

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are advised to go through the policy document.

SL No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of the Insurance Product/Policy	Edelweiss Tokio Life – Waiver of Premium Rider	Part A
2	Policy Number	<< >>	
3	Type of Insurance Product/Policy	Benefit	
4	Sum Insured	Rs << >>	
5	Policy Coverage(What the Policy Covers?)	<p>Waiver of Premium Benefit: If the Life Insured suffers from Total and Permanent Disability solely and directly due to an Accident occurring during the Policy Term of Rider and when the Base Plan and this Rider Policy are in force OR</p> <p>If the Life Insured is diagnosed to be suffering from the below mentioned 12 Critical Illnesses* when the Base Plan and this Rider Policy are in force and the Life Insured survives for at least 30 days following the confirmed date of diagnosis, provided the Critical Illness* occurred after 90 days from the date of issuance/revival of this Rider</p> <ol style="list-style-type: none"> 1. Cancer of Specified Severity 2. Open Chest CABG 3. Myocardial Infarction (First Heart Attack of specific severity) 4. Open Heart Replacement OR Repair of Heart Valves 5. Kidney Failure Requiring Regular Dialysis 6. Third Degree Burns 7. Major Organ / Bone Marrow Transplant 8. Permanent Paralysis of Limbs 9. Stroke Resulting in Permanent Symptoms 10. Aorta Surgery 11. Coma of Specified Severity 12. Blindness <p>Then: All future premiums under the Base Plan that would have been payable for the Policy Term of Rider or death of the Life Insured, whichever is earlier, will be waived off by the Company.</p>	Part C

		*For definitions of covered Critical Illnesses and other details, please refer to Part C of the Policy Document	
6	Exclusions (What the policy does not cover)	<p>1. Critical Illness:</p> <p>We will not be liable to make any payment under this Rider if the Critical Illness of the Insured is directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:</p> <ul style="list-style-type: none"> • Any Pre-Existing Disease • Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period); • Any external congenital anomaly. Congenital anomaly which is in the visible and accessible parts of the body is referred to as External Congenital Anomaly. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position. • Intentional self-inflicted injury, attempted suicide, while sane or insane. • Alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner. • Failure to seek or follow medical advice. • War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes. • Taking part in any naval, military or air force operation during peace time. • Participation by the Insured in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable. • Participation by the Insured in a criminal or unlawful act. • Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping. • Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property 	Part C

		<p>contaminated by nuclear fuel materials or accident arising from such nature.</p> <p>2. Total and Permanent Disability</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"> • Suicide or attempted suicide or self inflicted injury, whether the life assured is medically sane or insane. • Failure to seek medical advice or treatment. • War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not. • Service in the armed forces, or any police organization, of any country at war or service in any force of an international body. • Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent. • Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping • Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner • Participation by the Life Insured 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. • Disability as a result of any disease or infection 	
7	<p>Waiting Period</p> <p>*Time period during specified diseases/treatments are not covered</p> <p>*It is counted from the</p>	<p>We will not be liable to make any payment under this Rider if the Critical Illness has occurred within 90 days from the commencement of the Rider Term or the revival of the Rider.</p>	Part C

	beginning of the policy coverage		
8	Claims/Claims Procedure	It will be same as mentioned in the policy contract of Base Plan to which this Rider is appended to.	Part F
9	Policy Servicing	<ul style="list-style-type: none"> • Toll free customer care number: 1-800-2121-212 (Mon-Sat 10 AM TO 7 PM). • Email us at: GRO@edelweisstokio.in • Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070. • You can lodge your grievance/complaint at any of our branches/offices 	Part G
10	Grievances/Complaints	<p>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 complaint at any of the below mentioned touch points:</p> <ul style="list-style-type: none"> • Toll free customer care number: 1-800-2121-212 (Mon-Sat 10 AM TO 7 PM). • Email us at: GRO@edelweisstokio.in • Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070. • You can lodge your grievance/complaint at any of our branches/offices <p>Details of Grievance Redressal officer: +91-22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays), Email id: GRO@edelweisstokio.in.</p> <p>We will respond with a resolution within 15 calendar days</p> <p>In case the resolution does not meet your expectations or if you have not received any reply, you may approach the</p>	Part G

Policyholder's Protection and Grievance Redressal Department on the following contact details:

- IRDAI Grievance Call Centre (IGCC) - Toll free No: 155255 / 1800 425 4732
- Email ID: complaints@irdai.gov.in
- Register online at: <https://bimabharosa.irdai.gov.in/LoginAdmin/Login>

Address for sending the complaint through courier / letter:

Policyholder's Protection and Grievance
Redressal Department

Insurance Regulatory and Development Authority
of India

Survey No. 115/1

Financial District

Nanakramguda

Gachibowli

Hyderabad – 500 032, Telangana

At any point of time, if the resolution does not meet your expectation or if you have not received any reply within a period of one month from the date of receipt of complaint by the Company, you may approach the Insurance Ombudsman for redressal 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 as amended from time to time 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

		<p>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.</p> <p>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.</p>	
11	Things to remember	<p>Free Look cancellation: You may return the Policy Document to Us within 15 days* of receipt of the Policy Document if You disagree with any of the terms and conditions by giving Us written reasons for Your objection. We will refund the Premium received after deducting proportionate risk premium for the period of cover, stamp duty charges and medical expenses (if any).</p> <p>* A free look period of 30 days in case of electronic policies and policies obtained through distance mode.</p> <p>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.</p> <p>If you have discontinued paying only the Rider Premium, the Rider will automatically lapse and the Rider cannot be revived in future. Any revival of rider will be considered along with the revival of the base policy, and not in isolation</p>	Part D
12	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

Signature of the Policy