

PART - A

Date: < _____ >

Name of Policyholder:

Address of Policyholder:

Contact Number/(s) of Policyholder:

Dear <Policyholder Name>,

Sub.: Your Policy No. <<_____>> - Edelweiss Tokio Life – Guaranteed Growth Plan (A Non-Linked, Non-Participating, Individual, Savings, Life Insurance Plan)

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.

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 salesperson who has advised you while purchasing this Policy at the below details:

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

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

Cancellation in the Free Look Period:

In case you do not agree with any of the terms and conditions stated in the Policy Document, you have the option to return the Policy Document to us for cancellation, stating the reasons thereof in writing, within <fifteen (15) days/ thirty (30) days> from the date of receipt of the Policy Document. On receipt of your letter along with the Policy Document, we shall refund an amount as mentioned in the Free Look clause of the Policy Terms and Conditions.

To exercise the Free Look option, you would need to send the Policy Document along with a request letter to us at any of our branches or 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 & Corporate Office- 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai - 400070

SAMPLE

POLICY DOCUMENT - Edelweiss Tokio Life – Guaranteed Growth Plan
A Non-Linked, Non-Participating, Individual, Savings, Life Insurance Plan
UIN: 147N089V01

POLICY PREAMBLE

This Policy is a Non-Linked, Non-Participating, Individual, Savings, Life Insurance Plan. 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, Life Insured or on behalf of the Policyholder ('Proposal'). 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	Plan Name and UIN
	Edelweiss Tokio Life – Guaranteed Growth Plan(UIN: 147N089V01)

Details of the Policyholder:

Name	Date of Birth	Age	Gender

Address of the Policyholder

Details of the Life Insured:

Name	Date of Birth	Age	Gender

Address of the Life Insured

Policy Details	
Date of Commencement of Policy	
Date of Commencement of Risk	
Policy Term	
Premium Paying Term (PPT)	
Premium Paying Frequency	
Annual/Single* Premium	
Annualized/Single Premium	
Modal/Single* Premium	
Modal/Single* Premium including Applicable Taxes for 1 st Year	
Modal Premium including Applicable Taxes from 2 nd Year onwards	
Premium Paying Due Date	
Last Premium Due Date	
Date of Maturity	
Family Benefit	<<No / On Critical Illness and Death / On Death>>

*Single Premium includes underwriting extra, if any

BENEFIT INFORMATION:

Sum Assured on Death at inception of the policy	: Rs.
Sum Assured on Maturity	: Rs

Nomination details of Nominees of Life Insured:

Name of the Nominee(s)	<Nominee 1>	<Nominee 2>	<Nominee 3>
Age of the Nominee(s)			
Gender of the Nominee			
Nomination Percentage			
Relationship with Life Insured			
Name of the Appointee (if Nominee is a minor)	<Appointee 1>	< Appointee 2>	< Appointee 3>
Gender of the Appointee			
Relationship of the Appointee with the Nominee			

Stamp Duty of Rs. /- is paid as provided under Article 47 () of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No.(LOA/CSD/ /2021/Validity Period Dt. / / To Dt. / / (O/w.No.)/Date: / /).

For and on behalf of
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. Hence it does not require physical signature.

We request you to go through the Policy Document in detail 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
Age:	means age of the Life Insured on the last birthday at the time of commencement of the policy
Annual Premium:	means the premium payable in a Policy Year chosen by the Policyholder as stated in the Policy Schedule, including loadings for Modal Premiums and the underwriting extra premiums, if any but excluding the taxes, rider premiums, if any.
Annualized Premium:	means an amount payable in a Policy Year chosen by the Policyholder as stated in the Policy Schedule, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.
Appointee:	means the person registered with us and mentioned in the Policy Schedule, who is authorised to receive and hold in trust the benefits under this Policy on behalf of the Nominee/(s), if the Nominee/(s) is/are less than Age 18 on the date of payment.
Assignee:	means the person to whom the rights and benefits are transferred by virtue of an Assignment.
Assignment:	means the process of transferring the rights and benefits to an "Assignee," in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time.
Assignor:	means the person who transfers the rights of the life insurance policy to the Assignee.
Covered Critical Illnesses:	means the list of Critical Illness read in conjunction with exclusions, definitions and conditions and as mentioned in clause 2 of part C.
Date of Commencement of Policy:	Date of Commencement of Policy is the start date of this Policy.
Date of Commencement of Risk:	Date of commencement of risk is the date on which the Company accepts the risk for insurance (cover) as evidenced in the schedule of the policy.
Date of Maturity:	Date of Maturity means the date specified in the Schedule on which the Policy Term is completed.
Death Benefit:	means the benefit, which is payable on death of the Life Insured, as stated in the Policy Document.
Due Date:	means a date on which the policy premium is due and payable by the Policyholder.
Endorsement:	means conditions attached/ affixed to this Policy incorporating any amendments or modifications agreed to or issued by the Company.
Family Benefit:	means an additional optional benefit as selected by the Policyholder at the inception of the Policy only and as mentioned in the Policy Schedule. Once chosen, the Family Benefit cannot be opted out. The Family benefit is available subject to Board Approved Underwriting Policy. Under Family Benefit, if waiver of premium is triggered, no future premiums for the base policy will be required to be paid. However, Rider premiums, if any, will still require to be paid as and when due.
Free Look Period:	means the period of 15 days (30 days if the Policy is an electronic policy or is purchased through Distance Marketing where distance marketing means through any means of communication other than in person) from the date of receipt of the Policy Document by the Policyholder to review the terms and conditions of this policy and where the Policyholder disagrees to any of those terms and conditions, he/ she has the option to return this policy as detailed in Condition 4 of Part D of this Policy Document.
Grace Period:	Grace period is the time granted by the insurer from the due date for the payment of premium, without any penalty/ late fee, during which time the policy is considered to be in force with the insurance cover without any interruption as per the terms & conditions of the policy.
In-Force:	means the status of the policy during the Policy Term when all the due premiums have been paid/waived off or the Policy is not in a state of discontinuance.
Insurance Act:	means The Insurance Act, 1938 (4 of 1938) as amended from time to time.
IRDAI / Authority:	means Insurance Regulatory and Development Authority of India.
Life Insured:	means the person on whose life the insurance cover has been accepted.

Material Information:	means the information already known to the Life Insured at the time of applying for Life Insurance, which has a bearing on underwriting of the proposal /Policy submitted.
Maturity Benefit:	means or refers to the benefit explained in clause 3 of Part C
MCLR	means Marginal Cost of Funds Based Lending Rate declared by Banks from time to time.
Medical Practitioner:	means a person who holds a valid registration from the medical council of any state of India 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 license. The Medical Practitioner should not be: <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; or Related to the Policyholder/Life Insured by blood or marriage
Nomination:	Nomination is the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
Nominee:	means the person/(s) named in the Policy Schedule who has/have been nominated by the Policyholder (who is also the Life Insured in the Policy) in accordance with the Section 39 of the Insurance Act, 1938 as amended from time to time to receive the benefits in respect of this Policy.
Non-Participating:	means the Policy is not eligible for share of profit depending upon the Company's experience.
Policy:	means the contract of insurance as evidenced by this Policy Document, the Proposal Form, the Policy Schedule/(s) and any other information/document/(s) provided to us in respect of the Proposal Form and any endorsement issued by us.
Policyholder/You/you u/Your/your:	means or refers to the Policyholder stated in the Policy Schedule.
Policy Anniversary:	means one year from the date of commencement of the Policy and the same date falling each year thereafter, till the Date of Maturity.
Policy/Policy Document:	means this document along with endorsements, if any, issued by the Company which evidences the contract of Insurance between the policyholder and the Company.
Policy Term:	Is the duration of the policy as specified in the Policy Schedule.
Policy Year:	means the period between two consecutive policy anniversaries. This period includes the first day and excludes the next policy anniversary day.
Premium / Modal Premium:	means the contractual amount payable by the Policyholder at specified times periodically as mentioned in the schedule of this Policy Document to secure the benefits under the policy. The premium payable will be "Instalment Premium" which includes instalment Premium for the Base Policy and instalment Premium for Rider(s), if rider(s) has/have been opted for. The term 'Premium' used anywhere in this Policy Document does not include any taxes which are payable separately.
Premium Discontinuance:	means the non-payment of premiums by you before the expiry of Grace Period.
Premium Paying Frequency:	means a frequency as specified in the Policy Schedule at which premiums are payable.
Premium Paying Term (PPT):	means the period, in years, during which premium is payable.
Proof of continued insurability:	means the information that may be sought from the policyholder to decide revival of the policy. This includes Form of declaration of Good Health, Medical Reports, Special Reports and any such document as may be called for by the Company, in accordance with the Board Approved Underwriting Policy of the Company.
Proposal Form:	means the signed and dated form and any accompanying declarations or statements submitted to us by the Policyholder and/or Life Insured as applicable for the purpose of obtaining insurance cover under this Policy.

Proposer:	means a person who proposes the life insurance proposal.
Reduced Paid-up:	means or refers to the status explained in clause 4(d) of Part C
Reduced Paid-up factor:	means the total number of months for which premiums are paid divided by the total number of months for which premiums were originally payable.
Regulations:	means the IRDAI (Non-Linked Insurance Products) Regulations, 2019, Master Circular on Point of Sales Products and Persons – Life Insurance and any other applicable laws issued and as may be amended from time to time.
Revival / Revival of a Policy:	means restoration of the Policy, which was discontinued due to the non-payment of Premium, by the insurer with all the benefits mentioned in the Policy Document, with or without rider benefits if any, upon the receipt of all the Premiums due and other charges or late fee if any, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured or Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with Board approved Underwriting policy.
Revival Period:	means the period of five consecutive years from the date of first unpaid Premium, during which period the Policyholder is entitled to revive the Policy which was discontinued due to the non-payment of Premium.
Rider:	means add-on benefit which the Proposer has purchased separately in addition to basic benefits as specified under this Policy Schedule.
Rider Premium:	means the premium payable by the policyholder which is in addition to the premium paid under Base Policy towards the additional cover/benefit opted under the rider, if opted.
Rider Sum Assured:	means the assured amount payable on happening of a specified event covered under the rider, if opted.
Schedule / Policy Schedule:	means the part of policy document that gives the specific details of your policy.
Sum Assured on Death:	means the life insurance cover opted by the Proposer/Policyholder and is guaranteed to become payable on death of the life insured in accordance with the terms and conditions of the policy, as mentioned in clause 1 of Part C of this Policy Document.
Sum Assured on Maturity:	means an amount payable on maturity and as stated in the Policy Schedule
Surrender:	means complete withdrawal / termination of the entire policy before maturity.
Surrender Value:	means an amount, if any, that becomes payable in case of Surrender in accordance with the terms and conditions of this Policy.
Total Premiums Paid:	means total of all the premiums received, excluding any extra premium, any rider premium and applicable taxes.
Underwriting:	Underwriting is the term used to describe the process of assessing risk and ensuring that the cost of the cover is proportionate to the risks faced by the individual concerned. Based on underwriting, a decision on acceptance or rejection of cover as well as applicability of suitable premium or modified terms, if any, is taken.
Underwriting Extra:	means an additional amount charged by us as Premium, as per our Board approved underwriting policy, which is determined on the basis of disclosures made by you in the Proposal Form or on the basis of any other information received by us including through medical examinations of the Life Insured in relation to this Policy.
UIN:	UIN means the Unique Identification Number allotted to this plan by the IRDAI.
We/we/Our/our/Us/us/ Company/Insurer:	means Edelweiss Tokio Life Insurance Company Limited.

Interpretation: In this Policy, 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

1. Death Benefit:

Events	How and when Benefits are payable	Size of such benefits
	<p>If none of the Family Benefit options is selected: In case of death of the Life Assured during the Policy Term, while the policy is in-force, the Death Benefit will be payable as lumpsum, and policy will terminate without any further benefit</p>	<p>The Death Benefit under this product is Sum Assured on Death. Premium Paying Term – Single Pay</p> <p>The Sum Assured on Death at any point of time, provided the policy is in-force\$ is highest of:</p> <ul style="list-style-type: none">i) Sum Assured i.e., 1.25 times the Single Premiumii) Any Absolute amount assured to be paid on death^ <p>Premium Paying Term – Other than Single Pay</p> <p>The Sum Assured on Death at any point of time, provided the policy is in-force\$ is highest of:</p> <ul style="list-style-type: none">1. 10 times the Annualized Premium2. Any Absolute amount assured to be paid on death^3. 10 times the Annual Premium <p>^ Absolute Amount Assured to be paid on Death will be calculated as Sum Assured on Maturity x applicable Death Benefit Factor</p> <p>For other than Single Pay, as the product has only Monthly Mode of Premium Payment there is no modal loading applicable in this product.</p> <p>Death Benefit Factors are mentioned in the Annexure-5</p>

	<p>If 'Family Benefit on Critical Illness and Death'/'Family Benefit on Death' is selected: In case of death of the Life Assured during the Policy Term, while the policy is in-force, the Death Benefit will be payable as lumpsum</p>	<p>The Death Benefit under this product is Sum Assured on Death.</p> <p>Premium Paying Term – Single Pay</p> <p>The Sum Assured on Death at any point of time, provided the policy is in-force^s is highest of:</p> <p>iii) Sum Assured i.e., 1.25 times the Single Premium iv) Any Absolute amount assured to be paid on death[^]</p> <p>Premium Paying Term – Other than Single Pay</p> <p>Sum Assured on Death will be the highest of:</p> <ol style="list-style-type: none"> 1. 10 times the Annualized Premium 2. Any Absolute amount assured to be paid on death[^] 3. 10 times the Annual Premium <p>[^] Absolute Amount Assured to be paid on Death will be calculated as Sum Assured on Maturity x applicable Death Benefit Factor If 'Family Benefit on Critical Illness and Death' / 'Family Benefit on Death' is selected: Absolute Amount Assured to be paid on Death is Nil.</p> <p>For other than Single Pay, as the product has only Monthly Mode of Premium Payment there is no modal loading applicable in this product. Death Benefit Factors are mentioned in the Annexure-5</p> <p>In addition, no future Premiums, if any are required to be paid. The Policy will continue as in-force policy. On the date of Maturity, Sum Assured on Maturity, will be paid and policy will terminate without any further benefit.</p>
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Note:

- i. The Death Benefit during the entire Policy Term will not be less than 105% of Total Premiums Paid upto date of death. Death Benefit would be reduced to the extent of unpaid premiums in the Policy Year when death occurs.
- ii. The Death Benefit will be payable even in case of death due to any pandemic such as COVID-19.
- iii. In case the Life Insured is a minor, the risk cover will start from the Date of Commencement of Risk as mentioned in the Policy schedule and on attainment of majority the ownership of Policy will automatically vest on the Life Insured.
- iv. In case of death of the Life Insured who is a minor, the death benefit will be paid to the Proposer in the policy.

2. Critical Illness Benefit:

This benefit is applicable only if Family Benefit on Critical Illness and Death is opted.

Events	How and when Benefits are payable	Size of such benefits
Diagnosis of Covered Critical Illness conditions	If 'Family Benefit on Critical Illness and Death' is selected: In case of diagnosis of the Life Assured suffering from one of the Covered Critical Illness conditions during the Policy Term while the policy is in-force, subject to the Critical Illnesses definitions and exclusions mentioned below.	On diagnosis of one of the covered critical illnesses to the life assured while the policy is in-force, on survival of 30 days following the date of diagnosis, no future Premiums, if any are required to be paid and the policy will continue as an in-force policy. The Death Benefit and Maturity Benefit under the policy will continue till the end of the Policy Term.

During the period from the reporting of the critical illness claim till its acceptance, the Policy shall be treated akin to a continuing Policy. However, if the Policyholder has paid any Premiums falling due during this period, the same will be refunded back on acceptance of the critical illness claim. If the critical illness claim is rejected, all future due premiums will be required to be payable and the policy will continue for all future benefits subject to policy being in-force policy.

Other Conditions for Critical Illness benefit:

- Claim for critical illness will only be accepted if the illness has occurred after 90 days (waiting period) from the date of inception of the policy or revival of the policy, whichever is later.
- No benefit will be payable if there is diagnosis of any covered critical illness or any signs or symptoms related to any of the covered critical illness, within the waiting period as applicable from either the date of issue of the policy or date of revival whichever is later.
- For any critical illness claim to be valid, the incidence of the condition must be the first occurrence in the lifetime of the Life Insured.
- Insured has to notify the critical illness claim within 90 days of the date of diagnosis of the covered critical illness. However, claims filed even beyond such period should be considered if there are valid reasons for any delay.
- Critical Illness benefit will be applicable subject to satisfaction of definitions and exclusions, only once in the complete policy term. No benefit will be applicable on re-occurrences of the same Critical Illness or on diagnosis of any other Critical Illness after a Critical Illness claim is already paid.
- If the Life Assured is diagnosed with critical illness within the Policy Term, the benefits will be applicable even if the survival period of 30 days crosses the Policy Term.

In case Family Benefit is opted, post CI or Death, as applicable, no future premiums for the base policy will be required to be paid, however rider premium if any will be required to be paid.

Mentioned below is the list of Covered Critical Illness Conditions which are covered under this benefit:

Cancer of Specified Severity	Major Organ/ Bone Marrow Transplant
Open Chest Coronary Artery Bypass Graft (CABG)	Permanent Paralysis of Limbs
Myocardial infarction (First Heart Attack of Specific Severity)	Stroke resulting in permanent symptoms
Open Heart Replacement or Repair of Heart Valves	Major Surgery Of Aorta
Kidney Failure Requiring Regular Dialysis	Coma of Specified Severity
Third Degree Burns	Blindness

Following are the Definitions and Exclusions related to Critical Illness Benefit.

a) **Cancer of Specified Severity**

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

The following are excluded –

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

b) Open Chest Coronary Artery Bypass Graft (CABG):

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

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

c) Myocardial infarction (First heart attack of specific severity):

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

d) Open Heart Replacement or Repair of Heart Valves:

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

e) Kidney Failure Requiring Regular Dialysis:

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

f) Third Degree Burns:

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

g) Major Organ / Bone Marrow Transplant:

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

h) Permanent Paralysis of Limbs:

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

i) Stroke resulting in permanent symptoms:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

j) Major Surgery Of Aorta:

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

k) Coma of Specified Severity:

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

1) Blindness:

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

Exclusions for the Critical Illness Benefit

These exclusions apply in addition to the exclusions specified in the definition of each of the covered Critical Illness.

The Life Insured will not be entitled to any benefits if a covered Critical Illness results either directly or indirectly from any one of the following causes –

- i. within the waiting period i.e. 90 days from the date of commencement of the coverage or date of reinstatement, whichever is later.
- ii. Pre-Existing disease:
Pre-Existing Disease means any condition, ailment or injury or disease:
 - 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
 - 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.
- iii. Intentional self-inflicted injury or attempted suicide.
- iv. 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.
- v. 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.
- vi. Taking part in any naval, military or air force operation during peace time.
- vii. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
- viii. Participation by the insured person in a criminal or unlawful act with a criminal intent.
- ix. 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.
- x. Any external congenital anomaly. Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- xi. Failure to seek or follow medical advice where a “medical advice” means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- xii. 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

3. Maturity Benefit:

Events	How and when Benefits are payable	Size of such benefits
Maturity of the Policy	If none of the Family Benefit options selected: On survival of the Life Assured till the date of maturity, while the policy is in-force, the Maturity Benefit, is payable in lumpsum.	Sum Assured on Maturity
	If 'Family Benefit on Critical Illness and Death' / 'Family Benefit on Death' is selected: On the date of maturity whether the Life Assured survives or not, while the policy is in-force, the Maturity Benefit, is payable in lumpsum.	Sum Assured on Maturity

4. Payment of Premium and Discontinuance of Premium Payment:

a)	Payment of Premium:							
	You shall pay the Premium during the entire Premium Paying Term. The amount of Premium payable, the frequency at which it must be paid, the Premium Paying Term and the Premium Paying Due Date are stated in the Policy Schedule.							
b)	Grace Period(for other than Single Pay):							
	<p>The grace period in the product is 15 days. The policy will remain in force during the grace period. If any premium remains unpaid at the end of the grace period, the policy shall lapse or become reduced paid-up as the case maybe. The policy benefit thereafter would have no further value except as provided under the non- forfeiture provisions.</p> <p>In case of death during the grace period, the Death Benefit will be payable (after deducting the premium due for the policy year in which death occurs).</p> <p>In case 'Family Benefit on Critical Illness and Death', is opted on diagnosis of Critical Illness during the grace period, all benefits will continue (the due premium will be adjusted from the benefits).</p>							
c)	Premium Discontinuance (for other than Single Pay):							
	<p>If all the premiums have not been paid in full for at least first two policy years, then on premium discontinuance, the policy will be lapsed and no surrender value or paid-up value will be payable.</p> <p>If all the premiums have been paid in full for at least first two policy years, then on premium discontinuance, the policy will acquire surrender value and paid-up value.</p>							
d)	Reduced Paid-up							
	<p>Paid-up value is not applicable for Single Pay.</p> <p>For other than Single Pay, once your Policy has acquired the Reduced Paid-Up status, the following amounts will be applicable:</p>							
	<table border="1"> <thead> <tr> <th>Events</th> <th>How and when Benefits are payable</th> <th>Size of such benefits/policy monies</th> </tr> </thead> <tbody> <tr> <td>Death of the Life Insured</td> <td> If none of the Family Benefit options selected: In case of death of the Life Assured during the Policy Term, Reduced Paid-up Death Benefit will be payable as lumpsum, and the policy will terminate without any further benefit. </td> <td>Reduced Paid-up Death Benefit(c)</td> </tr> </tbody> </table>	Events	How and when Benefits are payable	Size of such benefits/policy monies	Death of the Life Insured	If none of the Family Benefit options selected: In case of death of the Life Assured during the Policy Term, Reduced Paid-up Death Benefit will be payable as lumpsum, and the policy will terminate without any further benefit.	Reduced Paid-up Death Benefit(c)	
Events	How and when Benefits are payable	Size of such benefits/policy monies						
Death of the Life Insured	If none of the Family Benefit options selected: In case of death of the Life Assured during the Policy Term, Reduced Paid-up Death Benefit will be payable as lumpsum, and the policy will terminate without any further benefit.	Reduced Paid-up Death Benefit(c)						

		If 'Family Benefit on Critical Illness and Death' /Family Benefit on Death' is selected: In case of death of the Life Assured during the Policy Term, Reduced Paid-up Death Benefit will be payable as lumpsum.	Reduced Paid-up Death Benefit(c) The Policy will continue for Reduced paid-up Sum Assured on Maturity(b)
	Maturity of the policy	If none of the Family Benefit options selected: On survival of the Life Assured till the date of maturity, Reduced Paid-up Maturity Benefit, is payable in lumpsum.	Reduced Paid-up Sum Assured on Maturity(b)
	Maturity of the policy	If 'Family Benefit on Critical Illness and Death' /Family Benefit on Death' is selected: Whether the Life Assured survives till the date of maturity or not, Reduced Paid-up Maturity Benefit is payable in lumpsum.	Reduced Paid-up Sum Assured on Maturity(b)
<p>(a) Reduced Paid-up Factor = Total number of months for which Premiums are paid / Total number of months for which Premiums were originally payable</p> <p>(b) Reduced Paid-up Sum Assured on Maturity = Sum Assured on Maturity x Reduced Paid-up Factor</p> <p>(c) Reduced Paid-up Death Benefit = Sum Assured on Death x Reduced Paid-up Factor</p>			

PART – D

1. Surrender Benefit:

The Policy will acquire Surrender Value if all the Premiums have been paid in full for at least first two Policy Years other than Single Pay policy. For a Single Pay policy, the policy will acquire surrender value immediately. On Surrender, the Surrender Value, if any, will be immediately paid, the Policy will be terminated and all the benefits under the Policy shall cease to apply. On receipt of a written request for Surrender from you, we will pay the higher of Guaranteed Surrender Value ('GSV') or (Special Surrender Value ('SSV')).

Guaranteed Surrender Value ('GSV'):

The Guaranteed Surrender Value is equal to (GSV Factor x Total Premiums Paid)

GSV Factors varies with premium paying term, policy year of surrender and policy term and are given in Annexure 4.

Special Surrender Value ('SSV') : Your Policy also acquires a Special Surrender Value. Before making a request for Surrender, you may approach us to know about the Surrender Value in respect of your Policy.

2. Loan under the Policy:

Conditions for grant of a loan under the Policy: You may take a loan under the Policy by giving us a written request provided the Policy has acquired the Surrender Value. The maximum loan amount you may avail will be as follows:
Base without 'Family Benefit': 60% of the surrender value
Base with 'Family Benefit': 50% of the surrender value

This will be applicable under the Policy when a request for a loan is received less any outstanding Policy Loan plus accumulated/accrued interest, if any, on that date.

Effect of grant of loan under the Policy: If a loan is granted by us under the Policy, then:

- Interest will be charged on the outstanding loan amount at a rate declared by the Company and will be equal to "Three-year (tenure) SBI MCLR + 0.50%, subject to floor of 7.00%". The loan interest rate will be declared by the company as and when there is a change in the three-year (tenure) SBI MCLR e.g., if the three-year (tenure) SBI MCLR gets revised w.e.f. 15th April 2023 then the revised rate will be applicable from 15th April 2023 till further revision in the loan interest rate. If the loan interest rate is revised, the same interest rate will be applied to both existing and new loans from the date of revision. The rate of interest on policy loan as of 15th September'23 is 9.25% compounded per annum. The interest rate methodology is reviewable with prior approval from IRDAI. For In-Force and fully Paid-up policies: Policy can't be foreclosed on the ground of outstanding loan amount including interest exceeds the Surrender Value. For other than In-force and fully paid-up policies, if at any point of time outstanding loan amount and accumulated interest balance equal or exceeding Surrender Value, then the Policy shall be terminated without value. Prior to this, we will notify you when your outstanding loan balance is 95% of the Surrender Value and will give an opportunity to repay all or part of the loan balance.
- Any benefit payable by us on the death of the Life Insured or on the Surrender of the Policy or on the Maturity of the Policy will first be reduced by any outstanding policy loan and accumulated interests, if any.

3. Revival:

For Single Pay: Not Applicable

For Other than Single Pay:

If due premiums are not paid within the Grace Period, the Policy shall Lapse or become Reduced Paid-up as the case may be. Any such Policy may be revived within a revival period of five years from the due date of the first unpaid Premium by giving us a written intimation to revive the Policy and payment of all overdue Premiums with interest, as may be declared by Us from time to time, for every completed month from the date of first unpaid Premium.

The Revival will be effected subject to the receipt of the proof of continued insurability of Life Insured and the acceptance of the risk by the Underwriter. Cost for the medical examination, if applicable shall be borne by the Policyholder. The effective date of Revival is when these requirements are met and approved by us.

Revival would be as per Board approved underwriting policy. All the benefits of the Policy will be reinstated on the Policy Revival.

Company may charge interest, as decided from time to time, on the unpaid Premium for every completed month from the date of first unpaid premium.

The revival interest rate will be declared on 1st April every year using G-sec rate with 2 years maturity as at 31st March of the same calendar year. The per month revival interest rate shall be $(x + 3\%)/12$ rounded up to nearest 0.25%, where x is G-Sec rate with 2 years maturity. Source to determine the G-Sec yield is www.ccilindia.com. The declared revival rate will be applicable for all the revivals till next declaration date i.e. 1st April of next year.

Any change in basis of determination of interest rate for revival shall only be done after prior approval from IRDAI. The interest rate to be charged effective from Apr 2023 is 0.75% per month (simple basis) on unpaid premiums for every completed month from the date of the first unpaid premium.

4. Free Look Period:

You may return this Policy to us within 15 days of receipt of the Policy and period of 30 days in case of electronic policies and policies obtained through distance mode (where distance mode means sale of insurance products through any means of communication other than in person) if you disagree with any of the terms and conditions by giving us written reasons for your objection. We will refund the Premium received after deducting stamp duty charges, proportionate risk premium for the period of cover and medical expenses (if any).

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

Computation of Free Look Period for e-Insurance Account:

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

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

5. Termination of Policy:

The Policy will terminate at the earliest of:

- i. The date of processing the Free Look cancellation request; or
- ii. The date of intimation of the death of the Life Insured, if none of the Family Benefit option is selected
- iii. The Date of Maturity; or
- iv. The date of payment of Surrender Value of the Policy; or
- v. The date on which the revival period ends, while Policy continues to be in lapsed status as per clause 4 (c) of Part C on Premium Discontinuance; or
- vi. For Reduced Paid-up policies, the date on which the outstanding loan amount along with accrued interest exceeds the Surrender Value

Upon termination all the benefits under the Policy shall cease to apply.

PART – E

Not Applicable.

SAMPLE

PART – F

GENERAL TERMS AND CONDITIONS

a)	Exclusions:
	<p>Suicide In case of death due to suicide within 12 months from the Date of Commencement of Risk or from the date of Revival of the policy, as applicable, the Nominee or Beneficiary of the Policyholder shall be entitled to at least 80% of the Total Premiums Paid till the date of death or the Surrender Value available as on the date of death whichever is higher, provided the Policy is In-Force.</p> <p><u>Exclusion applicable for Critical Illness:</u> As defined in Part C</p>
b)	Death Claim Procedure:
	<p>We shall be given a written notice of the Life Insured's death and, shall be provided with the following documents for us to assess the claim:</p> <ol style="list-style-type: none">i. The claim form, duly completed;ii. The original or an attested copy of the death certificate;iii. The original Policy Document;iv. Documents to establish right of the claimant in the absence of valid nominationv. Any other information or documentation that we request. <p>In case of Death due to Accident and unnatural death, the following additional documents are required:</p> <ol style="list-style-type: none">i. Copy of FIR and Panchnama;ii. Copy of the Post Mortem report;iii. Copy of Newspaper clipping, if any;iv. Copy of the final Police Investigation Report;v. Copy of the Chargesheet in case of murder;vi. Copy of Driving License if the Life Insured was driving at the time of death <p>You are requested to intimate us of the claim at any of our branch offices or to our Corporate Office address mentioned below:</p> <p>Claims Officer Edelweiss Tokio Life Insurance Company Limited 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirod Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisstokio.in Phone no: 1800 2121 212</p> <p>Receipt of the claim intimation does not amount to acceptance of claim by the Company under the Policy and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.</p> <p>The claim is required to be intimated to us along with all necessary claim documents required within 90 days from the date of death. However, we may condone the delay in claim intimation, if any, provided valid reasons are given for the delay.</p>
c)	Critical Illness Claim Procedure:
	<p>We shall be given written intimation of the Life Insured's Critical Illness immediately and in any event within 90 days from the date of diagnosis of the Covered Critical Illness. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant. We shall be provided with the following documents to assess the claim:</p> <ol style="list-style-type: none">i. Claim form duly filled and signed by the Life Insured (in case of critical illness)ii. Copy of diagnosis report confirming the occurrence of Critical Illness which is acceptable to Us;iii. All past and present medical records (such as admission notes, Indoor case papers, discharge summary, daily records and investigation test reports, surgical notes), if applicable;

	<p>iv. The Policy Document</p> <p>v. A copy of the Life Insured's photo identification proof, address proof and bank account details with a copy of the cancelled cheque;</p> <p>vi. Treating doctor certificate filled by the doctor treating the Life Insured for the diagnosed ailment;</p> <p>vii. Hospital certificate duly filled in by the hospital where the Life Insured was admitted;</p> <p>viii. Any other information or documentation that We request.</p> <p>The claim intimation can be sent to any of our branch offices or to our Corporate office address mentioned below. Claims Officer Edelweiss Tokio Life Insurance Company Ltd. 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisstokio.in Phone no: 1800 2121 212</p> <p>Receipt of the claim intimation does not amount to acceptance of claim by the Company under the Policy and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.</p>
c)	Maturity Claim Procedure:
	<p>In case of Maturity Claims: We shall be given the following documents for us to process the claim:</p> <p>i. The original Policy document;</p> <p>ii. The maturity claim form, duly completed;</p> <p>The claim intimation can be sent to any of our branch offices or to our Corporate office address mentioned below. Claims Officer Edelweiss Tokio Life Insurance Company Ltd. 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisstokio.in Phone no: 1800 2121 212</p> <p>Receipt of the claim intimation does not amount to acceptance of claim by the Company under the Policy and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.</p>
d)	Nomination:
	<p>Nomination should be in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. <i>[A Leaflet containing the simplified version of the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure (1) for reference].</i></p>
e)	Assignment:
	<p>Assignment should be in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. <i>[A Leaflet containing the simplified version of the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (2) for reference].</i></p>
f)	Validity/ Non-Disclosure:
	<p>(i) If you or anyone acting on your behalf makes, fraudulent, misleading or dishonest representation in any respect, then this Policy shall be dealt with in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.</p> <p>(ii) <u>Misstatement of Age</u> If the date of birth of the Life Insured has been misstated, any amount payable shall be increased or decreased to the amount that would have been provided, as determined by us, given the correct age.</p> <p>If at the correct age, the Life Insured was not insurable under this Policy according to our requirements, we reserve the right to terminate the Policy and any Premiums paid till date, if any, shall be payable by us (subject to Section 45 of the Insurance Act, 1938 as amended from time to time).</p> <p>(iii) <u>Section 41:</u> No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall</p>

	<p>any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables or the insurer.</p> <p>Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.</p> <p>(iv) <u>Section 45:</u> Fraud and Misstatement shall be dealt with in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. <i>[A Leaflet containing the simplified version of the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (3) for reference].</i></p>
g)	Currency, Governing Law and Jurisdiction
	<p>The Premiums and benefits payable under the Policy shall be payable in India and in Indian Rupees.</p> <p>The Policy and any disputes or differences arising under or in relation to the Policy shall be construed in accordance with Indian law and by the Indian courts.</p>
h)	Taxation
	<p>Statutory Taxes, if any, imposed on such insurance plans by the Government of India or any other constitutional tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.</p> <p>The amount of applicable taxes as per the prevailing rates, shall be payable by the Policyholder on Premiums (for base policy and rider, if any) including extra amount if charged under the policy due to underwriting decisions, which shall be collected separately over and above in addition to the premiums payable by the policyholder.</p> <p>The amount of tax paid shall not be considered for the calculation of benefits payable under the plan.</p> <p>The tax benefits, if any, maybe available as per the prevailing provisions of the tax laws in India. The Policyholder or the nominee shall be liable for compliance of applicable tax provisions.</p>
i)	Duplicate Policy Document
	<p>If you lose or misplace the Policy Document then you may request us to issue you a duplicate Policy Document by giving us a written notice. The Company may charge a fee which is currently Rs. 200 (fee is subject to review and maybe amended from time to time) plus a Stamp Duty Fee, as applicable. On issue of the duplicate Policy Document, the original shall automatically cease to have any legal effect.</p>
j)	Intimations and Notices
	<p>All intimations meant for us shall be given to us at our address specified in the Policy document or at any of our branch offices.</p> <p>All notices meant for you will be sent to your address specified in the Policy Schedule. If you do not notify us of any changes to your address, then notices or correspondence sent by us to the last recorded address shall be valid and legally effective.</p> <p>You would need to intimate us of any change in your address to enable us to provide important information pertaining to your Policy.</p>
k)	Entire Contract
	<p>The Policy comprises the entire contract of insurance between you and us. We shall not be bound or be deemed to be bound by any alterations or changes, unless such changes are made by us in writing through an endorsement.</p> <p>Notwithstanding anything contained in this Policy Document, the provisions herein shall stand altered or superseded to such extent and in such manner as may be required by any change in applicable law including but not limited to any regulations, circulars or guidelines issued by IRDAI.</p>
l)	Mode of Communication
	<p>The Company and the Policyholder may exchange communication pertaining to this Policy either through normal correspondence or through electronic mail and the Company shall be within its right to seek clarifications / carry out the mandates of the Policyholder on merits in accordance with such communication.</p> <p>While accepting requests / mandate from the Policyholder through electronic mail, the Company may stipulate such conditions as deemed fit to give effect to and comply with the provisions of Information Technology Act, 2000 as amended from time to time and/or such other applicable laws in force from time to time.</p>
m)	Vesting of Ownership

In case the Life Insured is a minor, on attainment of majority the ownership of Policy will automatically vest on the Life Insured.

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 complaint at any of the below mentioned touch points:

- 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, Kiroil Road, Kurla (W), Mumbai 400070.
- You can lodge your grievance/complaint at any of our branches/offices

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.

We will respond with a resolution within 15 calendar days

In case the resolution does not meet your expectations or if you have not received any reply, you may approach the 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 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:

<p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD-380 001. Tel.: 079-25501201/02/05/06</p> <p>Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>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</p> <p>Email: bimalokpal.bhopal@cioins.co.in</p>
<p>Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674-2596455/2596461</p> <p>Email: bimalokpal.bhubaneshwar@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.: 0172-2706196/2706468</p> <p>Email: bimalokpal.chandigarh@cioins.co.in</p>
<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668/24335284</p> <p>Email: bimalokpal.chennai@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, NEW DELHI-110 002. Tel.: 011- 23232481/23213504</p> <p>Email: bimalokpal.delhi@cioins.co.in</p>
<p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361- 2632204 / 2602205</p> <p>Email: bimalokpal.guwahati@cioins.co.in</p>	<p>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.: 040-23312122</p> <p>Email: bimalokpal.hyderabad@cioins.co.in</p>
<p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel: 0484-2358759/2359338</p> <p>Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700072 Tel: 033-22124339/22124340</p> <p>Email: bimalokpal.kolkata@cioins.co.in</p>
<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330</p> <p>Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel: 022- 69038821/23/24/25/26/27/28/28/29/30/31</p> <p>Email: bimalokpal.mumbai@cioins.co.in</p>
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You may refer to the list of Ombudsman with their addresses on <https://cioins.co.in/Ombudsman>

SAMPLE

Annexure - 1

Section 39 - Nomination by policyholder

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

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled but shall affect the rights of the nominee to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his:
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them- the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all policies maturing for payment on the commencement of The Insurance Act, 1938 as amended from time to time.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of this Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 ('MWP Act') applies or has at any time applied except where, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

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

SAMPLE

Annexure - 2

Section 38 - Assignment and Transfer of Insurance Policies

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

1. This policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment; OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or Nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or Surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the policy
 - c. obtain loan under the policy or Surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

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

SAMPLE

Annexure - 3

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

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

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

- whichever is later.

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

- whichever is later.

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

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

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

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

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

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

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

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

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

SAMPLE

Annexure - 4: GSV factors applicable for this Policy

For other than Single Pay

GSV as a % of Total Premiums Paid

Policy Year \ Policy Term	10	15	20	30
1	-	-	-	-
2	30%	30%	30%	30%
3	35%	35%	35%	35%
4	50%	50%	50%	50%
5	50%	50%	50%	50%
6	50%	50%	50%	50%
7	50%	50%	50%	50%
8	70%	56%	53%	52%
9	90%	62%	56%	54%
10	90%	68%	59%	56%
11	-	74%	62%	58%
12	-	79%	66%	60%
13	-	84%	69%	62%
14	-	90%	73%	64%
15	-	90%	76%	66%
16	-	-	79%	68%
17	-	-	83%	70%
18	-	-	86%	72%
19	-	-	90%	74%
20	-	-	90%	76%
21	-	-	-	78%
22	-	-	-	80%
23	-	-	-	81%
24	-	-	-	83%
25	-	-	-	84%
26	-	-	-	85%
27	-	-	-	87%
28	-	-	-	88%
29	-	-	-	90%
30	-	-	-	90%

For Single Pay

GSV as a % of Total Premiums Paid

Policy Year \ Policy Term	10	15	20
1	75%	75%	75%
2	75%	75%	75%

3	80%	80%	80%
4	90%	90%	90%
5	90%	90%	90%
6	90%	90%	90%
7	90%	90%	90%
8	90%	90%	90%
9	90%	90%	90%
10	90%	90%	90%
11	-	90%	90%
12	-	90%	90%
13	-	90%	90%
14	-	90%	90%
15	-	90%	90%
16	-	-	90%
17	-	-	90%
18	-	-	90%
19	-	-	90%
20	-	-	90%

Annexure - 5: Death Benefit factors

Remaining complete months for Sum Assured on Maturity	DB Factor	Remaining complete months for Sum Assured on Maturity	DB Factor	Remaining complete months for Sum Assured on Maturity	DB Factor	Remaining complete months for Sum Assured on Maturity	DB Factor	Remaining complete months for Sum Assured on Maturity	DB Factor
0	1	51	0.7576	101	0.5771	151	0.4396	201	0.3348
1	0.9946	52	0.7535	102	0.5739	152	0.4372	202	0.333
2	0.9892	53	0.7494	103	0.5708	153	0.4348	203	0.3312
3	0.9838	54	0.7453	104	0.5677	154	0.4325	204	0.3294
4	0.9785	55	0.7413	105	0.5647	155	0.4301	205	0.3276
5	0.9732	56	0.7373	106	0.5616	156	0.4278	206	0.3259
6	0.9679	57	0.7333	107	0.5585	157	0.4255	207	0.3241
7	0.9626	58	0.7293	108	0.5555	158	0.4231	208	0.3223
8	0.9574	59	0.7253	109	0.5525	159	0.4208	209	0.3206
9	0.9522	60	0.7214	110	0.5495	160	0.4186	210	0.3188
10	0.947	61	0.7175	111	0.5465	161	0.4163	211	0.3171
11	0.9419	62	0.7136	112	0.5435	162	0.414	212	0.3154
12	0.9368	63	0.7097	113	0.5406	163	0.4118	213	0.3137
13	0.9317	64	0.7058	114	0.5377	164	0.4095	214	0.312
14	0.9266	65	0.702	115	0.5347	165	0.4073	215	0.3103
15	0.9216	66	0.6982	116	0.5318	166	0.4051	216	0.3086
16	0.9166	67	0.6944	117	0.5289	167	0.4029	217	0.3069
17	0.9116	68	0.6906	118	0.5261	168	0.4007	218	0.3052
18	0.9067	69	0.6869	119	0.5232	169	0.3986	219	0.3036
19	0.9017	70	0.6832	120	0.5204	170	0.3964	220	0.3019
20	0.8969	71	0.6794	121	0.5176	171	0.3942	221	0.3003
21	0.892	72	0.6758	122	0.5147	172	0.3921	222	0.2987
22	0.8871	73	0.6721	123	0.512	173	0.39	223	0.2971
23	0.8823	74	0.6684	124	0.5092	174	0.3879	224	0.2954
24	0.8775	75	0.6648	125	0.5064	175	0.3857	225	0.2938
25	0.8728	76	0.6612	126	0.5037	176	0.3837	226	0.2922
26	0.868	77	0.6576	127	0.5009	177	0.3816	227	0.2907
27	0.8633	78	0.654	128	0.4982	178	0.3795	228	0.2891
28	0.8586	79	0.6505	129	0.4955	179	0.3774	229	0.2875
29	0.854	80	0.647	130	0.4928	180	0.3754	230	0.2859
30	0.8493	81	0.6435	131	0.4901	181	0.3734	231	0.2844
31	0.8447	82	0.64	132	0.4875	182	0.3713	232	0.2828
32	0.8401	83	0.6365	133	0.4848	183	0.3693	233	0.2813
33	0.8356	84	0.633	134	0.4822	184	0.3673	234	0.2798
34	0.831	85	0.6296	135	0.4796	185	0.3653	235	0.2783
35	0.8265	86	0.6262	136	0.477	186	0.3633	236	0.2768
36	0.822	87	0.6228	137	0.4744	187	0.3614	237	0.2753

37	0.8176	88	0.6194	138	0.4718	188	0.3594	238	0.2738
38	0.8131	89	0.616	139	0.4693	189	0.3574	239	0.2723
39	0.8087	90	0.6127	140	0.4667	190	0.3555	240	0.2708
40	0.8043	91	0.6094	141	0.4642	191	0.3536		
41	0.8	92	0.6061	142	0.4617	192	0.3517		
42	0.7956	93	0.6028	143	0.4591	193	0.3497		
43	0.7913	94	0.5995	144	0.4567	194	0.3478		
44	0.787	95	0.5962	145	0.4542	195	0.346		
45	0.7827	96	0.593	146	0.4517	196	0.3441		
46	0.7785	97	0.5898	147	0.4493	197	0.3422		
47	0.7743	98	0.5866	148	0.4468	198	0.3404		
48	0.7701	99	0.5834	149	0.4444	199	0.3385		
49	0.7659	100	0.5802	150	0.442	200	0.3367		
50	0.7617								

Remaining complete months for Sum Assured on Maturity	DB Factor	Remaining complete months for Sum Assured on Maturity	DB Factor
241	0.2693	301	0.1943
242	0.2679	302	0.1932
243	0.2664	303	0.1922
244	0.265	304	0.1911
245	0.2635	305	0.1901
246	0.2621	306	0.1891
247	0.2607	307	0.188
248	0.2593	308	0.187
249	0.2578	309	0.186
250	0.2564	310	0.185
251	0.2551	311	0.184
252	0.2537	312	0.183
253	0.2523	313	0.182
254	0.2509	314	0.181
255	0.2496	315	0.18
256	0.2482	316	0.1791
257	0.2469	317	0.1781
258	0.2455	318	0.1771
259	0.2442	319	0.1762
260	0.2429	320	0.1752
261	0.2415	321	0.1742
262	0.2402	322	0.1733
263	0.2389	323	0.1724
264	0.2376	324	0.1714
265	0.2363	325	0.1705
266	0.2351	326	0.1696
267	0.2338	327	0.1686
268	0.2325	328	0.1677
269	0.2313	329	0.1668
270	0.23	330	0.1659
271	0.2287	331	0.165
272	0.2275	332	0.1641

273	0.2263	333	0.1632
274	0.225	334	0.1623
275	0.2238	335	0.1615
276	0.2226	336	0.1606
277	0.2214	337	0.1597
278	0.2202	338	0.1588
279	0.219	339	0.158
280	0.2178	340	0.1571
281	0.2166	341	0.1563
282	0.2155	342	0.1554
283	0.2143	343	0.1546
284	0.2131	344	0.1537
285	0.212	345	0.1529
286	0.2108	346	0.1521
287	0.2097	347	0.1512
288	0.2085	348	0.1504
289	0.2074	349	0.1496
290	0.2063	350	0.1488
291	0.2052	351	0.148
292	0.204	352	0.1472
293	0.2029	353	0.1464
294	0.2018	354	0.1456
295	0.2007	355	0.1448
296	0.1996	356	0.144
297	0.1986	357	0.1432
298	0.1975	358	0.1425
299	0.1964	359	0.1417
300	0.1953	360	0.1409