PART - A

Date: <_____>

Name of Policyholder:
Address of Policyholder:
Contact Number/(s) of Policyholder:

Dear <Policyholder Name>,

Sub.: Your Policy No. <<_____>> - Edelweiss Tokio Life – TotalSecure+

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

We are confident that the product chosen by you will suit your need and that you have read and understood the terms and conditions of the product brochure.

Policy Document:
We have prepared your Policy on the basis of the Proposal Form submitted by you. We request you to go through your Policy Document in detail and check for the accuracy of information. A copy of your Proposal Form and other relevant documents as submitted by you are also enclosed along with this Policy Document for your information and records.

Please preserve this Policy Document safely and inform your Nominee about the same.

For your reference, we are sharing results of your medical examination (if applicable) which were obtained for assessment of your health condition relevant to take a decision on the Proposal for insurance. The report is only indicative in nature and we do not express any opinion on the matter contained in the medical examination report.

In case you are keen to know more about your Policy or you need further assistance, you may contact your sales person who has advised you while purchasing this Policy at the below details:

Name of the PFA / Corporate Agent/ Relationship Manager/ Broker	Code/License No.	Contact Nos.

Alternatively, you may contact our Service Expert at 1800 2121 212 or email us at care@edelweisstokio.in

Cancellation in the Free Look Period:
In case you do not agree with any of the provisions stated in the Policy Document, you have the option to return the Policy Document to us stating the reasons thereof in writing, within fifteen (15) days* from the date of receipt of the Policy Document. On receipt of your letter along with the original Policy Document, we shall refund an amount as mentioned in the Free Look clause of the Policy Terms and Conditions. The Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

*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).

To exercise the Free Look option, you would need to send the original Policy Document along with a request letter to us at our Corporate Office address provided below. You are required to maintain the acknowledgement received from the Company as a proof of submission.

Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free Look Period will be as stated below:-

- For existing e-Insurance Account (eIA): Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.

- For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(eIA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance policy by the IR to the eIA, whichever is later, shall be reckoned for the purpose of computation of the free look period.

We look forward to serve you.

Regards,

For **Edelweiss Tokio Life Insurance Company Limited**

Authorised Signatory

Registered Office Address: Edelweiss House, Off C. S. T. Road, Kalina, Mumbai 400098
Corporate Office Address: 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Edelweiss Tokio Life Insurance Company Limited
Registered Office: Edelweiss House, Off C.S.T. Road, Kalina, Mumbai 400098
Corporate Office: 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

POLICY DOCUMENT - Edelweiss Tokio Life – TotalSecure+
(Non-Participating, Non Linked Term Insurance Plan)
UIN: 147N036V01

POLICY PREAMBLE

This document is the evidence of a contract of insurance between Edelweiss Tokio Life Insurance Company Limited ('the Company') and the Policyholder as described in the Policy Schedule given below. This Policy is based on the Proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, applicable medical evidence and other information received by the Company from the Policyholder and/or Life Insured. This Policy is effective upon receipt and realisation, by the Company, of the consideration payable under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and Benefits are expressed and payable in Indian Rupees.

POLICY SCHEDULE

Policy Number	Plan Name & UIN
	Edelweiss Tokio Life - TotalSecure+ (UIN: 147N036V01)

Name of the Policyholder	Date of Birth	Gender	Age

Address

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

Policy Details	
Risk Commencement Date	
Policy Commencement Date	
Policy Term	
Premium Paying Term (PPT)	
Premium Frequency	Annual
Premium Due Date(s)	Date/month
Last Premium Due Date	
Policy Maturity Date	
Benefit Option	Life Cover with 'Comprehensive Health Cover' (35 Critical Illnesses)
Death Benefit Payment Mode selected[#]	Lumpsum (OR) Regular Income (OR) Lumpsum plus Regular Income
Regular Income Payment Type (if applicable)	Level / Increasing
Number of months for which income benefit will be paid	

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

BENEFIT INFORMATION

Base Plan Benefit:-

Cover	**Benefits (Amount in Rs.)**	**Total Modal Premium plus applicable taxes**	**Annualized Premium**	**Lumpsum proportion**	**Regular Income proportion**	**Monthly Income**
Base Sum Assured	Base Sum Assured	Rs. xxx	Rs. xxx	Lumpsum Proportion (in%)	1 less Lumpsum proportion (in%)	Rs. xxx
Critical Illness Sum Assured	Critical Illness Sum Assured	Rs. xx	Rs. xxx			
Total		Rs. xxx	Rs. xxx			

Base Plan Benefit (after Critical Illness Claim has been paid):-

	Benefits (Amount in Rs.)	**Reduced Premium**		**Reduced Monthly Income**
		Total Modal Premium plus applicable taxes	**Annualized Premium**	
Reduced Base Sum Assured	Base Sum Assured less Critical Illness Sum Assured	Rs. Xxx	Rs. xxx	Rs. Xxx

Rider Benefit:-

Rider Name	UIN	Sum Assured (in Rs.)	Total Modal Premium plus applicable taxes (in Rs.)	Term (years)	PPT (years)
Total					

Note: Premium payable on Critical Illness is guaranteed for first five years of the Policy and thereafter reviewable by Us, subject to IRDAI approval.

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>**

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 Limited**

Authorised Signatory

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

PART – B

DEFINITIONS

Defined Term	Meaning
Age:	means Age of the Life Insured at last birthday.
Appointee:	means the person named in the Policy Schedule who will accept and hold in trust all amounts payable under the Policy on behalf of the Nominee/(s), if the Nominee/(s) is/are less than Age 18 on the date of payment.
Critical Illness Sum Assured:	means the amount specified in the Policy Schedule.
Base Sum Assured:	means the amount specified in the Policy Schedule.
Grace Period:	means a period of 30 days from the due date of Premium specified in the Policy Schedule for the payment of Premium without any penalty/late fee during which the Policy is considered to be In-force with the risk cover.
In-force	Is the status of the policy when all the due premiums have been paid upto date
IRDAI/ Authority:	means Insurance Regulatory and Development Authority of India.
Insurance Act:	means The Insurance Act, 1938, IRDAI Act, 1999 and The Insurance Laws (Amendment) Act, 2015 as amended from time to time.
Life Insured:	means the person named in the Policy Schedule whose life is insured under this Policy.
Maturity Date:	means the date specified in the Policy Schedule on which the Policy matures/terminates.
Nominee:	means the person/(s) specified in the Policy Schedule nominated in accordance with the Section 39 of the Insurance Act.
Policy:	means the Proposal Form, the Policy document, the Policy Schedule and any other document attached or annexed including any endorsement attached to the Policy issued by Us.
Policy Term:	means the term in years between the Policy Commencement Date and the Maturity Date.
Policy Anniversary:	means the date corresponding with the Policy Commencement Date specified in the Policy Schedule in every calendar year.
Policy Month Anniversary:	means the date in every month corresponding to the date of the Policy Commencement Date or the last calendar date of the month whichever is earlier.
Policy Year:	means a period of one year between any two consecutive Policy Anniversaries.
Policy Commencement Date:	means the date as shown in the Policy Schedule from which the Policy commences.
Policyholder:	means the person who is the owner of the Policy and is referred to as the Proposer in the Proposal Form.
Premium Paying Term:	means the term in years during which the Premiums are required to be paid under the Policy.
Proposal Form:	means the signed, dated application form and any accompanying declarations or statements submitted to Us.
Reduced Premium:	means the amount specified in the Policy Schedule.
Reduced Base Sum Assured:	means the amount specified in the Policy Schedule.
Risk Commencement Date:	means the date on which Your rights, benefits and risk cover begin, as shown in the Policy Schedule.
Revival:	means restoration of the policy by Us which was discontinued due to the non-payment of Premium, with all the benefits, upon receipt of all due Premiums and other charges, if any as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the Life Insured on the basis of information, documents and reports furnished by the Policyholder, in accordance with the Board approved underwriting guidelines.
Revival Period:	means the period of two consecutive years from the date of first unpaid Premium of the Policy, during which You are entitled to revive the Policy which was discontinued due to non-payment of Premium.
Surrender:	means complete withdrawal or termination of the entire Policy by You.
Waiting Period:	means the period of 90 calendar days from the Risk Commencement Date or the date of Revival of the Policy during which the Life Insured will not be entitled to any Critical Illness Benefit.
We/Our/Us/Company:	means Edelweiss Tokio Life Insurance Company Limited.
You/ Your:	means the Policyholder named in the Policy Schedule.

Definitions used in relation to the Accelerated Critical Illness

Defined Term	Meaning
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 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 close family member, relative (by blood), spouse of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured.
Accident	An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Critical Illness:	means any of the following illness or procedures as defined below:- 1. Alzheimer's Disease 2. Apallic Syndrome 3. Aplastic Anaemia 4. Bacterial Meningitis 5. Blindness 6. Benign Brain Tumour 7. Cancer of Specified Severity (malignant tumor) 8. Cardiomyopathy 9. Chronic liver disease 10. Chronic Lung Disease 11. Coma of specified Severity 12. Creutzfeldt – Jacob disease 13. Deafness 14. Encephalitis 15. First Heart Attack – of Specified Severity 16. Kidney Failure Requiring Regular Dialysis 17. Loss of Independent Existence 18. Loss of Limbs 19. Loss of Speech 20. Major Burns 21. Major Head Trauma 22. Major Organ/ Bone Marrow Transplant (as recipient) 23. Motor Neurone Disease with Permanent Symptoms 24. Multiple Sclerosis with Persisting Symptoms 25. Muscular Dystrophy 26. Open Chest CABG 27. Open Heart Replacement or Repair of Heart Valves 28. Parkinson's Disease 29. Permanent Paralysis of Limbs 30. Poliomyelitis 31. Primary Pulmonary hypertension 32. Rheumatoid arthritis 33. Stroke resulting in permanent symptoms 34. Surgery to aorta 35. Systemic lupus Eryth with Renal Involvement.
	1. 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 Insured. There must also be an inability of the Life Insured 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: 1. 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. 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 data/expiry date, whichever is earlier.
	2. 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.
	3. Aplastic Anaemia: Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following: 1. Absolute neutrophil count of less than 500/mm³ 2. Platelets count less than 20,000/mm³ 3. Reticulocyte count of less than 20,000/mm³

	The Life 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 Life 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.
	4. 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.
	5. Blindness: Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The diagnosis must be clinically confirmed by an appropriate consultant. The blindness must not be correctable by aides or surgical procedures.
	6. Benign Brain Tumour: A life threatening tumor in the brain causing permanent functional neurological impairment with objective evidence of motor or sensory dysfunction, which must have persisted for a continuous period of at least six consecutive months. The presence of the underlying tumour must be confirmed by imaging studies such as a CT scan or MRI.
	7. Cancer of Specified Severity (malignant tumor): A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded – (1) Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3. (2) Any skin cancer other than invasive malignant melanoma (3) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 (4) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter (5) Chronic lymphocyctic leukaemia less than RAI stage 3 (6) Microcarcinoma of the bladder (7) All tumours in the presence of HIV infection.
	8. 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 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.

	9. Chronic Liver Disease: Permanent and irreversible failure of liver function that has resulted in all three of the following: 1) permanent jaundice; and 2) ascites; and 3) hepatic encephalopathy. Liver failure secondary to drug or alcohol abuse is excluded.
	10. Chronic Lung Disease: Chronic lung disease, causing chronic respiratory failure, as evidenced by all of the following: 1) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and 2) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and 3) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 < 55mmHg$); and 4) Dyspnea at rest. The diagnosis must be confirmed by a respiratory physician.
	11. 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.
	12. 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.
	13. Deafness: Total, bilateral and irreversible loss of hearing for all sounds as a result of sickness or accident. Medical evidence to be supplied by an appropriate specialist and to include audiometric and sound-threshold testing. The deafness must not be correctable by aides or surgical procedures.
	14. 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.
	15. First Heart Attack - of Specified Severity: The first occurrence of 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 this will be evidenced by all of the following criteria: a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) b) new characteristic electrocardiogram changes c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: (1) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; (2) Other acute Coronary Syndromes (3) Any type of angina pectoris

	16. 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
	17. Loss of Independent Existence: Loss of the physical ability through an illness or injury to do at least 3 of the 6 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 life insured 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 life insured expects to retire. The life 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: 1. Bathing - 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Getting in and out of bed - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Maintaining personal hygiene - the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function. 5. Feeding oneself - the ability to feed oneself once food has been prepared and made available. 6. Getting between rooms – the ability to move indoors from room to room on level surface. Loss of independent living must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to the Company while the Life Insured is alive and permanently disabled. The company will have the right to evaluate the life insured to confirm total and permanent disability. Loss of Independent Existence due to an injury should occur independently of any other causes within ninety (90) days of such injury.
	18. Loss of Limbs: Permanent and complete severance of two limbs at or above the wrist or ankle due to injury or disease.
	19. Loss of Limbs: Total and permanent loss of the ability to produce intelligible speech as a result of irreversible damage to the larynx or its nerve supply from the speech centres of the brain caused by injury, tumour or sickness. Medical evidence must be supplied by an appropriate specialist to confirm laryngeal dysfunction and that the loss of speech has lasted for more than 6 months continuously. All psychiatric causes of loss of speech are excluded.
	20. Major Burns: There must be third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis and the total area involved using standardized, clinically accepted, body surface area charts.
	21. Major Head Trauma: Major trauma to the head with disturbance of the brain function confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The head injury must be caused solely and directly by accidental, violent, external and visible means and independent of all other causes.

	There must also be a permanent inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" as assessed no sooner than 6 weeks from the date of the accident: Activities of Daily Living are defined as: 1. 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. Feeding - the ability to feed oneself once food has been prepared and made available. The following are excluded: • Spinal cord injury; and • Brain dysfunction due to any other causes other than accident.
	22. Major Organ / Bone Marrow Transplant (as recipient): The actual undergoing of a transplant of: • One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or • 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: • Other stem-cell transplants • Where only islets of langerhans are transplanted
	23. 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.
	24. Multiple Sclerosis with Persisting Symptoms: The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following: • investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis; • there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and • well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart. Other causes of neurological damage such as SLE and HIV are excluded.
	25. 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 life 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: 1. **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; 2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

	3. **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. **Feeding** - the ability to feed oneself once food has been prepared and made available.
	26. Open Chest CABG: The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Excluded are: (1) Angioplasty and/or any other intra-arterial procedures (2) any key-hole or laser surgery.
	27. Open Heart Replacement or Repair of Heart Valves: The actual undergoing of open-heart valve surgery 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.
	28. 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: 1. The disease cannot be controlled with medication; and 2. There are objective signs of progressive deterioration; and 3. There is an inability of the Life Insured 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: 1. **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; 2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. **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 data/expiry date, whichever is earlier.
	29. 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.
	30. Poliomyelitis: The occurrence of Poliomyelitis where the following conditions are met: • Poliovirus is identified as the cause; and • 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.
	31. Primary Pulmonary hypertension: A primary and unexplained increase in pulmonary artery pressure causing signs of right heart strain and failure. 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. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, diseases of the left side of the heart and congenital heart disease are specifically excluded. The diagnosis of primary pulmonary hypertension needs to be made by a cardiologist or a specialist in respiratory medicine and needs to be supported by data provided at cardiac catherisation. The diagnosis must be supported by all three (3) of the following criteria: 1. Mean pulmonary artery pressure > 40 mmHG; and 2. Pulmonary vascular resistance > 3 (mmHg/L)/min; and 3. Normal pulmonary wedge pressure < 15 mmHg. New York Heart 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.
	32. 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.
	33. 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 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. The following are excluded: • Transient ischemic attacks (TIA) • Traumatic injury of the brain • Vascular disease affecting only the eye or optic nerve or vestibular functions.
	34. 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.
	35. Systemic lupus Eryth 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 a) Renal involvement is defined as either persistent proteinuria greater than 0.5 grams per day or a spot urine

	showing 3+ or greater proteinuria b) 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.

Interpretation: In this Policy document, where appropriate, references to the singular will include references to the plural and references to one gender will include reference to the other.

PART – C

BENEFITS

a) **Death Benefit:**

	When Payable	Amount Payable
(i)	If the Life Insured dies before the end of the Policy Term and before any Critical Illness claim has been paid, while the Policy is In-force, We will pay:	(i) **Under Lumpsum Payment Option** Base Sum Assured in lumpsum and Policy will terminate. (ii) **Under Regular Income Payment Option** a) **Level monthly payment type:** Monthly Income is payable every month, for the number of months as specified in the Policy Schedule, starting from the next Policy Month Anniversary from the date of death and Policy will terminate. b) **Increasing monthly payment type:** Monthly Income is payable every month, for the number of months as specified in the Policy Schedule, starting from the next Policy Month Anniversary from the date of death and Policy will terminate. The amount payable in the first month will be monthly income amount as mentioned in the Policy Schedule which will thereafter increases annually on compounding basis at a rate of 5% per annum. (iii) **Under Lumpsum plus Regular Income Payment Option** Lumpsum proportion of Base Sum Assured, in lumpsum; **Plus** Monthly income (as per the payment type as stated above under clause (ii) - 'Regular Income Payment Option) The income benefit will be payable only in electronic mode.
(ii)	If the Life Insured dies before the end of the Policy Term and after any Critical Illness claim has been paid, while the Policy is In-force, We will pay:	(i) **Under Lumpsum Payment Option** Reduced Base Sum Assured in lumpsum and Policy will terminate. Where, Reduced Base Sum Assured = Base Sum Assured *less* Critical Illness Sum Assured (ii) **Under Regular Income Payment Option** a) **Level monthly payment type:** Reduced Monthly Income is payable every month, for the number of months as specified in the Policy Schedule, starting from the next Policy Month Anniversary from the date of death and Policy will terminate. b) **Increasing monthly payment type:** Reduced Monthly Income is payable every month, for the number of months as specified in the Policy Schedule, starting from the next Policy Month Anniversary from the date of death and Policy will terminate. The amount payable in the first month will be reduced monthly income amount as mentioned in the Policy Schedule which will thereafter increases annually on compounding basis at a rate of 5% per annum. (iii) **Under Lumpsum plus Regular Income Payment Option** Lumpsum proportion of Reduced Base Sum Assured, in lumpsum **Plus** Monthly income (as per the payment type as stated above under (ii) - 'Regular Income Payment Option) The income benefit will be payable only in electronic mode.

The minimum Death Benefit (including Critical Illness Benefit) payable under the Policy, at any time during the Policy Term shall be as under:

Highest of:

1. 10 times of *Annualized* Premium [$] **OR**
2. 105% of all the Premiums paid as on date of death **OR**
3. Guaranteed Sum Assured on Maturity~; **OR**
4. Absolute amount assured^ to be paid on death

^ Absolute amount assured is the Base Sum Assured.

[$] Annualized Premium *is the* Premium *payable in a year, excluding the underwriting extra* Premiums *and loadings for modal* Premiums*, if any.*

~ Guaranteed Sum Assured on Maturity is zero for this product

b) **Critical Illness Benefit:**

	When Payable	Amount Payable
(i)	On the first confirmed diagnosis of the Life Insured suffering from any of the insured Critical Illnesses (as mentioned in Definition Section) during the Policy Term and while the Policy is In-force, We will pay:	Critical Illness Sum Assured in lumpsum, and the Policy will terminate in case the Critical Illness Sum Assured is equal to the Base Sum Assured. However, if Critical Illness Sum Assured is less than the Base Sum Assured, the Policy will remain In-force for the Reduced Base Sum Assured. Where Reduced Base Sum Assured = Base Sum Assured *less* Critical Illness Sum Assured

Note:

a) Premium payable on account of Critical Illness Benefit is guaranteed for the first five years and reviewable thereafter subject to approval from IRDAI.

b) The Critical Illness Benefit is accelerated and not an additional benefit i.e. the Policy will continue with the Death Benefit reduced by the extent of the Critical Illness Sum Assured paid.

c) The benefit under this Option will be subject to the following conditions:
   1. The benefit shall not apply or be payable in respect of any Critical Illness of which the 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.
   2. The benefit shall be payable upon the first occurrence of one of the defined Critical Illness conditions covered, subject to satisfaction of definitions, policy conditions and exclusions. The benefit is payable only in respect of the first incidence of any one of the specified Critical Illnesses and no further Critical Illness Benefit will be payable by the Company.
   3. The accelerated Critical Illness benefit will be payable only if the incidence of any of the covered Critical Illness condition after policy issuance is the first incidence of that covered Critical Illness in the lifetime of the policyholder.

c) **Maturity Benefit:**

	When Payable	Amount Payable
(i)	If the Life Insured survives as on the Maturity Date:	No amount becomes payable.

Note: At any point of time, the total benefits under the Policy shall not exceed the Base Sum Assured.

d) **Payment of Premium and Premium Discontinuance**

i)	**Payment of Premium:**
	You shall pay Premium for the Premium Paying Term. The amount of Premium payable, the frequency at which it must be paid and the due dates for each instalment of Premium are stated in the Policy Schedule. Premium payment on account of Critical Illness benefit will cease after payout of Critical Illness benefit and the

	future Premiums payable under the Policy for death benefit will be computed on the Reduced Base Sum Assured. For Premiums payable on account of Critical Illness Benefit, the Premium rate is guaranteed for first five years of Policy and thereafter reviewable by Us, subject to IRDAI approval.
ii)	**Grace Period:**
	If We do not receive the Premium in full by the Premium due date, then: (i) We will allow a Grace Period of 30 days during which You must pay the Premium due in full. (ii) The benefits under the Policy and the Rider, if any, will continue to apply during the Grace Period subject to the deduction of the due Premium.
iii)	**Premium Discontinuance:**
	If the default in payment of Premium occurs, and if the Premium due under the Policy is not received in full within the Grace Period, the Policy shall stand lapsed and the benefits under the Policy shall cease to apply.
iv)	**Paid-Up Benefit:**
	None

EXCLUSIONS FOR THE CRITICAL ILLNESS BENEFIT

The exclusions for the Critical Illness Benefit are given below. Additional exclusions are disease-specific and are incorporated into the definition of the disease.

The Life Insured will not be entitled to Critical Illness Benefit if a covered Critical Illness results, either directly or indirectly, from any one of the following causes or during the Waiting Period:

1. Pre-Existing disease: Pre-Existing disease is defined as any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer)
2. Diseases in the presence of an HIV infection
3. Intentional self-inflicted injury, attempted suicide while sane or insane.
4. 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.
5. 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.
6. Taking part in any naval, military or air force operation during peace time.
7. 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.
8. Participation by the insured person in a criminal or unlawful act with a criminal intent.
9. 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.
10. Disability due to psychiatric illnesses, post-traumatic stress disorder, chronic fatigue, chronic pain, and fibromyalgia are excluded
11. Any congenital condition
    Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
    - Internal Congenital Anomaly- Congenital Anomaly which is not in the visible and accessible parts of the body
    - External Congenital Anomaly- Congenital Anomaly which is in the visible and accessible parts of the body
12. Failure to seek or follow medical advice

PART – D

1) Surrender Benefit:

On Surrender, the Policy shall be terminated and the benefits under the Policy shall cease to apply. There is no Surrender benefit payable under the Policy.

2) Revival:

The Policy may be revived within two 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 simple interest, as declared by Company from time to time, for every completed month from the date of first unpaid premium.

The Revival will be effected on receipt of the proof of continued insurability and subject to medical examination if required (cost to be borne by the Policyholder). On interpretation of the results if the Life is accepted by the Underwriter, only then the Policy would be allowed to revive. The effective date of Revival is when these requirements are met and approved by Us.

The Policyholder may choose to discontinue the rider Premium even though he is paying the Premium pertaining to the underlying base product to which the rider is attached. In such a case of rider Premium discontinuance, the rider is not allowed to be revived in future. Revival would be as per Board approved underwriting guidelines. However, in case the entire Policy Premium (the base product and the rider) has been discontinued and the Policyholder wants to revive the same then he would be allowed to revive within two years from the date of the first unpaid premium as mentioned above.

3) Loan under the Policy:

Loans are not allowed under the Policy.

4) Free Look Period:

You may return the Policy document to Us within 30 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 stamp duty charges and medical expenses (if any).

e-Insurance Account

If the Policy is opted through Insurance Repository ('IR'), the computation of the said Free Look Period will be as stated below:-

For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the email confirming the credit of the Insurance Policy by the IR.

For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(e IA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the eIA, whichever is later, shall be reckoned for the purpose of computation of the Free Look Period.

5) Termination of the Policy

Your Policy will terminate on the happening of any of the following:

a. On the death of the Life Insured; or
b. On the non-Revival of the Policy within two years from the due date of the first unpaid Premium, if the Policy has not acquired a Surrender Value; or
c. On the date of payment of Surrender Value, if any, of the Policy; or
d. On the Maturity Date of the Policy;
e. Termination of the Policy on payment of Critical Illness claim, if the Critical Illness Sum Assured is equal to the Base Sum Assured.

PART – E

Not Applicable.

PART – F

GENERAL TERMS AND CONDITIONS

a)	**Suicide Exclusion:**
	a) If the Life Insured (whether sane or not) commits suicide within one year from the Date of Inception of the Policy while the Policy is In-force, then the Policy shall be void and We will pay 80% of the Premium received (excluding extra mortality Premium, if any) till the date of death. b) If the Life Insured (whether sane or not) commits suicide within one year from the Date of Revival of the Policy while the Policy is In-force, then the Policy shall be void and We will pay higher of 80% of the Premium received till the date of death or Surrender value as on the date of death.
b)	**Claim Procedure:**
	We shall be given written notice of the Life Insured's death and shall be provided with the following documents for Us to assess the claim: (i) The claim form, duly completed; (ii) The original or an attested copy of the death certificate; (iii) The original Policy document; (iv) Documents to establish right of the claimant in the absence of valid nomination (v) Any other information or documentation that We request. In case of death due to accident and unnatural death, the following additional documents are required: (i) Copy of FIR and Panchnama (ii) Copy of the Postmortem report (iii) Copy of Newspaper article if any (iv) Copy of the Final police investigation report (v) Copy of the Charge sheet in case of Murder (vi) Copy of Driving license if the insured was driving and has opted for ADB rider In case of Critical Illness, We shall be given written notice of the Life Insured's Critical Illness immediately. We shall be provided with the following additional documents for Us to assess the claim: i) Copy of diagnosis report confirming the occurrence of Critical Illness which is acceptable to Us; ii) All past and present medical records (such as discharge summary, daily records and investigation test reports, surgical notes), if applicable; iii) A copy of the Life Insured's photo identification proof and address proof; iv) Treating doctor certificate filled by the doctor treating the Life Insured for the diagnosed ailment; v) Hospital certificate duly filled in by the hospital where the Life Insured was admitted; vi) Any other information or documentation that We may request. You are requested to send intimation of the claim to any of Our branch offices or to Our Corporate office mentioned below. Claims Officer Edelweiss Tokio Life Insurance Company Ltd. 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisstokio.in Phone no: 1800 2121 212
c)	**Nomination**
	Nomination should be in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. ***[A Leaflet containing the simplified version of the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure (1) for reference].***

d)	**Assignment:**
	Assignment should be in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. ***[A Leaflet containing the simplified version of the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (2) for reference].***
e)	**Validity/ Non-Disclosure:**
	(i) If you or anyone acting on your behalf makes, fraudulent, misleading or dishonest representation in any respect, then this Policy shall be dealt with in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time. (ii) *Misstatement of Age* If the date of birth of the Life Insured has been misstated, any amount payable shall be increased or decreased to the amount that would have been provided, as determined by us, given the correct age. If at the correct age, the Life Insured was not insurable under this Policy according to our requirements, we reserve the right to terminate the Policy and any Premiums paid till date, if any, shall be payable by us (subject to Section 45 of the Insurance Act, 1938 as amended from time to time). (iii) Section 41: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 or 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. (iv) Section 45: Fraud and Misrepresentation shall be dealt with in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. ***[A Leaflet containing the simplified version of the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (3) for reference].***
f)	**Currency, Governing Law & Jurisdiction**
	(i) The Premiums and benefits payable under the Policy shall be payable in India and in Indian Rupees. (ii) The Policy and any disputes or differences arising under or in relation to the Policy shall be construed in accordance with Indian law and by the Indian courts.
g)	**Taxation**
	The tax benefits under this Policy would be as per the prevailing Income Tax laws in India and any amendment(s) made thereto from time to time. We reserve the right to recover all the applicable taxes from the Policyholder.
h)	**Duplicate Policy Document**
	If You lose or misplace the Policy document then you may request Us to issue You a duplicate Policy Document by giving Us written notice and making payment of fee prescribed from time to time. On issue of the duplicate Policy document, the original shall automatically cease to have any legal effect.
i)	**Notices**
	(i) All notices meant for Us shall be given to Us at Our communication address specified in the Policy Contract or at any of Our branch offices. (ii) All notices meant for You will be sent to Your address specified in the Policy Schedule. If You do not notify Us of any changes to Your address, then notices or correspondence sent by Us to the last recorded address shall be valid and legally effective.

	(iii) You would need to timely intimate us of any change in your address to enable us to provide important information pertaining to your Policy.
j)	**Entire Contract**
	(i) The Policy comprises the entire contract of insurance between You and Us. We shall not be bound or be deemed to be bound by any alterations or changes, unless such changes are made by Us in writing through an endorsement. (ii) Notwithstanding anything contained in this Policy document, the provisions herein shall stand altered or superseded to such extent and in such manner as may be required by any change in applicable law including but not limited to any regulations, circulars or guidelines issued by IRDAI.
k)	**Mode of Communication**
	The Company and the Policyholder may exchange communications pertaining to this Policy either through normal correspondence or through electronic mail and the Company shall be within its right to seek clarifications / to carry out the mandates of the Policyholder on merits in accordance with such communications. While accepting requests / mandate from the Policyholder through electronic mail, the Company may stipulate such conditions as deemed fit to give effect to and comply with the provisions of Information Technology Act, 2000 as amended from time to time and/or such other applicable laws In-force from time to time.

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 (24 hours a day, 7 days a week).
- Email us at: complaints@edelweisstokio.in / care@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070.

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
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Limited, 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol 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
- 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
9th floor, United India Towers, Basheerbagh
Hyderabad – 500 029, Telangana
Fax No: 91- 40 – 6678 9768

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.

The list of the Ombudsman with their addresses is 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: bimalokpal.ahmedabad@gbic.co.in	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: bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman 62, Forest Park, **BHUBANESHWAR-751 009.** Tel.: 0674-2596455/2596461 Fax: 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	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: bimalokpal.chandigarh@gbic.co.in
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: bimalokpal.chennai@gbic.co.in	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: bimalokpal.delhi@gbic.co.in
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: bimalokpal.guwahati@gbic.co.in	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: bimalokpal.hyderabad@gbic.co.in

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: bimalokpal.ernakulam@gbic.co.in	Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, 4, C.R.Avenue, **KOLKATA - 700072** Tel: 033-22124339/22124340 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in
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: bimalokpal.lucknow@gbic.co.in	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: bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, **JAIPUR – 302005.** Tel: 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	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: Bimalokpal.pune@gbic.co.in
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@gbic.co.in	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: bimalokpal.noida@gbic.co.in
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, **PATNA – 800006** Tel No: 0612-2680952 Email id : bimalokpal.patna@gbic.co.in	

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

Annexure - 1

Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.

02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

03. Nomination can be made at any time before the maturity of the policy.

04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.

05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.

06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.

07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.

08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.

09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.

11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.

12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).

13. Where the policyholder whose life is insured nominates his:

a. parents or

b. spouse or

c. children or

d. spouse and children

e. or any of them

- the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all policies maturing for payment on the commencement of The Insurance Act, 1938.

16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.

17. The provisions of this Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 ('MWP Act') applies or has at any time applied except where, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is a simplified version of Section 39 of the Insurance Act, 1938 as amended from time to time. The Policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.]

Annexure - 2

Section 38 - Assignment and Transfer of Insurance Policies

Assignment or Transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. This policy may be transferred/assigned, wholly or in part, with or without consideration.

2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.

3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.

4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

5. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.

6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.

7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.

8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.

9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is

a. not bonafide or

b. not in the interest of the policyholder or

c. not in public interest or

d. is for the purpose of trading of the insurance policy.

10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.

11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except

a. where assignment or transfer is subject to terms and conditions of transfer or assignment; OR

b. where the transfer or assignment is made upon condition that

i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR

ii. the insured surviving the term of the policy

Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person

a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and

b. may institute any proceedings in relation to the policy

c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

[Disclaimer: This is a simplified version of Section 38 of the Insurance Act, 1938 as amended from time to time. The Policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.]

Annexure - 3

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938 as amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 years from
a. the date of issuance of policy; or
b. the date of commencement of risk; or
c. the date of revival of policy; or
d. the date of rider to the policy
- whichever is later.

2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
a. the date of issuance of policy or
b. the date of commencement of risk or
c. the date of revival of policy or
d. the date of rider to the policy
- whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
b. The active concealment of a fact by the insured having knowledge or belief of the fact;
c. Any other act fitted to deceive; and
d. Any such act or omission as the law specifically declares to be fraudulent.

4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

9. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is a simplified version of Section 45 of the Insurance Act, 1938 as amended from time to time. The Policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.]