

Edelweiss Tokio Life

Forever Pension

(A Non-Linked Non-Participating Single Premium Individual General Annuity Plan)



Edelweiss Tokio Life - Forever Pension

(A Non-Linked Non-Participating Single Premium Individual
General Annuity Plan)

*Why should you
buy this plan?*

1

Get Guaranteed regular annuity for life

2

Option to choose from a wide range of annuity options to suit your financial needs

3

Opt for 100% Return of Purchase Price or Balance Purchase price

4

Opt for Return of Purchase Price on Critical Illness or Accidental Total and Permanent Disability or Death

5

Option to cover a second life under the same annuity plan.

6

Option to convert annuity amount into the Paid-up Additions

7

Higher annuity instalment for higher purchase price

Why Edelweiss Tokio Life Insurance?

At Edelweiss Tokio Life Insurance, we realize that your needs are more important than anything else. That's why it is our constant aim to understand your needs first before offering any advice or an insurance solution. Your Life insurance needs, based on your priorities, are first understood, then evaluated against your future goals so that we are able to ensure that we can offer you the best solution suited to your Life insurance needs. We offer a wide range of life insurance solutions ranging from pure term plan, savings cum insurance plan, retirement plans as well as critical illness plans.

Why a retirement plan?

In today's uncertain world, it is prudent to save for the rainy days. One needs to arrange for a second income in the later years of one's life so that the external uncertainties don't affect one's future plans. A retirement plan ensures one's future income is intact during the golden years.

Why Edelweiss Tokio Life – Forever Pension?

Edelweiss Tokio Life – Forever Pension is a life insurance plan which provides you with guaranteed income in your golden years to indulge in life's necessities without any compromises. As we understand, it is during this period after that money should not be a concern for you to decide how you would spend your retirement years.

How does this plan work?

- Step 1:** Choose the purchase price (Single Premium) that you wish to pay to buy the annuity or choose the annuity instalment you wish to receive.
- Step 2:** Choose Annuity Option and Single Life or Joint Life option.
- Step 3:** Choose your annuity instalment frequency – Annual, Semi-Annual, Quarterly or Monthly
- Step 4:** You may opt to convert your annuity amount into paid up additions. This benefit can be chosen at inception or at any time during the policy term.
- Step 5:** Receive the annuity instalments, as per the frequency chosen by you

PLAN AT A GLANCE

Minimum Purchase Price	Rs. 200,000 Minimum purchase price will not be applicable on death/vesting/surrender of all the pension policies of Edelweiss Tokio Life Insurance Co Ltd. The proceeds available on death/vesting/surrender even if below Rs 2,00,000 can be used to purchase annuities, subject to minimum annuity amount of Rs.1,000 per month.
Maximum Purchase Price	No Limit, subject to board approved underwriting policy
Minimum Annuity Instalment	Rs. 1,000 per month for Monthly Annuity Mode Rs. 3,000 per quarter for Quarterly Annuity Mode Rs. 6,000 per half-year for Half-yearly Annuity Mode Rs. 12,000 per annum for Yearly Annuity Mode.
Maximum Annuity Instalment	No Limit, subject to board approved underwriting policy
Minimum Entry Age (age last birthday)	For Immediate Annuity - 40 years For Deferred Annuity - 35 Years a) For annuity purchase from the proceeds of the death benefit/vesting/surrender of all the pension policies of Edelweiss Tokio Life Insurance Co Ltd., the Minimum Entry Age will be 0 years in case of Single Life and 18 years in case of Joint Life b) In case of annuity options with Critical Illness (CI) and Accidental Total and Permanent Disability (ATPD) benefits, the minimum entry age will be 18 years.
Maximum Entry Age (age last birthday)	85 years a) The maximum entry age for policies sourced through POSP will be 70 years. b) The maximum entry age for annuity options with Critical Illness (CI) and Accidental Total and Permanent Disability (ATPD) benefits is 60 years. c) For Joint Life annuity options, the Minimum and Maximum Entry Age is Applicable for both Annuitants
Premium Paying Term	Single Pay
Minimum / Maximum Deferment Period	Minimum: 1 year Maximum: 10 years
Minimum / Maximum Maturity Age	Not Applicable

If you have an existing Edelweiss Tokio Life pension accumulation policy and you decide to buy annuity from those proceeds, you will get a higher annuity rate.

This product can be bought online as well

Annuity option 'Life Annuity with Return of Purchase Price on Death' is available for sale through Point of Salesperson (POSP), the eligibility condition is as given below

Minimum Entry Age (age last birthday)	40 years
Maximum Entry Age (age last birthday)	70 years

For sale through POSP, only Life Annuity with Return of Purchase Prices on Death is available and no other option is available including Paid-up addition

What are the Annuity Options available to you?

At inception of the policy, you need to select any one of the following Annuity types:

- Immediate Annuity
- Deferred Annuity

There are various options available under each the above-mentioned Annuity type, which are explained below. In addition, you can also opt to convert their annuity into Paid-up Additions. This option can also be chosen at inception or at any time during the policy term. The annuity payouts will vary based on the annuity option chosen.

Immediate Annuity

Under this Annuity Benefit type, the Annuitant receives regular income in arrears as annuity. The first annuity instalment will be payable after one year, six months, three months or one month from the date of commencement of the policy respectively for yearly, half-yearly, quarterly or monthly Annuity Mode. The Annuity Options available under the Immediate Annuity Type are as follows:

1. Life Annuity:

This option is available on a single life basis. Under this option, the annuity is payable at a constant rate throughout the life of the Annuitant. On death of the Annuitant, Accrued Paid-up Additions, if any, will be paid in lump sum to the nominee and policy will terminate without any further benefits.

2. Life Annuity with Return of Purchase Price on Death:

This option is available on a single life basis. Under this option, the annuity is payable at a constant rate throughout the life of the Annuitant. On death of the Annuitant, Purchase Price along with the Accrued Paid-up Additions, if any, will be paid in lump sum to the nominee and policy will terminate without any further benefit.

3. Life Annuity with Return of Balance Purchase Price on Death:

This option is available on a single life basis. Under this option, the annuity is payable at a constant rate throughout the life of the Annuitant. On the death of the Annuitant, the Balance Purchase Price (i.e. Purchase Price less total annuity amount paid till the date of death) along with the Accrued Paid-up Additions, if any, will be paid in lump sum to the nominee and policy will terminate without any further benefit.

If the total annuity amount paid till the date of death exceeds the Purchase Price, Accrued Paid-up Additions, if any, will be paid in lump sum to the nominee and policy will terminate without any further benefit.

4. Life Annuity with Return of Purchase Price on Critical Illness (CI) or Accidental Total and Permanent Disability (ATPD) or Death:

This option is available on a single life basis. The Annuitant receives annuity at a constant rate till the date of diagnosis of any of the covered CIs before attaining age 80 years (Age Last Birthday) or occurrence of ATPD before attaining age 70 years (Age Last Birthday) or death, whichever is earlier. On diagnosis of any of the covered CIs or occurrence of ATPD or death, whichever is earlier, annuity ceases immediately and Purchase Price along with the Accrued Paid-up Additions, if any, will be paid in lump sum to the Annuitant/nominee and policy will terminate without any further benefit.

Joint Life Annuity:

Under this option, annuity is payable on a joint life basis. The Primary Annuitant will be the primary person entitled to receive the payouts, while the Secondary Annuitant will be entitled to receive the annuities, in the event of death of the Primary Annuitant. In a Joint Life annuity, the Secondary Annuitant can be the spouse/major child/parent/major grandchild/grandparents or sibling of the Primary Annuitant. Following options are available under Joint Life Immediate Annuity:

5. Life Annuity (Joint life, Last Survivor):

Under this option, the annuity is payable in arrears at a constant rate, as long as either of the Primary or Secondary Annuitant is alive. On death of the last survivor Annuitant, annuity ceases immediately and Accrued Paid-up Additions, if any, will be paid in lump sum to the nominee and policy will terminate without any further benefit.

6. Life Annuity with Return of Purchase Price on Death (Joint life, Last Survivor):

Under this option, the annuity is payable in arrears at a constant rate, as long as either of the Primary or Secondary Annuitant is alive. On death of the last survivor Annuitant, annuity ceases immediately and Purchase Price along with the Accrued Paid-up Additions, if any, will be paid in lump sum to the nominee and policy will terminate without any further benefit.

Deferred Annuity

Under this Annuity Benefit type, the Annuitant receives regular income in arrears as annuity after the end of deferment period. The first annuity instalment will be payable one year, six months, three months or one month after the end of the

deferment period under the policy respectively for yearly, half-yearly, quarterly or monthly annuity mode. The deferment period will be chosen between 1 to 10 years (Integer values) by policyholder at inception. Once chosen, the deferment period cannot be changed. During the Deferment Period, the policy accrues Guaranteed Addition (GA) at the end of every month. Each GA amount is calculated as $\text{Purchase Price} \times \text{Applicable Annuity Rate} / 1200$. The GA will stop accruing after the Deferment Period. At any point of time during the policy term, Accrued Guaranteed Additions is the sum of all the Guaranteed Additions accrued in the policy till date. The Accrued Guaranteed Additions is payable on the covered contingent event or in case of surrender of the policy. The Annuity Options available under the Deferred Annuity Benefit Type are as follows:

7. Deferred Annuity with Return of Purchase Price on Death (Single Life):

This option is available on a single life basis. The Annuitant receives annuity post deferment period at a constant rate throughout the life of the Annuitant. On death of the Annuitant, annuity (if already commenced) ceases immediately and an Assured Benefit which is Higher of

Purchase Price plus Accrued Guaranteed Additions, if any, minus total annuity amount paid till date of death, if any
OR

110% of Purchase Price

along with the Accrued Paid-up Additions, if any, will be paid in lump sum to the nominee and policy will terminate without any further benefit.

8. Deferred Annuity with Return of Purchase Price on Critical Illness (CI) or Accidental Total and Permanent Disability (ATPD) or Death (Single Life):

Under this option annuity is payable on a single life basis. The Annuitant receives annuity at a constant rate post deferment period till the date of diagnosis of any of the covered CIs before attaining age 80 years (Age Last Birthday) or occurrence of ATPD before attaining age 70 years (Age Last Birthday) or death, whichever is earlier. On diagnosis of any of the covered CIs or occurrence of ATPD or death, whichever is earlier, annuity (if already commenced) ceases immediately and an Assured Benefit which is Higher of

Purchase Price plus Accrued Guaranteed Additions, if any, minus total annuity amount paid till date of diagnosis of CI or occurrence of ATPD, if any
OR

110% of Purchase Price

along with the Accrued Paid-up Additions, if any, will be paid in lump sum to the nominee and policy will terminate without any further benefit.

9. Deferred Annuity with Return of Purchase Price on Death (Joint Life, Last Survivor):

Under this option annuity is payable on a joint life basis. The Primary Annuitant will be the primary person entitled to receive the payouts, while the Secondary Annuitant will be entitled to receive the annuities, in the event of death of the Primary Annuitant, if applicable. In a Joint Life annuity, the secondary annuitant can be the spouse/major child/parent/major grandchild/grandparents or sibling of the primary annuitant.

The annuity is payable in arrears at a constant rate post deferment period as per annuity mode chosen, as long as either of the Primary or Secondary Annuitant is alive. On death of the last survivor Annuitant, annuity (if already commenced) ceases immediately and an Assured Benefit which is Higher of

Purchase Price plus Accrued Guaranteed Additions, if any, minus total annuity amount paid till date of death, if any
OR

110% of Purchase Price

along with the Accrued Paid-up Additions, if any, will be paid in lump sum to the nominee and policy will terminate for any further benefit.

Please note:

- The diagnosis of Critical Illness (CI) or occurrence of Accidental Total and Permanent Disability (ATPD) should meet the definitions and exclusion as specified later in this document.
- During the period from the reporting of the CI or ATPD claim till its confirmation, the policy shall be treated akin to a continuing policy. In case of rejection of CI or ATPD claim due to any reason, the annuity will continue to be paid till the date of diagnosis of any other covered CIs before attaining age 80 years (Age Last Birthday) or occurrence of ATPD before attaining age 70 years (Age Last Birthday) or death, whichever is earlier and the Purchase Price along with Accrued Paid-up Additions, if any shall be payable on diagnosis of any other covered CI or ATPD or Death of the Annuitant whichever is earlier.

- In case of unfortunate death of the annuitant(s), the death intimation needs to be conveyed to Us. Annuity instalments that have fallen due and paid after the date of death will be recovered immediately from any amount payable under the Policy.

What are Paid-up Additions?

Under this Additional Benefit, the Annuitant will have option to convert an annuity amount into the Paid-up Additions. The Annuitant can choose the benefit at the inception of policy or at any subsequent policy anniversary by submitting a written request to the Company 60 days prior to such policy anniversary. At any point of time during the policy term, the Annuitant also have an option to opt out from Paid-up Additions Benefit. Once opted out, the Annuitant will start receiving annuity as per the original schedule. Option to opt-in and opt-out is allowed only on policy anniversary subject to receipt of written request 60 days prior to such policy anniversary. The Annuitant can choose to convert 100% of the Annuity Payout receivable and partial conversion of the same is not allowed. For the purpose of determining the surrender benefit or death/CI/ATPD benefit where applicable, the annuities converted to Paid-up Additions will be treated as annuities paid.

Interest on Paid-up Additions will be accrued on a monthly basis at Reverse Repo Rate published by RBI on its website till encashment and this rate will be reviewed at the beginning of every calendar month and will be aligned with the latest reverse-repo rate published on RBI's website. The Reverse Repo Rate is 3.35% as on 1 Oct 2020. Accrued Paid-up Additions which is equal to the accumulated Paid-up Additions plus interest on Paid-up Additions less the Paid-up Additions already encashed, if any, can be encashed anytime during the policy term. If not encashed, the Accrued Paid-up Additions will be paid out on surrender of the policy, if applicable, or on death of the Annuitant. In case of annuity options with CI or ATPD benefit, the Accrued Paid-up Additions, if not encashed, will be paid on diagnosis of any of the covered CIs or occurrence of ATPD or death, whichever is earlier.

The interest benchmark applicable to the Paid up Additions can be reviewed with prior approval of the Authority.

What are the other features available to you?

For National Pension Scheme (NPS) subscribers:

All the annuity options explained above are available for the subscribers of NPS. The options 'Life Annuity with Return of Purchase Price on Death' and 'Life Annuity with Return of Purchase Price on Death (Joint Life, Last Survivor)' can also be bought under NPS – Family Income (a default option for government sector, NPS subscriber). The details for NPS - Family Income are as below:

Under this scheme, the annuity benefit would be payable in accordance with the regulations as prescribed by Pension Fund Regulatory and Development Authority (PFRDA).

As per current regulations, the annuity benefit will be payable for life of the subscriber and his/her spouse as per the annuity option 'Life Annuity with Return of Purchase Price on Death (Joint Life, Last Survivor)'. In case, the subscriber does not have a spouse, the annuity benefit will be payable for life of the subscriber as per the annuity option 'Life Annuity with Return of Purchase Price'.

In case of demise of the subscriber before the vesting of the annuity, the annuity benefits will be payable for life of the spouse as per the annuity option 'Life Annuity with Return of Purchase Price'.

On death of the annuitant (s), the annuity payment would cease, and refund of the purchase price shall be utilized to purchase an annuity contract afresh for living dependent parents (if any) as per the order specified below:

- a) Living dependent mother of the deceased subscriber
- b) Living dependent father of the deceased subscriber

However, the annuity amount would be determined as per the annuity option 'Life Annuity with Return of Purchase Price' using the annuity rate prevalent at the time of purchase of such annuity by utilizing the Purchase Price required to be refunded to the nominee under the annuity contract.

The annuity would continue until all such family members in the order specified above are covered. After the coverage of all such family members, the Purchase Price shall be returned to the surviving children of the subscriber and in the absence of the children, the legal heirs of the subscriber, as may be applicable. In case no such family member exists upon the death of the last survivor, there would be a refund of the Purchase Price to the nominee.

However, if the subscriber does not want to opt for the default option mentioned above and wishes to choose the annuity option of his choice from the available annuity types or contracts with us, he/she has the option to do so at the time of purchasing the annuity

[This is only a simplified version prepared for general information. Policy Holders are advised to refer to Pension Fund

Regulatory and Development Authority (Exits and Withdrawals Under the National Pension System) Regulations, 2015 for complete and accurate details as updated from time to time.]

Annuity Mode

Policyholder can choose Annuity Mode as per his/her requirement. The various annuity modes annuity payout and corresponding multiplier factors to be applied on the annuity rates to arrive at the annuity amount is provided in the table below:

Mode of annuity payout	Multiplier Factor	Annual Equivalent rate
Yearly	104.00%	104%
Half-yearly	51.00%	102%
Quarterly	25.25%	101%
Monthly	8.33%	100%

Annuity mode can be changed anytime, however, the same shall be effective from the next policy anniversary onwards. The minimum annuity amount post change of Annuity Mode shall be at least the minimum annuity amount applicable for the respective Annuity Mode.

Purchase Price shall be single premium chosen by the policyholder, excluding the taxes and underwriting extra premiums, if any.

Which Critical Illnesses are covered?

Under this benefit, on diagnosis of any one of the Insured Critical Illness conditions (as mentioned below and defined subsequently) during the policy term and while the policy is in-force, the annuity ceases immediately and Purchase Price along with the Accrued Paid-up Additions, if any, will be paid in lump sum to the Annuitant/nominee

Below mentioned is the list of Covered Critical Illness Conditions which are covered under this benefit:

Sr No	Illness	Sr No	Illness
1	Cancer of specified severity	19	Alzheimer's Disease
2	Myocardial Infarction (First Heart Attack – of Specified Severity)	20	Motor Neuron Disease with Permanent Symptoms
3	Open Heart Replacement or Repair of Heart Valves	21	Multiple Sclerosis with Persisting Symptoms
4	Surgery to Aorta- including minimally invasive procedures	22	Muscular Dystrophy
5	Cardiomyopathy	23	Parkinson's Disease
6	Primary (idiopathic) Pulmonary Hypertension	24	Loss of Independent Existence
7	Open Chest CABG	25	Loss of Limbs
8	Blindness	26	Deafness
9	End Stage Lung Failure	27	Loss of Speech
10	End Stage Liver Failure	28	Systemic lupus Erythematosus with Renal Involvement
11	Kidney Failure Requiring Regular Dialysis	29	Third Degree Burns
12	Major Organ/ Bone Marrow Transplant	30	Aplastic Anaemia
13	Apallic Syndrome	31	Bacterial Meningitis
14	Benign Brain Tumor	32	Creutzfeldt-Jacob Disease
15	Coma of specified Severity	33	Encephalitis
16	Major Head Trauma	34	Rheumatoid arthritis
17	Permanent Paralysis of Limbs	35	Poliomyelitis
18	Stroke resulting in permanent symptoms		

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.*
- No Critical Illness 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. The annuity will continue to be paid till the date of diagnosis of any other covered CIs before attaining age 80 years (Age Last Birthday) or occurrence of ATPD before attaining age 70 years (Age Last Birthday) or death, whichever is earlier and the Purchase Price along with the Accrued Paid-up Additions, if any, shall be payable on diagnosis of any other covered CI or ATPD or Death of the Annuitant whichever is earlier.*

- For any critical illness claim to be valid, the incidence of the condition must be the first occurrence in the lifetime of the Annuitant.
- Annuitant 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 paid subject to satisfaction of definitions and exclusions. No benefit will be paid on re-occurrences of the same Critical Illness or on diagnosis of any other Critical Illness after a Critical Illness claim is already paid.

The Definitions and Exclusions related to Critical Illness Benefit are mentioned later in this document.

What is the definition of Accidental Total and Permanent Disability?

Accidental Total and Permanent Disability - Accidental Total and Permanent Disability is defined as disability caused by bodily injury, which causes permanent inability to perform any occupation or to engage in any activities for remuneration or profits. This disability should last for at least one hundred and eighty (180) days before being eligible for Accidental Total and Permanent Disability benefits. Further the company reserves the right to call for registered medical examination as they may require fit in this regard.

Total and permanent disability also includes the loss of both arms, or both legs, or one arm and one leg, or of both eyes. Loss of arms means dismemberment by amputation from the wrist joint and loss of legs means dismemberment by amputation from the ankle joint. Loss of eyes means entire and irrecoverable loss of sight. In these circumstances waiting period of 180 days will not be applicable.

The Exclusions related to Accidental Total and Permanent Disability is mentioned later in this document.

Other Benefits:

Tax Benefits: You may be eligible for tax benefits as per applicable tax laws. Tax benefits are subject to change in the tax laws. Kindly consult your tax advisor for detailed information on tax benefits/implications.

Illustration: The table below illustrates the annuity rates for an annuitant aged 50 years of age and a purchase price of Rs.500,000 (excluding any applicable taxes). In case of joint life, the age of the secondary annuitant is assumed as 48 years of age. The deferment period chosen for deferred annuity option is 5 years.

Immediate Annuity for Single Life

Annuity option	Monthly Annuity amount (in Rs.)
Life Annuity	2,711
Life Annuity with Return of Purchase Price on Death	2,282
Life Annuity with Return of Balance Purchase Price on Death	2,703
Life Annuity with Return of Purchase Price on Critical Illness (CI) or Accidental Total and Permanent Disability (ATPD) or death	2,216

Deferred Annuity for Single Life

Annuity option	Monthly Annuity amount (in Rs.)
Deferred Annuity with Return of Purchase Price on Death	3,070
Deferred Annuity with Return of Purchase Price on Critical Illness (CI) or Accidental Total and Permanent Disability (ATPD) or death	3,003

Immediate Annuity for Joint Life

Annuity option	Monthly Annuity amount (in Rs.)
Life Annuity (Joint Life Last Survivor)	2,407
Life Annuity with Return of Purchase Price on Death (Joint Life Last Survivor)	2,216

Deferred Annuity for Joint Life

Annuity option	Monthly Annuity amount (in Rs.)
Deferred Annuity with Return of Purchase Price on Death (Joint Life, Last Survivor)	2,928

This product is also available for sale through online mode.

Policy Loan: Not applicable

Non-forfeiture Benefits

Reduced Paid-Up: Not Applicable

Surrender Benefit:

Deferred Annuity:

Policy acquires surrender value [higher of the Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV)], immediately after the payment of Purchase Price for following Annuity Options:

- Deferred Annuity with Return of Purchase Price on Death (Single Life)
- Deferred Annuity with Return of Purchase Price on Critical Illness (CI) or Accidental Total and Permanent Disability (ATPD) or Death (Single Life) and
- Deferred Annuity with Return of Purchase Price on Death (Joint Life, Last Survivor)

Immediate Annuity:

Policy acquires surrender value which equals to Special Surrender Value (SSV), immediately after the payment of Purchase Price for following Annuity Options:

- Life Annuity with Return of Purchase Price on Death
- Life Annuity with Return of Purchase Price on Death (Joint Life, Last Survivor)
- Life Annuity with Return of Purchase Price on Critical Illness (CI) or Accidental Total and Permanent Disability (ATPD) or Death

On surrender, the surrender value, if any, will be immediately paid and policy will be terminated. For Annuity Options apart from listed above, Surrender Benefit is not applicable.

Surrender Value:

For Deferred Annuity, the surrender value payable is higher of the Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV) and for Immediate Annuity, the surrender value payable is equal to Special Surrender Value (SSV).

a. Guaranteed Surrender Value (GSV):

The Guaranteed Surrender Value (GSV) will be the higher of (0, sum of surrender value of the Total Premiums Paid* and the surrender value of Accrued Guaranteed Additions, if any, less Annuity already paid, if any) plus Accrued Paid up Additions, if any.

Surrender value of the Total Premiums Paid = GSV Factor X Total Premiums Paid

Surrender Value of the Accrued Guaranteed Additions = 30% X Accrued Guaranteed Additions, if any

GSV Factor is 75% if the policy is surrendered anytime within 3 policy years and 90% from 4th policy year onwards.

Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes

b. Special Surrender Value: 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.

If this Policy is purchased by way of transfer of Purchase Price on vesting or surrender of deferred pension policies from Edelweiss Tokio Life Insurance Company or from any other Insurer or from the proceeds of the NPS fund, the proceeds from surrendered policy will be utilized to purchase an Immediate or Deferred Annuity from Edelweiss Tokio Life Insurance Company or will be transferred to the Insurer (of the deferred pension policy) or to the Central Record Keeping Agency (CRA) from where the money was received as the case may be.

Loan under the Policy:

Loans are not allowed under the Policy.

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.

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 the Company as a proof of submission. On receipt of your letter along with the original Policy Document, we will refund the Premium paid subject to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the insurer on medical examination and stamp duty charges, if any.

Option of Freelook will not be available to the Policyholder, if this Policy is purchased by way of transfer of Purchase Price on vesting or surrender of deferred pension policies from Edelweiss Tokio Life Insurance Company Limited. However, Policyholders will be able to change the annuity option during the freelook period.

Policyholder can apply for freelook cancellation:

1. If Annuity is purchased by way of transfer of Purchase Price on vesting or surrender of deferred pension policies from any other insurer or from the proceeds of NPS fund: The proceeds from cancellation in the free-look period after deducting any annuities paid will be transferred to the Insurer (of the deferred pension policy) or to the Central Record Keeping Agency (CRA) from where the money was received.

OR

2. If Annuity is purchased by the Nominee/beneficiary (in the event of death of the deferred pension policyholder) by transfer of Purchase Price from any deferred pension product OR if Annuity is purchased directly by the Policyholder: The proceeds from cancellation in the free-look period after deducting any annuities paid will be refunded.

Following are the Definitions and Exclusions related to Critical Illness Benefit and Accidental Total and Permanent Disability.

1. Cancer of specified severity

A malignant tumor characterized 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.

2. Myocardial Infarction (First Heart Attack of Specified 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

3. 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.

4. Surgery to Aorta- including minimally invasive procedures

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- iii. Surgery following traumatic injury to the aorta

5. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- i. Dilated Cardiomyopathy
- ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- iii. Restrictive Cardiomyopathy
- iv. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings. The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- i. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- ii. Transient reduction of left ventricular function due to myocarditis
- iii. Cardiomyopathy due to systemic diseases

Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

6. Primary (idiopathic) Pulmonary hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

7. Open Chest 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

8. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. 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.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure

9. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ <55mmHg); and
- iv. Dyspnea at rest.

10. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

11. 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.

12. Major Organ/ Bone Marrow Transplant

- I. 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.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

13. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- i. Complete unawareness of the self and the environment
- ii. Inability to communicate with others
- iii. No evidence of sustained or reproducible behavioural responses to external stimuli
- iv. Preserved brain stem functions

Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

14. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

- Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

15. Coma of specified Severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

16. Major Head Trauma

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- i. Spinal cord injury;

17. 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.

18. Stroke resulting in permanent symptoms

- I. 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.
- II. 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.

19. Alzheimer's Disease

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- i. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- ii. Personality change
- iii. Gradual onset and continuing decline of cognitive functions
- iv. No disturbance of consciousness
- v. Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- i. Other forms of dementia due to brain or systemic disorders or psychiatric conditions

20. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months

21. Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months
- II. Other causes of neurological damage such as SLE and HIV are excluded.

22. Muscular Dystrophy

Muscular Dystrophy - resulting in permanent loss of physical abilities

A definite diagnosis of one of the following muscular dystrophies:

- i. Duchenne Muscular Dystrophy (DMD)
- ii. Becker Muscular Dystrophy (BMD)
- iii. Emery-Dreifuss Muscular Dystrophy (EDMD)
- iv. Limb-Girdle Muscular Dystrophy (LGMD)
- v. Facioscapulohumeral Muscular Dystrophy (FSHD)
- vi. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- vii. Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered:

- i. Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

23. Parkinson's Disease

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- i. Muscle rigidity
- ii. Tremor
- iii. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

- i. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- ii. Essential tremor

Parkinsonism related to other neurodegenerative disorders

24. Loss of Independent Existence

A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

25. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

26. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

27. Loss of Speech

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

28. Systemic lupus Erythematosus with Renal Involvement

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- i. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or antidsDNA antibodies
- ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- iii. Continuous treatment with corticosteroids or other immunosuppressants
- iv. Additionally, one of the following organ involvements must be diagnosed:
- v. Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- vi. Libman-Sacks endocarditis or myocarditis
- vii. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- i. Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- ii. Drug-induced lupus erythematosus

29. 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.

30. Aplastic Anaemia

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- i. Bone marrow stimulating agents
- ii. Immunosuppressants
- iii. Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

31. Bacterial Meningitis

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

- i. Aseptic, viral, parasitic or non-infectious meningitis

32. Creutzfeldt-Jacob Disease

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as “probable” by all of the following criteria:

- i. Progressive dementia
- ii. At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyrimal signs, akinetic mutism
- iii. Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- iv. No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- i. Iatrogenic or familial Creutzfeldt-Jakob disease
- ii. Variant Creutzfeldt-Jakob disease (vCJD)

33. Encephalitis

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- i. Encephalitis in the presence of HIV
- ii. Encephalitis caused by bacterial or protozoal infections
- iii. Myalgic or paraneoplastic encephalomyelitis

34. Rheumatoid arthritis

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- i. Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- ii. Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
- iii. Continuous treatment with corticosteroids
- iv. Treatment with a combination of "Disease Modifying Anti-Rheumatic Drugs" (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months.

The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

- i. Reactive arthritis, psoriatic arthritis and activated osteoarthritis

35. Poliomyelitis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- i. Poliovirus infections without paralysis
- ii. Other enterovirus infections
- iii. Guillain-Barré syndrome or transverse myelitis

Accidental and Total Permanent Disability Benefit Exclusions:

The life assured will not be entitled to any benefits for any disability caused directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- Suicide or attempted suicide or self-inflicted injury, whether the life assured is medically sane or insane.
- Any Pre-Existing disease.
- 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.
- 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 insured person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Disability as a result of any disease or infection.

Critical Illness Exclusions:

The life assured will not be entitled to CI benefit if a Covered Critical Illness occurs within 90 days from the date of commencement of policy (i.e. during the waiting period) or any signs or symptoms related to Covered Critical Illness occurs during the waiting period or if a Covered Critical Illness results either directly or indirectly from any one of the following causes:

- Any Pre-Existing Disease
- 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.
- 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 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.
- Participation by the insured person in a criminal or unlawful act with a 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.
- 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.
- Any External Congenital Anomaly which is not as a consequence of Genetic disorder.

Other Definitions

“Accident” – An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

“Congenital Anomaly” – Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

“Injury” - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

“Illness” - Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. Acute condition – Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur

“Medical Practitioner” – Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

The Medical practitioner should not be

- The policyholder/insured person himself/herself; or
- An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or

- Employed by or under contractual engagement with the insurance company;
- Related to the policyholder/insured person by blood or marriage.

“Pre-Existing Disease” – Pre-existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

EXCLUSION

Suicide Claim: Not Applicable.

STATUTORY INFORMATION

Vesting of Ownership: In case the Policy purchased from the proceeds arising out of the pension policies of Edelweiss Tokio Life Insurance Co Ltd., has been issued to a minor life, the risk cover will start from the policy commencement date and on attainment of majority the ownership of Policy will automatically vest on the Annuitant (minor). Further till the Annuitant (minor) attains majority, the Appointee/Proposer can operate the Policy on behalf of the minor.

Grace Period: Not Applicable

Nomination

Nomination is allowed in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

Assignment

Assignment is allowed in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

Revival: Not Applicable

Prohibition of Rebate: (Section 41 of the Insurance Act, 1938, as amended from time to time) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy nor shall any person taking out or renewing or continuing a Policy accept any rebate except one such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Non-Disclosure Clause: (Section 45 of the Insurance Act, 1938, as amended from time to time) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Nothing in this section shall prevent the insurer from calling 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 adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, as amended from time to time.

ABOUT US

Edelweiss Tokio Life Insurance Company Limited is a joint venture between Edelweiss Financial Services Limited, and Tokio Marine Holdings Inc, a multinational insurance holding company headquartered in Tokyo, Japan. This lineage brings together an understanding of customer needs and international expertise. Edelweiss Tokio Life Insurance Company Limited launched its Pan India operations in July 2011 offering proprietary need-based solutions to help customers meet their life stage financial goals. The company is known for consistently seeking customer inputs on their changing needs and creating products that meet their lifestyle and financial aspirations. The Company is headquartered in Mumbai serving over 1.2 lakh customers through 4,000+ employees and 43,000+ Personal Finance Advisors across 121 branches in 91 cities.

Our Vision:

We will take the responsibility of protecting people's dreams and aspirations. We will pro-actively find out what people's dreams and aspirations are and what could potentially hinder their dreams and aspirations. We will then bring our expertise and resources to help them fulfill their dreams and mitigate the hindrances.



Edelweiss Tokio Life Insurance Company Limited

CIN: U66010MH2009PLC197336

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

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

Toll Free: 1800 212 1212 | Fax No.: +91 22 6117 7833 | www.edelweisstokio.in

Disclaimer: Edelweiss Tokio Life – Forever Pension is only the name of a Non-Linked, Non-Participating Single Premium Individual General Annuity Plan and does not in any way indicate the quality of the plan, its future prospects or returns. Please know the associated risks and the applicable charges from your Personal Financial Advisor or the Intermediary. Tax benefits are subject to changes in the tax laws.

Flower & Edelweiss are trademarks of Edelweiss Financial Services Limited; "Tokio" is Trademark of Tokio Marine Holdings Inc. and used by Edelweiss Tokio Life Insurance Co. Ltd. under license.

IRDAI Regn. No.: 147

UIN: 147N068V01

Advt No.: BR/1480/Mar/2021

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.