there is no amount payable to you upon surrender of this Policy.

## Free Look Period

You may return this Policy to us within 15 days\* of receipt of the policy 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 stamp duty charges, proportionate risk premium for the period of cover and medical expenses (if any).

\* A Free Look Period of 30 days will be offered for policies sold through distance marketing (where distance marketing means sale of insurance products through any means of communication other than in person).

## Statutory Information

### Suicide Claim

In case of death due to suicide within 12 months from the risk commencement date or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to receive at least 80% of the Total Premiums Paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in in-force.

Post death of the Life Assured, in case of death of spouse due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary shall be entitled to at least 80% of the total of 'Better Half Benefit' premiums paid till the date of death, provided the policy is in in-force.

### Grace Period

If we do not receive the premium in full by the premium paying due date, then:

- i. We will allow a Grace Period of 15 days, where the policyholder pays the premium on a monthly basis, and 30 days in all other cases, during which you must pay the premium due in full. The Policy will be In-force during the Grace Period.
- ii. All the benefits under the policy will continue to apply during the Grace Period subject to the deduction of the due premiums.

### Nomination

Nomination is allowed in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

### Assignment

Assignment is allowed in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

### Revival

If due premiums are not paid within the grace period, the policy shall lapse. Any such policy may be revived within five years from the due date of the first unpaid premium by giving us a written notice to revive the policy and payment of all overdue premiums with interest, as may be declared by the company from time to time, for every completed month from the date of first unpaid premium. The revival interest rate will be based on G-sec rate with 1 - 2 year maturity. Source to determine the G-Sec yield is [www.ccilindia.com](http://www.ccilindia.com). The per month interest rate shall be  $(x + 3\%) / 12$  rounded upto nearest 0.25%, where x is G-Sec rate with 1 to 2 year maturity. The interest rate to be charged is currently set at 1% per month on unpaid premiums for every completed month from the date of the first unpaid premium.

The revival will be effected subject to the receipt of the proof of continued insurability of the Life Insured and the acceptance of the risk by the underwriter. The effective date of revival is when these requirements are met and approved by us. All the benefits of the policy will be reinstated on the policy revival.

Revival would be as per the Board approved underwriting guidelines of the Company.

**Prohibition of Rebate**

(Section 41 of the Insurance Act, 1938, 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 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 one such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**Non-Disclosure Clause**

(Section 45 of the Insurance Act, 1938, as amended from time to time)  
Fraud and Misrepresentation would be dealt with in accordance with the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

Edelweiss Tokio Life Insurance Company Limited is a joint venture between Edelweiss Financial Services Limited, one of India's leading and diversified financial services companies and Tokio Marine Holdings Inc, one of the oldest (138 years) and largest insurance companies in Japan. This lineage brings together a deep understanding of customer needs and international expertise. Edelweiss Tokio Life Insurance Company Limited launched its Pan India operations in July 2011 offering proprietary need-based solutions to help customers meet their life stage financial goals. The company is known for consistently seeking customer inputs on their changing needs and creating unique products that best meet their lifestyle and financial aspirations. The Company is headquartered in Mumbai serving over 1.2 lakh customers through 3400+ employees and 26000 Personal Finance Advisors across 121 branches in 91 cities.



# Our Vision

**We will take responsibility of protecting people's dreams and aspirations. To do so well, we will aim to always understand the customer's needs first.**





Edelweiss Tokio Life Insurance Company Limited

CIN: U66010MH2009PLC197336

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