

PART - A

Edelweiss Tokio Life – Group Extended Critical Illness Rider
(A Group, Non-Linked, Non-Par, Pure Risk Premium, Health Insurance rider)

UIN NO: 147B009V03

PART - A

FORWARDING LETTER

Date:

Name of Master Policyholder:

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

Address:

Code/License no:

Contact details:

Contact No:

Master Policy No:

Dear Mr/ Ms,

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

We are enclosing herewith your Master Policy for the members of the Group.

To help us to provide you prompt and efficient service at all times, please quote your Group Policy Number in all future correspondence. This Master Policy is important and must be kept safely as it contains all important details of the plan you have opted for.

Cancellation in the Free Look Period by Master Policyholder:

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 and period of 30 days in case of electronic policies and policies obtained through distance mode. 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 at any point of time and a new proposal will have to be made for a new Policy.

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.

Cancellation in the Free Look Period by Insured Member:

In case the Insured Member does not agree with any of the provisions stated in the Certificate of Insurance, the Insured Member have the option to return the Certificate of Insurance to us stating the reasons thereof in writing, within fifteen (15) days from the date of receipt of the Certificate of Insurance and period of 30 days in case of electronic policies and policies obtained through distance mode. On receipt of your letter along with the original Certificate of Insurance, we shall refund an amount as mentioned in the Free Look Clause of the Policy Terms and

Conditions. The Certificate of Insurance once returned shall not be revived at any point of time and a new proposal will have to be made for a new Policy.

To exercise the Free Look option, you would need to send the original Certificate of Insurance 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.

In case you have any queries or need any assistance, please call our Service Expert at 1800 2121 212 between 9:00 am to 9:00 pm, 7 days a week or write to us at corp-care@edelweisstokio.in

We look forward to a long and happy association with you and as a part of our corporate philosophy; we will constantly endeavor to provide you our best service and support at all times.

We look forward to a warm and enduring relationship with your organization.

Regards,

For Edelweiss Tokio Life Insurance Company Limited

Authorised Signatory

SAMPLE

Edelweiss Tokio Life Insurance Company Limited

Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai 400070.

Corporate Office: 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai 400070

Rider Policy Document - Edelweiss Tokio Life - Group Extended Critical Illness Rider
(A Group, Non-Linked, Non-Par, Pure Risk Premium, Health Insurance rider)

UIN No: 147B009V03

POLICY PREAMBLE

This document is the evidence of a contract of insurance between Edelweiss Tokio Life Insurance Company Limited ('the Company') and the Master Policyholder as described in the Policy Schedule given below. This Policy is based on the Proposal made by the within named Master Policyholder and submitted to the Company along with the required documents such as signed quotation sheet, Member Data, declarations, statements, other information. 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

RIDER SCHEDULE

Group Master Policy Number	Plan Name & UIN No
	<u>Group Extended Critical Illness Rider & 147B009V03</u>

Master Policy Holder	
Policy Commencement Date	
Risk Commencement Date	
Annual Renewal Date	
No. Of Insured Members (As On Policy Commencement Date)	
Total Sum Assured – (As On Policy Commencement Date)	
Mode Of Premium	
Rider Premium (Annual)	
Applicable Taxes	
Total Premium (Annual)	
Modal Premium	
Modal Premium plus Applicable Taxes	
Spouse Cover Option	<input type="checkbox"/> Y <input type="checkbox"/> N
Special Conditions	

Consolidated Stamp Duty paid: Rs.<< POL-STMP-DUTY-AMT>>/- paid by Pay Order, vide Mudrank receipt no: _____ dated

For Edelweiss Tokio Life Insurance Company Limited

Authorised Signatory

This Policy Document is signed using a digital signature for and on behalf of Edelweiss Tokio Life Insurance Company Limited.

We request you to go through the Policy Document and check for the accuracy of information provided therein. In case you notice any mistake you may return the Policy Document to us for necessary correction.

PART B

DEFINITIONS

Defined Term	Meaning
Accident	An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Active- At-Work Clause	“All employees who have availed more than 10 continuous days of leave on grounds of sickness in the last one year (including the date of commencement of coverage) before the date of commencement of the policy or for new employees before the date of joining the group (including date of joining the group) are considered as not Active-at-work.”
Approved Specialist	A person qualifying as Doctor/Certified Physician and also holds either Post Graduate Diploma or Post Graduate degree in Specialist field being recognized by MCI 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 MCI. 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 & 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 & Health, Tuberculosis & Respiratory Medicine or Pulmonary Medicine and Virology.
Day Care Centre	A day care centre means any institution established for day care treatment of illness and / or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:- <ol style="list-style-type: none"> 1. has qualified nursing staff under its employment 2. has qualified medical practitioner (s) in charge 3. has a fully equipped operation theatre of its own where surgical procedures are carried out 4. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
Day Care Treatment	Day care treatment means medical treatment, and/or surgical procedure which is: <ol style="list-style-type: none"> 1. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and 2. which would have otherwise required a hospitalization of more than 24 hours. <p><u>Exclusions</u> Treatment normally taken on an out-patient basis is not included in the scope of this definition.</p>
Doctor/Certified Physician	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. The definition would include Physician, Specialist, Anaesthetist and Surgeon and specifically excludes doctors / practitioners in non-allopathic fields.
Free Cover Limit (FCL)	Free Cover Limit (FCL) is decided at the time of quotation/ Renewal and is based on Group size and Sum Assured with a pre-defined formula. In case of members crossing FCL, the acceptance would be as per the Underwriting Guidelines of the Company.
Grace Period	Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a 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.
Hospital	A hospital means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities, under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

	<ol style="list-style-type: none"> 1. has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and atleast 15 inpatient beds in all other places; 2. has qualified nursing staff under its employment round the clock; 3. has qualified medical practitioner (s) in charge round the clock; 4. has a fully equipped operation theatre of its own where surgical procedures are carried out 5. maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
Hospitalization	Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
Illness	<p>Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.</p> <p>a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.</p> <p>b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:</p> <ul style="list-style-type: none"> • it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests • it needs ongoing or long-term control or relief of symptoms • it requires your rehabilitation or for you to be specially trained to cope with it • it continues indefinitely • it recurs or is likely to recur.
Injury	Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
Medical Advice	Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
Medically Necessary Treatment	<p>Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which</p> <ul style="list-style-type: none"> - is required for the medical management of the illness or injury suffered by the insured; - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; - must have been prescribed by a medical practitioner, - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
Medical Practitioner	<p>Medical practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.</p> <p>The Medical practitioner should not be</p> <ul style="list-style-type: none"> • The policyholder/insured person himself/herself; or • An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or • Employed by or under contractual engagement with the insurance company; • Related to the policyholder/insured person by blood or marriage
Pre-Existing Disease	<p>Pre-existing Disease means any condition, ailment, injury or disease:</p> <p>a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or</p> <p>b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.</p>
Qualified Nurse	Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
Rider	Edelweiss Tokio Life - Group Extended Critical Illness Rider issued by Us and appended to the Policy
Rider Premium	The premium payable for the Rider as specified in the Schedule

Rider Sum Assured	Sum Assured opted under the Rider as specified in the Schedule
Surgery or Surgical Procedure	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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

SAMPLE

PART C

BENEFITS

Eligible Conditions	
Eligible Members	<p>A person is eligible to become an Insured if he/she satisfies all the following criteria:</p> <ul style="list-style-type: none"> i) The person is a valid and existing member of the Group; ii) The person is not less than Age 18 and not more than Age 69 on the proposed Effective Date; iii) The person is Your employee OR has taken a loan or other credit facility from You OR is Your account holder OR holds membership of Your organization/association.

Applicability of a Rider:
If Rider Premium has been received and the Schedule specifies that a Rider is in force under the Base Policy, then the Rider is subject to the Terms and Conditions and any specific terms, conditions and exclusions of that Rider.

Benefit under the Rider	
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1.	Death Benefit	NIL
2.	Critical Illness Benefit	
	When payable	Amount Payable
	If the Insured is diagnosed to be suffering from a Critical Illness listed below when the Policy and this Rider are in force AND the Insured survives for at least 30 days following the confirmed date of diagnosis, We will pay:	The Rider Sum Assured in lumpsum.
	<p><i>On payment of the Rider Sum Assured, the Rider will be terminated and cover under the Base Policy along with any other Riders, if opted will continue till the end of the term. You are required to pay the Premiums for the base policy and other Riders opted, if any.</i></p> <p><u>Waiting Period:</u> We will not be liable to make any payment under this Rider if the critical illness has occurred <u>within 90 days</u> from the date of Issuance or the revival of the Rider.</p>	
	Critical Illness	Description & Conditions for applicability
(i)	Cancer of Specified Severity	<p>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. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p><u>Exclusions</u></p> <p>The following cancers are excluded: -</p> <ul style="list-style-type: none"> i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3. ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; ix. All tumours in the presence of HIV infection

(ii)	Open Chest CABG	<p>The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.</p> <p>The following are excluded:</p> <p>i. Angioplasty and/or any other intra-arterial procedures</p>
(iii)	Myocardial Infarction (First Heart Attack of specific severity)	<p>The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.</p> <p>The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:</p> <ol style="list-style-type: none"> 1. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) 2. New characteristic electrocardiogram changes 3. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. <p><u>Exclusions</u></p> <p>The following are excluded:</p> <ol style="list-style-type: none"> 1. Other acute Coronary Syndromes 2. Any type of angina pectoris. 3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
(iv)	Open Heart Replacement OR Repair of Heart Valves	<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><u>Exclusions</u></p> <p>Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.</p>
(v)	Kidney Failure Requiring Regular Dialysis	<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>
(vi)	Third Degree Burns	<p>There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.</p>
(vii)	Major Organ / Bone Marrow Transplant	<p>The actual undergoing of a transplant of:</p> <ol style="list-style-type: none"> 1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or 2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. <p><u>Exclusions</u></p> <p>The following are excluded:</p> <ol style="list-style-type: none"> 1. Other stem-cell transplants 2. Where only islets of langerhans are transplanted
(viii)	Permanent Paralysis of Limbs	<p>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.</p>
(ix)	Stroke Resulting in Permanent Symptoms	<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><u>Exclusions</u> The following are excluded:</p> <ol style="list-style-type: none"> 1. Transient ischemic attacks (TIA) 2. Traumatic injury of the brain 3. Vascular disease affecting only the eye or optic nerve or vestibular functions.
(x)	Surgery of Aorta	<p>Undergoing of a laparotomy 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><u>Exclusions</u> Surgery performed using only minimally invasive or intra arterial techniques such as percutaneous endovascular aneurysm repair are excluded.</p>
(xi)	Coma of Specified Severity	<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"> 1. no response to external stimuli continuously for at least 96 hours; 2. life support measures are necessary to sustain life; and 3. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>The condition has to be confirmed by a specialist medical practitioner.</p> <p><u>Exclusions</u> Coma resulting directly from alcohol or drug abuse is excluded.</p>
(xii)	Blindness	<p>Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.</p> <p>The Blindness is evidenced by:</p> <ol style="list-style-type: none"> i. corrected visual acuity being 3/60 or less in both eyes or ; ii. the field of vision being less than 10 degrees in both eyes. <p>The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.</p>
3.	If the Insured member survives the term of the Rider then:	No Amount becomes Payable
4	Grace Period	Grace period will be same as the base plan to which this rider is attached.

Spouse cover option

1. An Insured Member's spouse may also be covered as an Insured under the Rider if We have received Premium for the same and We have issued a Certificate of Insurance to the Insured Member's spouse.
2. If the Insured member dies when the spouse cover option is in force under the Base Policy, then cover for the Insured Member's spouse as an Insured under the Policy will continue to be in effect even after the Insured member's death till the end of base policy term.
3. If the Insured member ceases to be a member of the Group during the term of the Base Policy, cover for the Insured Member's spouse under the Base Policy and all applicable Riders shall immediately and automatically terminate. If spouse cover is compulsory under Your scheme, then Premium for covering the Insured Member's spouse as an Insured will be adjusted against the Premium required to be paid for new members of the Group.

Exclusions

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

- Any Pre-Existing Disease
- Unreasonable failure to seek or follow medical advice.
- Living abroad (living outside India for more than 13 consecutive weeks in any 12 months). This exclusion does not apply if the Life Insured is medically examined and/or has undergone tests in India after the occurrence of the event, and is available for medical examination or other reasonable tests in India to confirm the occurrence of an insured event.
- War or hostilities (whether war be declared or not).
- Civil war, rebellion, revolution, civil unrest or riot.
- Participation in any armed force or peace keeping activities.
- An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means.
- An intentional or self-inflicted act.
- Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or the taking of poison.
- Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation.
- Deliberate participation of the Life assured in an illegal or criminal act.

PART D

Surrender Benefit:	
You may surrender the Policy by giving Us a written request provided that all due Premium has been received by Us, then:	No surrender value. In case of surrender of master policy, the Company shall give an option to individual members of the group, on such surrender, to continue as an individual Policy and the Company shall continue to be responsible to serve such members till their coverage is terminated.

Revival
If you have discontinued paying the Premium under the Base Policy and the Rider, then the Rider will automatically lapse along with the Base Policy and it can be revived only in accordance with the terms of the base Policy to which the Rider is attached. If you have discontinued paying only the Rider premium, the Rider will automatically lapse and the Rider cannot be revived in future.

Free Look
If you are not satisfied with the terms and conditions of the policy, then you can return the policy within 15 days of receiving your policy and period of 30 days in case of electronic policies and policies obtained through distance mode stating the reason for your objection. The Premium paid will be refunded after deducting proportionate risk premium for the period on cover, stamp duty charges and cost of medical expenses.

Specific Rider Terms & Conditions
<ol style="list-style-type: none">1. The benefits under a Rider which is in force shall be available for Rider Term specified in the Schedule2. <u>Termination of the Rider:</u> The Rider shall terminate immediately and automatically on the occurrence of the earliest of the following:<ol style="list-style-type: none">(i) The Insured member's death;(ii) On Payment of Benefits under this Rider;(iii) The Member ceases to be an eligible member of the group;(iv) The expiry of the Rider Term;(v) The Base Policy being surrendered, terminated, or discontinued;(vi) The Rider being surrendered, terminated or discontinued separately.3. This Rider Contract shall be governed by the general terms and conditions of the Base Policy.

Premium adjustment for Members leaving/joining the Group
<ul style="list-style-type: none">• Members Joining the Group: Pro-rata Premium for the remaining rider term based on rate charged to the Group will be collected.• Members exiting the Group: Pro-rata Premium for the remaining rider term based on rate charged to the Group will be refunded provided no benefit has been paid for the insured member under this rider.

PART – E

Not Applicable.

SAMPLE

PART – F

GENERAL TERMS AND CONDITIONS

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

SAMPLE

PART – G

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

Step 1:

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

Step 2:

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

- +91-22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays).
- GRO@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Limited, 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro 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
Sy. No. 115/1
Financial District
Nanakramguda
Gachibowli
Hyderabad – 500 032, Telangana
Fax No: 91- 40 – 20204000

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

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

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

- a. delay in settlement of claims, beyond the time specified in the regulations, framed under Insurance Regulatory and Development Authority of India Act, 1999;
- b. any partial or total repudiation of claims by the Company;
- c. disputes over premium paid or payable in terms of insurance policy;
- d. misrepresentation of policy terms and conditions at any time in the Policy document or policy contract;
- e. legal construction of insurance policies in so far as the dispute relates to claim;
- f. policy servicing related grievances against the Company and their agents and intermediaries;
- g. issuance of life insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- h. non-issuance of insurance policy after receipt of premium in life insurance including health insurance; and

- i. any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) as mentioned above.

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

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

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

Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD-380 001. Tel.: 079-25501201/02/05/06 Fax: 079-27546142 Email: bimalokpal.ahmedabad@ecoi.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@ecoi.co.in
Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674-2596455/2596461 Fax: 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.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@ecoi.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@ecoi.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@ecoi.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@ecoi.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@ecoi.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@ecoi.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@ecoi.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@ecoi.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@ecoi.co.in
Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, JAIPUR – 302005. Tel: 0141-2740363 Email: bimalokpal.jaipur@ecoi.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@ecoi.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, 1st Phase, BENGALURU – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.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@ecoi.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@ecoi.co.in	

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