

**PART - A**

Date: <\_\_\_\_\_>

**Name of Policyholder:**

**Address of Policyholder:**

**Contact Number/(s) of Policyholder:**

Dear <Policyholder Name>,

**Sub.: Your Policy No. <<\_\_\_\_\_>> - Edelweiss Tokio Life – Payor Waiver Benefit Rider**

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](mailto: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:** 3<sup>rd</sup> & 4<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kiroli Road, Kurla (W), Mumbai 400070

SAMPLE

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

**POLICY DOCUMENT - Edelweiss Tokio Life – Payor Waiver Benefit Rider**  
**(Non Linked Individual Life Insurance Rider)**  
**UIN: 147B014V03**

**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.

SAMPLE

**POLICY SCHEDULE**

Policy Number	Rider Name & UIN No
	Edelweiss Tokio Life - Payor Waiver Benefit Rider (147N014V03)

Name of the Policyholder	Date of Birth	Gender	Age

Address

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

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

**BENEFIT INFORMATION**

Option selected:	Option 1 <input type="checkbox"/>	Death
	Option 2 <input type="checkbox"/>	Critical Illness (or) Accidental Total and Permanent Disability
	Option 3 <input type="checkbox"/>	Death (or) Critical Illness (or) Accidental Total and Permanent Disability

\* Premium rate is guaranteed during the Term of Rider Policy under Option 1. Whereas under Option 2 or 3, premium rate is guaranteed for first five years of Rider Policy and thereafter reviewable by Us every five years subject to IRDAI's approval, and the changes in premium rates will be applicable from the date of 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 Ltd"**

**Authorised Signatory**

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

**PART – B**

**DEFINITIONS**

<b>Defined Term</b>	<b>Meaning</b>
<b>Age:</b>	means age of the Proposer at last birthday.
<b>Appointee:</b>	means the person named in the Schedule who will accept and hold in trust all amounts payable under the Rider Policy on behalf of the Nominee/(s) if the Nominee/(s) is/are less than Age 18 on the date of payment.
<b>Accident:</b>	means a sudden, unforeseen and involuntary event caused by external and visible means.
<b>Accidental Total and Permanent Disability:</b>	<p>means disability caused by bodily injury, which causes permanent inability to perform any occupation or to engage in any activities for remuneration or profits. This disability should last for at least one hundred and eighty (180) days before being eligible for total and permanent disability benefits.</p> <p>Total and permanent disability also includes the loss of both arms, or both legs, or one arm and one leg, or of both eyes. Loss of arms means dismemberment by amputation from the wrist joint and loss of legs means dismemberment by amputation from the ankle joint. Loss of eyes means entire and irrecoverable loss of sight. In these circumstances waiting period of 180 days will not be applicable.</p> <p>Further the company reserves the right to call for medical examination as they may require fit in this regard. The premium during the 180 day waiting period needs to be paid by the policyholder. However once the policyholder is eligible for the claim, the company will reimburse the premiums paid by the policyholder during the 180 days.</p>
<b>Approved Specialist:</b>	<p>means a person qualifying as Doctor/Certified Physician and also holds either Post Graduate Diploma or Post Graduate degree in specialist field being recognized by the Medical Council of India or of the respective States of India, if so required and acting within the scope of the license of registration granted to him/her. The following are fields currently recognised by the Medical Council of India:</p> <p>Anesthesiology, Aviation Medicine, Anatomy, Biochemistry, Biophysics, Cardiology, Clinical Hematology, Clinical Pathology, Clinical Pharmacology, Community Medicine, Dermatology, Venerology and Leprosy, Endocrinology, Family Medicine, Forensic Medicine, General Medicine, Geriatrics, Immuno Haematology and Blood Transfusion, Immunology, Marine Medicine, Medical Gastroenterology, Medical Genetics, Medical Oncology, Microbiology, Neonatology, Nephrology, Neurology, Neuro radiology, Nuclear Medicine, Nutrition, Obstetrics &amp; Gynecology, Occupational Health, Ophthalmology, Orthopedics, Oto-Rhino Laryngology, Pathology, Paediatrics, Pharmacology, Physical Medicine Rehabilitation, Physiology, Psychiatry, Public Health, Radiation Medicine, Radio diagnosis, Radiological Physics, Radio therapy, Rheumatology, Sports Medicine, Tropical Medicine &amp; Health, Tuberculosis &amp; Respiratory Medicine or Pulmonary Medicine and Virology.</p>
<b>Congenital Anomaly</b>	<p>means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.</p> <p>a. Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body.</p> <p>b. External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body.</p>
<b>Day Care Centre</b>	means any institution established for day care treatment of sickness and / or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment, has qualified medical practitioner (s) in charge, has a fully equipped operation theatre of its own where surgical procedures are carried out, maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
<b>Day Care Treatment</b>	<p>means medical treatment and/or surgical procedure which is:</p> <p>i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and</p>

	<p>ii. which would have otherwise required a hospitalization of more than 24 hours.</p> <p>Treatment normally taken on an out-patient basis is not included in the scope of this definition.</p>
<b>Doctor/ Certified Physician</b>	means a person who holds a degree of a recognized medical institute and is registered by Medical Council of India or of the respective States of India, if so required and acting within the scope of the license of registration granted to him/her and including physicians, specialists, anaesthetists and surgeons and specifically excluding any doctors or practitioners in non-allopathic fields.
<b>Grace Period:</b>	means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Rider Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
<b>Hospital:</b>	<p>A hospital means any institution established for in- patient care and day care treatment of sickness and/or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under:</p> <ul style="list-style-type: none"> <li>- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;</li> <li>- has qualified nursing staff under its employment round the clock;</li> <li>- has qualified medical practitioner (s) in charge round the clock;</li> <li>- has a fully equipped operation theatre of its own where surgical procedures are carried out</li> <li>- maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.</li> </ul>
<b>Hospitalization:</b>	means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
<b>Illness:</b>	<p>means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.</p> <p>a. Acute condition - Acute condition is a medical condition that can be cured by a treatment.  b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:</p> <ul style="list-style-type: none"> <li>- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests</li> <li>- it needs ongoing or long-term control or relief of symptoms</li> <li>- it requires your rehabilitation or for you to be specially trained to cope with it</li> <li>- it continues indefinitely</li> <li>- it comes back or is likely to come back.</li> </ul>
<b>Injury:</b>	means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
<b>IRDAI / Authority:</b>	Means The Insurance Regulatory and Development Authority of India.
<b>Insurance Act:</b>	means The Insurance Laws (Amendment) Act, 2015 as amended from time to time.
<b>Life Insured:</b>	means the person named in the Rider Schedule whose life is insured under this Rider Policy.
<b>Medical Advice:</b>	means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
<b>Medically Necessary:</b>	<p>means treatment is defined as any treatment, tests, medication, or stay in hospital or part a stay in hospital which</p> <ul style="list-style-type: none"> <li>• is required for the medical management of the illness or injury suffered by the insured;</li> <li>• must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;</li> <li>• must have been prescribed by a medical practitioner,</li> <li>• must conform to the professional standards widely accepted in international medical practice or by the medical community in India.</li> </ul>

<b>Medical Practitioner:</b>	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 the scope and jurisdiction of his license.
<b>Maturity Date:</b>	means the date specified in the Rider Schedule on which the Rider Policy matures.
<b>Nominee:</b>	means the person/(s) specified in the Schedule nominated in accordance with the Section 39 of the Insurance Laws (Amendment) Act, 2015.
<b>Pre-existing Disease:</b>	means 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.
<b>Policy:</b>	means the contract of insurance as evidenced by this Rider Policy Document, the Proposal Form, the Schedule/(s) and any other information/document/(s) provided to Us in respect of the Proposal Form and any endorsement issued by Us.
<b>Policy Anniversary:</b>	means the date corresponding with the Policy Commencement Date specified in the Schedule in every calendar year.
<b>Policy Year:</b>	a period of one year between any of the two consecutive Policy Anniversary.
<b>Policy Commencement Date:</b>	means the date as shown in the Policy Schedule from which the Policy Anniversaries, Policy Term, Policy Years, and Premium Due Dates are determined.
<b>Policy Term:</b>	means the term in years between the Policy Commencement Date and expiry date of the Rider Policy. In case the Rider is opted on a Base Plan Anniversary subsequent to the Risk Commencement Date of the Base Plan, the Policy Term of Rider would be equal to the remaining Premium Paying Term of the Base Plan. However, in case the entry age of Proposer plus Base Plan Premium Paying Term is beyond 70 years, the Policy Term of Rider will be 70 years less entry age of the Proposer.
<b>Premium Paying Term:</b>	means the term in years during which the Premiums are required to be paid under the Policy. In case the Rider is opted on a Base Plan Anniversary subsequent to the Risk Commencement Date of the Base Plan, the Rider Premium Paying Term will be equal to remaining premium payment term of the Base Plan. However, in case the entry age of Proposer plus Base Plan Premium Paying Term is beyond 70 years, the Rider premium paying term will be 70 years less entry age of the Proposer
<b>Proposal Form:</b>	means the signed, dated application form and any accompanying declarations or statements submitted to Us.
<b>Qualified Nurse:</b>	means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
<b>Revival:</b>	means the restoration of the policy, which was discontinued due to the non-payment of premium, by Us with all the benefits.
<b>Rider:</b>	means the 'Edelweiss Tokio Life – Payor Waiver Benefit Rider' issued by Us and appended to the Policy of Base Plan.
<b>Rider Premium:</b>	means the premium payable for the Rider as specified in the Policy Schedule. If the Policy Schedule specifies that: (a) Option 1 is applicable under the Rider, then the Rider Premium is guaranteed during the Term of the Rider Policy; (b) Option 2 or Option 3 is applicable under the Rider, then the Rider Premium is guaranteed for the first five (5) Policy Years, but is subject to review by the Company thereafter with the IRDAI's approval.
<b>Risk Commencement Date:</b>	the date on which Your rights, benefits and risk cover begin, as shown in the Policy Schedule.
<b>Surgery:</b>	Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
<b>Surrender:</b>	means the complete withdrawal or termination of the Policy.
<b>Surrender Value:</b>	means an amount, if any, that becomes payable in case of surrender of the Policy.
<b>We/Our/Us/ Company:</b>	Edelweiss Tokio Life Insurance Company Limited.
<b>You/ Your:</b>	means the Policyholder named in the Schedule.

**Definition of Critical Illnesses:**

Critical Illness	Description & Conditions for applicability
<p><b>Cancer of Specified Severity</b></p>	<p>A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion &amp; destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy &amp; confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p><b>Exclusions</b> The following cancers are excluded -</p> <ol style="list-style-type: none"> <li>1. Tumours showing the malignant changes of carcinoma in situ &amp; 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 &amp; CIN-3.</li> <li>2. Any skin cancer other than invasive malignant melanoma</li> <li>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</li> <li>4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter</li> <li>5. Chronic lymphocytic leukaemia less than RAI stage 3</li> <li>6. Microcarcinoma of the bladder</li> <li>7. All tumours in the presence of HIV infection.</li> </ol>
<p><b>Open Chest CABG</b></p>	<p>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.</p> <p><b>Exclusions</b> The following are excluded:</p> <ol style="list-style-type: none"> <li>i. Angioplasty and/or any other intra-arterial procedures</li> <li>ii. any key-hole or laser surgery.</li> </ol>
<p><b>First Heart Attack - of Specified Severity</b></p>	<p>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:</p> <ol style="list-style-type: none"> <li>1. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)</li> <li>2. new characteristic electrocardiogram changes</li> <li>3. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.</li> </ol> <p><b>Exclusions:</b> The following are excluded:</p> <ol style="list-style-type: none"> <li>i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T</li> <li>ii. Other acute Coronary Syndromes</li> <li>iii. Any type of angina pectoris.</li> </ol>
<p><b>Open Heart Replacement OR Repair of Heart Valves</b></p>	<p>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.</p> <p><b>Exclusions:</b> Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.</p>
<p><b>Kidney Failure Requiring Regular Dialysis</b></p>	<p>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.</p>
<p><b>Major Burns</b></p>	<p>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.</p>
<p><b>Major Organ / Bone</b></p>	<p>The actual undergoing of a transplant of:</p>



<b>Marrow Transplant</b>	<ol style="list-style-type: none"> <li>1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or</li> <li>2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.</li> </ol> <p><b>Exclusions:</b> The following are excluded:</p> <ol style="list-style-type: none"> <li>i. Other stem-cell transplants</li> <li>ii. Where only islets of langerhans are transplanted</li> </ol>
<b>Permanent Paralysis of Limbs</b>	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.
<b>Stroke Resulting in Permanent Symptoms</b>	<p>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.</p> <p><b>Exclusions:</b> The following are excluded:</p> <ol style="list-style-type: none"> <li>i. Transient ischemic attacks (TIA)</li> <li>ii. Traumatic injury of the brain</li> <li>iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.</li> </ol>
<b>Aorta Surgery</b>	<p>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.</p> <p><b>Exclusion:</b> Surgery performed using only minimally invasive or intra arterial techniques such as percutaneous endovascular aneurysm repair are excluded.</p>
<b>Coma of Specified Severity</b>	<p>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:</p> <ol style="list-style-type: none"> <li>1. no response to external stimuli continuously for at least 96 hours;</li> <li>2. life support measures are necessary to sustain life; and</li> <li>3. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> </ol> <p>The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.</p>
<b>Total Blindness</b>	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.

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

**PART – C**

**BENEFITS**

The Option selected by You is specified in the Policy Schedule which shall be applicable under this Rider Policy and the Benefits shall be payable as under:

<b>Option 1 - On Death</b>	
<b>When payable</b>	<b>Benefit Applicable</b>
On Your death within the Policy Term of Rider and when the Base Plan and this Rider Policy are in force	All future Premiums that would have been payable under the Base Plan Policy for the Policy Term of Rider, will be waived.
<b>Option 2 - On Critical Illness or Accidental Total and Permanent Disability</b>	
<b>When payable</b>	<b>Benefit Applicable</b>
If You suffer Total and Permanent Disability when the Base Plan and this Rider Policy are in force solely and directly due to an Accident <b>or</b> You are diagnosed to be suffering from any of the insured 12 Critical Illnesses (subject to definitions) during the Policy Term of Rider and You survive for at least 30 days from the date of diagnosis, provided the Critical Illness occurred after 90 days from the date of issuance/revival of this Rider, then	All future Premiums that would have been payable under the Base Plan Policy for the Policy Term of Rider, will be waived, provided that in the case of a Critical Illness, the diagnosis of the Critical Illness is confirmed through medical tests or through the certificate issued by a Medical Practitioner.
<b>Option 3 - On Death or Critical Illness or Accidental Total and Permanent Disability</b>	
<b>When payable</b>	<b>Benefit Applicable</b>
If You suffer from Total and Permanent Disability when the Base Plan and this Rider Policy are in force solely and directly due to an Accident <b>or</b> You are diagnosed to be suffering from any of the insured 12 Critical Illnesses(subject to definitions) during the Policy Term of Rider and You survive for at least 30 days from the date of diagnosis , provided the Critical Illness occurred after 90 days from the date of issuance/revival of this Rider, then <b>or</b> Your death occurs during the Policy Term of the Rider , whichever is the earliest, :	All future Premiums that would have been payable under the Base Plan Policy for the Policy Term of Rider,will be waived, provided that in the case of a Critical Illness, the diagnosis of the Critical Illness is confirmed through medical tests or through the certificate issued by a Medical Practitioner.

**Note:**

1. The Option once selected cannot be changed and You cannot select any other Option under this Rider Policy.
2. Under Option 2 and 3, on the application of the Benefit under this Rider Policy, the Rider Policy shall automatically terminate but the benefits under the Base Plan Policy will continue until the end of the Policy Term of the Base Plan.
3. Under Option 2 and 3, on the application of the Critical Illness benefit under this Rider Policy, if the premium is due and paid before completion of 30 days from the date of confirmed diagnosis, such amount of premium paid will be refunded to You.
4. Under Option 2 and 3 , Claim for critical illness will only be accepted if the illness has occurred after 90 days from the date of issue/ date of revival of the rider.

<b>Claim due to Suicide:</b>	
<b>When payable</b>	<b>Amount Payable</b>
If You, whether sane or insane, commit suicide within one year from the date of inception of the Rider Policy:	This Rider Policy shall be void and We will pay 80% of the premiums received (excluding extra mortality premium, if any).
If You, whether sane or insane, commit suicide within one year from the date of revival/reinstatement of the Rider Policy:	This Rider Policy shall be void and We will pay 80% of the Premium received till the date of death" OR "Surrender Value available as on the date of death.

<b>Survival Benefit:</b>	
<b>When payable</b>	<b>Amount Payable</b>
On You surviving till the expiry of the Term of the Rider Policy:	No amount is payable

<b>Specific Rider Terms &amp; Conditions:</b>
<p>1) The Benefits under the 'in force' Rider Policy shall be available only during the Term of the Rider Policy.</p> <p>2) If You opt for the Rider on the Policy Anniversary of the Base Plan subsequent to the Risk Commencement Date of the Base Plan, the Term of the Rider Policy would be equal to the remaining Premium Payment Term of the Base Plan.</p> <p>3) <u>Termination of the Rider:</u> The Rider Policy shall terminate immediately and automatically on the occurrence of the earliest of the following:</p> <ol style="list-style-type: none"> <li>On the Premiums under the Base Plan being waived by the application of this Rider;</li> <li>The expiry of the Term of the Rider Policy;</li> <li>The Base Plan being terminated or discontinued or becoming paid-up;</li> <li>The Rider Policy being terminated and discontinued separately.</li> <li>You attaining the age of 70 years.</li> </ol>

<b>Grace Period:</b>
If We do not receive the Premium in full by the premium due date under this Rider Policy, then We will allow a Grace Period which is same as that allowed under the Base Plan to which this Rider is appended to, during which You must pay the Premium due in full. The Benefit will not be available for the period for which no premium is received by the Company.

<b>Exclusions:</b>	
<b>1</b>	<b>Critical Illness</b>
	<p>We will not be liable to make any payment under this Rider if the Critical Illness suffered by You is directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:</p> <ul style="list-style-type: none"> <li>Diseases in the presence of an HIV infection;</li> <li>Any pre-existing or recurring disease which is diagnosed or which You contracted prior to the issue date or the revival date of the Rider Policy, whichever is later;</li> <li>Any disease covered under Critical Illness occurring within 90 days of the start of Rider Policy (i.e. during the waiting period);</li> <li>Any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any Critical</li> </ul>

	<p>Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy; Date of occurrence of critical illness will be reckoned for the above purpose and for the purpose of evaluating waiting/ survival period as the date of diagnosis of the illness/condition. It will be the date on which the medical examiner first examines the proposer and certifies the diagnosis of any of the illness/ conditions.</p> <ul style="list-style-type: none"> <li>• Any congenital condition.</li> <li>• Intentional self-inflicted injury, attempted suicide, while sane or insane.</li> <li>• 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.</li> <li>• Failure to seek or follow medical advice.</li> <li>• 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.</li> <li>• Taking part in any naval, military or air force operation during peace time.</li> <li>• Participation by You in any flying activity, except as a bona fide, fare paying passenger, pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.</li> <li>• Participation by You in a criminal or unlawful act with criminal intent.</li> <li>• 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.</li> <li>• 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</li> </ul>
<b>2.</b>	<p><b>Total and Permanent Disability</b></p> <p>We will not be liable to make any payment under this Rider Policy if Your disability is directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:</p> <ul style="list-style-type: none"> <li>• Suicide or attempted suicide or self inflicted injury, whether You are medically sane or insane.</li> <li>• Failure to seek medical advice or treatment.</li> <li>• War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.</li> <li>• Service in the armed forces, or any police organization, of any country at war or service in any force of an international body.</li> <li>• Committing an assault, a criminal offence, an illegal activity or any breach of law, with criminal intent.</li> <li>• 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</li> <li>• 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</li> <li>• Participation by You in any flying activity, except as a bona fide, fare paying passenger, pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.</li> <li>• Disability as a result of any disease or infection.</li> </ul>

**PART D**

<b>Surrender Benefit:</b>	
<b>When payable</b>	<b>Amount Payable</b>
On surrender of the Rider Policy	Nil

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

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

<b>Loan under the Policy:</b>
Loan is not allowed under this Rider Policy.

PART E

Not Applicable

SAMPLE

**PART – F**

**GENERAL TERMS AND CONDITIONS**

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

SAMPLE

## **PART - G**

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

### **Step 1:**

- Toll free customer care number: 1-800-2121-212 (24 hours a day, 7 days a week).
- Email us at: [complaints@edelweisstokio.in](mailto:complaints@edelweisstokio.in) / [care@edelweisstokio.in](mailto:care@edelweisstokio.in)
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 3<sup>rd</sup> & 4<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kirod 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](mailto:GRO@edelweisstokio.in)
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Limited, 3<sup>rd</sup> & 4<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kirod Road, Kurla (W), Mumbai 400070.

### **Step 3:**

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

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

Address for communication for complaints by fax/paper:

Consumer Affairs Department  
Insurance Regulatory and Development Authority of India  
9<sup>th</sup> 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, <b>AHMEDABAD-380 001.</b> Tel.: 079-25501201/02/05/06 Fax: 079-27546142 Email: <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a>	Office of the Insurance Ombudsman, 2 <sup>nd</sup> Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <b>BHOPAL-462 003.</b> Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a>
Office of the Insurance Ombudsman 62, Forest Park, <b>BHUBANESHWAR-751 009.</b> Tel.: 0674-2596455/2596461 Fax: 0674-2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a>	Office of the Insurance Ombudsman, SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, <b>CHANDIGARH-160 017.</b> Tel.: 0172-2706196/2706468 Fax : 0172-2708274 Email: <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a>
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4 <sup>th</sup> Floor, 453 Anna Salai, Teynampet, <b>CHENNAI-600 018.</b> Tel.: 044-24333668/24335284 Fax: 044-24333664 Email: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a>	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b>NEW DELHI-110 002.</b> Tel.: 011-23239633 / 23237532 Fax: 011-23230858 Email: <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>

<p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5<sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, <b><u>GUWAHATI-781 001 (ASSAM).</u></b> Tel.: 0361-2132204/05 Fax : 0361-2732937 Email: <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a></p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> Floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <b><u>HYDERABAD-500 004.</u></b> Tel.: 040-65504123/23312122 Fax: 040-23376599 Email: <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a></p>
<p>Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <b><u>ERNAKULAM-682 015.</u></b> Tel: 0484-2358759/2359338 Fax.: 0484-2359336 Email: <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a></p>	<p>Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4<sup>th</sup> Floor, 4, C.R.Avenue, <b><u>KOLKATA - 700072</u></b> Tel: 033-22124339/22124340 Fax: 22124341 Email: <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a></p>
<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, <b><u>LUCKNOW-226 001.</u></b> Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></p>	<p>Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <b><u>MUMBAI-400 054.</u></b> Tel: 022-26106960/26106552 Fax: 022-26106052 Email: <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a></p>
<p>Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, <b><u>JAIPUR – 302005.</u></b> Tel: 0141-2740363 Email: <a href="mailto:bimalokpal.jaipur@gbic.co.in">bimalokpal.jaipur@gbic.co.in</a></p>	<p>Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Darshan, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth <b><u>PUNE - 411030.</u></b> Tel: 020-41312555 Email: <a href="mailto:Bimalokpal.pune@gbic.co.in">Bimalokpal.pune@gbic.co.in</a></p>
<p>Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, <b><u>BENGALURU – 560 078.</u></b> Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a></p>	<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4<sup>th</sup> Floor, Main Road Naya Bans, Sector 15, Distt: Gautam Buddha Nagar <b><u>NOIDA – 201301.</u></b> Tel: 0120-2514250/52/53 Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a></p>
<p>Office of the Insurance Ombudsman, 1<sup>st</sup> Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <b><u>PATNA – 800006</u></b> Tel No: 0612-2680952 Email id : <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a></p>	

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