



Edelweiss
Tokio *life*

zindagi unlimited

Edelweiss Tokio Life
ZINDAGI 
plus

(A Non-Linked, Non-Participating Individual,
Pure Risk Premium, Life Insurance Product)



Key Reasons

to choose this plan

1

Secure your family's financial future through life insurance cover

2

Option of choosing Better Half Benefit# to ensure enhanced financial security even in the absence of main bread earner

3

Option to Increase your sum assured through Top up benefit regularly to take care of increased cost of living by paying additional premium, OR

4

Option to choose Waiver of Premium on Critical Illness by paying additional premium and enhance your protection beyond Life Cover

5

Covers death due to any pandemic such as COVID-19

6

Get life Cover for as long as upto age 80

7

Flexibility to choose from multiple premium payment options and premium paying modes

8

Option of adding up to 4 riders by paying additional premium to enhance protection

9

Avail Large Sum Assured discount on Annualised Premium for Base Sum Assured

In the event of the occurrence of simultaneous death of the life insured and spouse or death of the spouse arising directly or indirectly due to the same event which caused the death of the life insured, Better Half Benefit will not be payable.

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.

Why a term insurance plan?

While every increase in your income leads to an enhanced lifestyle for your family, it is important that the financial support you provide to your family is secured in case of an unfortunate event. A term insurance plan ensures that in a scenario where the bread winner is no more, his/her dependants are provided necessary income required to maintain their lifestyle.

Why Edelweiss Tokio Life - Zindagi Plus?

Edelweiss Tokio Life – Zindagi Plus is a life insurance plan designed to provide protection to your family. It not only covers your present requirements but also provides the flexibility to take care of your changing responsibilities as well as increasing cost of living. It also ensures that the family remains well protected even if the main bread earner of the family isn't around.

You can customise this plan by choosing a convenient Premium Paying Term and the Death Benefit payment mode.

How does this plan work?

Step 1

Choose Plan Option – Life Cover with Level Sum Assured or Life Cover with Decreasing Sum Assured

Step 2

Choose the Base Sum Assured, Policy Term, Premium Paying Term and Premium Paying Frequency

Step 3

Choose underwriting status as medical or non-medical. The premium rates vary based on the underwriting status opted

Step 4

Choose any one Additional Benefit out of – Top-up Benefit or Waiver of Premium Benefit. Additionally, you can also choose Better Half Benefit. Additional premium will be payable for each Additional Benefit chosen

Step 5

Choose death benefit payment mode options as 'Lumpsum' or 'Monthly Income' or 'Lumpsum plus Monthly Income'

Plan at a Glance

Minimum Entry Age (last birthday)	18 years (For Life Insured and Spouse*)			
Maximum Entry Age (last birthday)#	Plan Option	Premium Paying Term	Life Insured	Spouse*
	Life Cover with Level Sum Assured	Regular Pay	65 Years	60 Years
		Pay till 60	50 years	50 Years
	Life Cover with Decreasing Sum Assured	Regular Pay	55 Years	55 Years
Pay till 60		50 years	50 Years	
Minimum Maturity Age (last birthday)	Plan Option	Premium Paying Term	Minimum Maturity Age	
	Life Cover with Level Sum Assured	Regular Pay	28 Years	
		Pay till 60	65 Years	
	Life Cover with Decreasing Sum Assured	Regular Pay	65 Years	
Pay till 60		65 Years		
Maximum Maturity Age (last birthday)	80 years			
Minimum Policy Term	Regular Pay		10 Years	
	Pay till 60		15 Years	
Maximum Policy Term	{80 – Age at Entry (age last birthday)} years			
Premium Paying Term (PPT)	Regular Pay:	Same as Policy Term		
	Pay till 60:	(60 – Age at entry + 1) Years		
Minimum Base Sum Assured (Rs.)	If Top-up Benefit or Better Half benefit is opted:			50 Lakhs
	All other scenarios:			25 Lakhs
Maximum Base Sum Assured (Rs.)	For underwriting status medical – No Limit, subject to Board approved underwriting policy For underwriting status non-medical – Rs 99,99,000			
Minimum Premium (Rs.)	Premium Paying Frequency		Minimum Premium (Rs.)	
	Annual		3,000	
	Semi-Annual		2,000	
	Quarterly		1,250	
Monthly		300		
Maximum Premium (Rs.)	No limit, subject to board approved underwriting policy			
Premium Paying Frequency	Annual, Semi-Annual, Quarterly, Monthly			

This product is available online as well. Base Sum Assured should be in multiple of '000.

* Applicable if Better Half Benefit is opted

For underwriting status non-medical, the maximum entry age is 55.

Plan Options

1. Life Cover with Level Sum Assured

Under this plan option, Base Sum Assured remains the same throughout the policy term.

2. Life Cover with Decreasing Sum Assured

Under this plan option, full Base Sum Assured continues till the policy anniversary falling immediately after the Life Insured attains the age of 60 years. Starting from the policy anniversary falling immediately after the Life Insured attains the age of 60 years till the end of Policy Term, the Base Sum Assured is reduced by 50%.

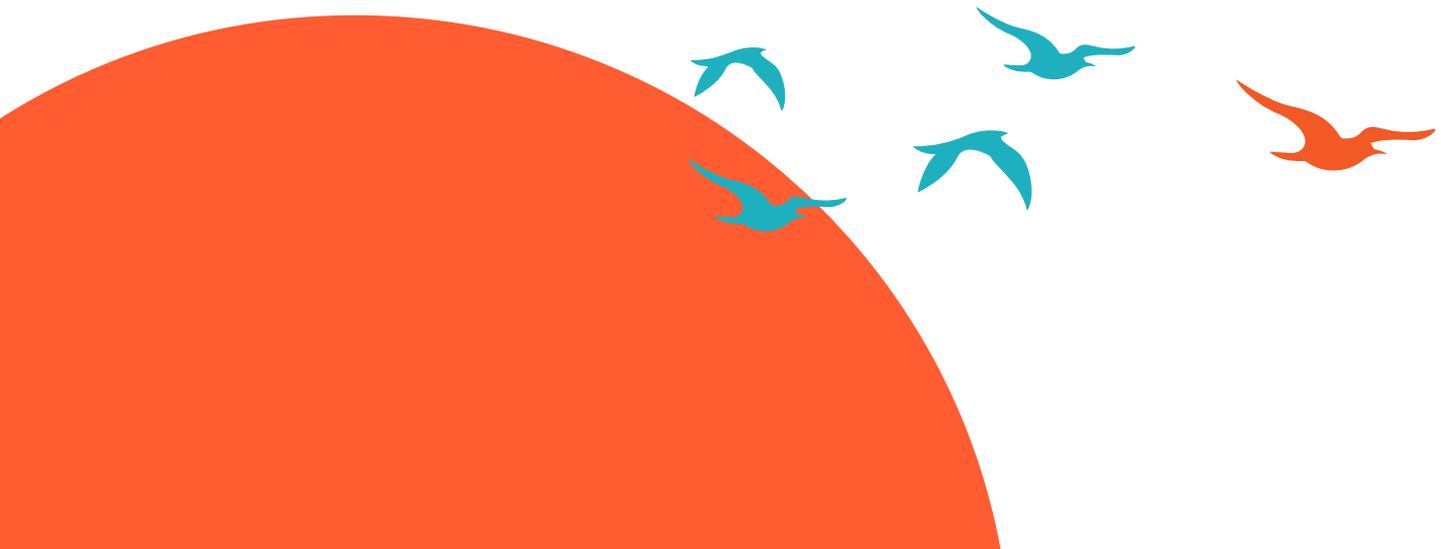
The premium will not change on reduction of the Base Sum Assured.

Let's understand this with an example:

Vikas, aged 45 years, has opted for a policy term of 20 years with regular premium paying term of 20 years, Underwriting status as Medical. The base sum assured chosen is Rs. 1,00,00,000. He has opted for 'Life Cover with Decreasing Sum Assured'. The table below shows the premium and benefits payable under this policy.

Beginning of Policy Year	Premium Amount (excluding applicable taxes) (Rs.)	Sum Assured on Death (Rs.)
1 to 15	17,801	1,00,00,000
16 to 20	17,801	50,00,000

The above example is a non-smoker example, sales channel is individual agent.



Additional Benefits

1. Top-up Benefit

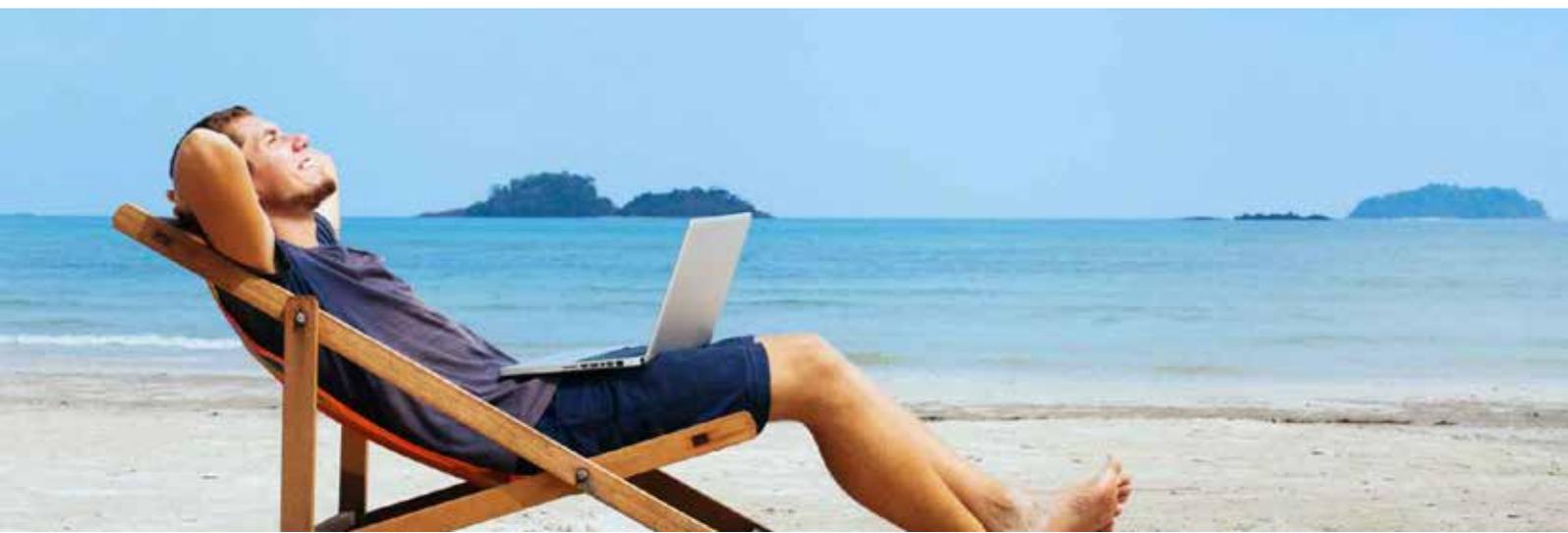
Top-up Benefit can only be selected at the policy inception. Under this additional benefit, at every policy anniversary starting from first policy anniversary, Top-up sum assured will get added to the policy till the policy anniversary falling immediately before the life insured attains the age of 60 years or till the outstanding policy term is less than 5 years or till the policy anniversary at which the cumulative Top-up sum assured becomes equal to the Base Sum Assured, or till the date of death of the Life Insured, whichever is earlier. Top-up Sum Assured is equal to Top-up Rate multiplied by Base Sum Assured. Top-up Rate is 5% or 10%, as selected by you at the policy inception.

An additional premium will be charged for every addition of Top-up sum assured. Additional premium shall be based on the attained age of the Life Insured, Top-up sum assured and outstanding Policy Term at the time of the addition of Top-up sum assured. The Top-up sum assured added to the policy as well as the additional premium, both, will apply prospectively for the remaining premium paying term.

You have the option to opt out of Top-up Benefit anytime during the remaining policy term by giving a written request to us. There will not be any addition of Top-up sum assured to the Policy from the subsequent Policy Anniversary. After opting out, you shall continue to pay the premium equal to the last premium paid immediately before such opt out and the policy will continue with the cumulative Top-up sum assured. Once opted out of this benefit, you cannot opt in again for this benefit.

This additional benefit is not available if Waiver of Premium Benefit is selected or if Premium Paying Term is 'Pay till 60'. This additional benefit is available only for regular premium paying policies. This additional benefit is available only if the Base Sum Assured is greater than or equal to Rs. 50,00,000. There will not be any addition of Top-up sum assured after a claim for any benefit under a rider has been intimated to us.

In case the plan option is Life Cover with Decreasing Sum Assured, the cumulative Top-Up Sum Assured will not reduce to 50% after the Life Insured attains the age of 60 years.



Top-up Benefit can be understood with the help of the below example –

Anil, aged 35 opts for 'Life Cover with Level Sum Assured' Plan Option and adds 'Top-up Benefit' with a Top-up Rate of 10% in his policy with a policy term of 45 years as regular pay. Death Benefit payable will be as per the following table:

Beginning of policy year	Base Sum Assured (Rs.)	Top-up Sum Assured (Rs.)	Cumulative Top-up Sum Assured (Rs.)	Death Benefit (Rs.)	Annual Premium (Rs.)
1	1 crore	NIL	NIL	1 Crore	16,174
2	1 crore	10 lacs	10 lacs	1.1 crores	17,652
3	1 crore	10 lacs	20 lacs	1.2 crores	19,228
4	1 crore	10 lacs	30 lacs	1.3 crores	20,925
5	1 crore	10 lacs	40 lacs	1.4 crores	22,751
6	1 crore	10 lacs	50 lacs	1.5 crores	24,720
7	1 crore	10 lacs	60 lacs	1.6 crores	26,810
8	1 crore	10 lacs	70 lacs	1.7 crores	29,028
9	1 crore	10 lacs	80 lacs	1.8 crores	31,381
10	1 crore	10 lacs	90 lacs	1.9 crores	33,876
11	1 crore	10 lacs	1 crore	2 crores	36,520
12 – 45	1 crore	Nil	1 crore	2 crores	36,520

The above example is a non-smoker example, sales channel is individual agent.

2. Better Half Benefit

Better Half Benefit can be selected only at the policy inception and if the life insured is married, spouse is of the same age (without considering any setback) or younger than life insured by maximum 10 years and provided that the policy is accepted at standard rates at policy issuance. This additional benefit is available only if the Base Sum Assured is greater than or equal to Rs. 50,00,000. In case of death of the life insured before the maturity date while the policy is in-force and if his/her spouse is alive, following benefits will be applicable in addition to payment of sum assured on death:

- Life cover will commence on the life of the spouse and will continue for the remaining policy term. On death of the spouse before the maturity date, we will pay Better Half Benefit sum assured which is 50% of the Base Sum Assured or Rs. 1 crore whichever is lower. This benefit will be paid as per the Death Benefit Payment mode selected by you.
- No more future premiums will be required to be paid.

Policyholder doesn't have the option to opt out of this benefit. As Better Half Benefit is available on the life of the spouse after death of the life insured, if the spouse dies before the death of the life insured, this benefit will not be available.

Exclusions:

This additional benefit will not be payable under the following situations

- **#In the event of the occurrence of simultaneous death of the life insured and spouse or death of the spouse arising directly or indirectly due to the same event which caused the death of the life insured.**
- If the spouse has attained the age of 75 years at the time of death of the life insured.
- After the death of the Life Insured, in case of death of spouse due to suicide within 12 months from the date of commencement of risk of the policy or the date of revival of the policy, whichever is later, Better Half Benefit will not be paid and the Policy will terminate.

Let us understand this benefit better with two examples.

Ram, aged 35 years, has opted for a policy term of 15 years with a premium paying term of 15 years, Underwriting status as Medical. The date of issue of the policy is 01-Jan-2020. The base sum assured chosen is Rs. 10,000,000. He has opted for 'Life Cover with Level Sum Assured' and Better Half Benefit. His Spouse is aged 35 years. The table below shows the benefits payable under this policy.

Example 1: Death of Life Insured while his/her Spouse is alive.

Date	Premium Amount (excluding applicable taxes)	Sum Assured on Death (Life Insured)	Better Half Benefit Sum Assured
01-Jan-20	7,591	1,00,00,000	0
01-Jan-21	7,591	1,00,00,000	0
01-Jan-22	7,591	1,00,00,000	0
01-Jan-23	7,591	1,00,00,000	0
21-Mar-23*	0	NA	50,00,000
01-Jan-24	0	NA	50,00,000
01-Jan-25	0	NA	50,00,000
01-Jan-26	0	NA	50,00,000
01-Jan-27	0	NA	50,00,000
01-Jan-28	0	NA	50,00,000
01-Jan-29	0	NA	50,00,000
01-Jan-30	0	NA	50,00,000
01-Jan-31	0	NA	50,00,000
01-Jan-32	0	NA	50,00,000
01-Jan-33	0	NA	50,00,000
01-Jan-34	0	NA	50,00,000

- *In the above example, in case of unfortunate death of Ram on 21st March 2023, the applicable Sum Assured on Death, which is 1 cr will be paid. Post his death, no further premium will be required to be paid. Life cover will commence on the life of the Spouse with Better Half Benefit Sum Assured which is 50 lacs and will continue for the remaining policy term.
- The above example is a non-smoker example.

Example 2: Death of Spouse while Life Insured is alive.

Date	Premium Amount (excluding applicable taxes)	Sum Assured on Death (Life Insured)	Better Half Benefit Sum Assured
01-Jan-20	7,591	1,00,00,000	0
01-Jan-21	7,591	1,00,00,000	0
21-Jul-22*	7,591	1,00,00,000	0
01-Jan-23	7,591	1,00,00,000	NA
01-Jan-24	7,591	1,00,00,000	NA
01-Jan-25	7,591	1,00,00,000	NA
01-Jan-26	7,591	1,00,00,000	NA
01-Jan-27	7,591	1,00,00,000	NA
01-Jan-28	7,591	1,00,00,000	NA
01-Jan-29	7,591	1,00,00,000	NA
01-Jan-30	7,591	1,00,00,000	NA
01-Jan-31	7,591	1,00,00,000	NA
01-Jan-32	7,591	1,00,00,000	NA
01-Jan-33	7,591	1,00,00,000	NA
12-Mar-33 [§]	0	1,00,00,000	NA
01-Jan-34	0	NA	NA
01-Jan-35	0	NA	NA

- *In the above example, the date of death of the Spouse is assumed to be 21st July 2022. On death of the Spouse, no benefit is paid as the risk cover under Better Half Benefit commences only post death of the Life Insured. Henceforth, the policy continues without any Better Half Benefit and the Life Insured is required to pay the premium till the premium paying term.
- [§]On death of the Life Insured (assumed as 12 Mar 33), applicable Sum Assured on Death which is 1 cr will be paid and the policy will be terminated
- The above example is a non-smoker example.

Kindly note (If Better Half Benefit is opted):

- In case of demise of the Life Insured, the spouse will be required to submit fresh nomination for the Policy.
- In case of demise of the spouse after the demise of the Life Insured and if all the other conditions under Better Half Benefit are met, the claim amount will be payable to the nominee(s) as selected by spouse. In case the spouse fails to submit fresh nomination for the Policy, the Policy proceeds will be payable to the legal heir(s) of the spouse.
- In the event of demise of the Life Insured, the spouse will become the Policyholder of the Policy.

3. Waiver of Premium Benefit

This additional benefit can be selected only at the policy inception. Under this additional benefit, on survival of 30 days post the first diagnosis of the life insured suffering from any one of the Insured Critical Illness conditions (as mentioned below) during the policy term and while the policy is in-force, all future premiums will be waived and the benefits of the policy shall continue.

Note:

- a) Premium payable on account of Waiver of Premium Benefit is guaranteed for the first five years and reviewable thereafter subject to approval from IRDAI.
- b) The benefit shall not apply or be payable in respect of any critical illness of which the signs or symptoms have occurred or for which care, treatment or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the waiting period (90 days from the date of commencement of risk or the date of revival of the policy whichever is later)
- c) This additional benefit shall be applicable upon the first occurrence of any one of the defined Critical Illness conditions covered, subject to meeting the definitions, policy conditions and exclusions. This benefit is applicable only in respect of the first incidence of any one of the covered Critical Illness conditions after Policy issuance.

This additional benefit is available only for the plan option 'Life Cover with Level Sum Assured' and if 'Regular Pay' has been chosen as the premium payment option. This additional benefit cannot be selected with Top-up Benefit.



List of Critical Illnesses under Waiver of Premium Benefit

- 1 Cancer of specified severity
- 2 Myocardial Infarction (First Heart Attack – of Specific Severity)
- 3 Open Heart Replacement or Repair of Heart Valves
- 4 Surgery to Aorta - including minimally invasive procedures
- 5 Cardiomyopathy
- 6 Primary (idiopathic) Pulmonary Hypertension
- 7 Open Chest CABG
- 8 Blindness
- 9 End Stage Lung Failure
- 10 End Stage Liver Failure
- 11 Kidney Failure Requiring Regular Dialysis
- 12 Major Organ/ Bone Marrow Transplant
- 13 Apallic Syndrome
- 14 Benign Brain Tumor
- 15 Coma of specified Severity
- 16 Major Head Trauma
- 17 Permanent Paralysis of Limbs
- 18 Stroke resulting in permanent symptoms
- 19 Alzheimer's Disease
- 20 Motor Neuron Disease with Permanent Symptoms
- 21 Multiple Sclerosis with Persisting Symptoms
- 22 Muscular Dystrophy
- 23 Parkinson's Disease
- 24 Loss of Independent Existence
- 25 Loss of Limbs
- 26 Deafness
- 27 Loss of Speech
- 28 Systemic lupus Erythematosus with Renal Involvement
- 29 Third Degree Burns
- 30 Aplastic Anaemia
- 31 Bacterial Meningitis
- 32 Creutzfeldt-Jacob Disease
- 33 Encephalitis
- 34 Rheumatoid arthritis
- 35 Poliomyelitis

Definition and exclusions of Critical Illnesses covered under Waiver of Premium Benefit are mentioned later in the document.

Sample Premiums

Plan Option	Better Half Benefit	Waiver of Premium Benefit	Premium Paying Term	Annual Premium (Rs.)
Life Cover with Level Sum Assured	Yes	No	Regular	13,641
Life Cover with Level Sum Assured	Yes	No	Pay till 60	14,991
Life Cover with Level Sum Assured	Yes	Yes	Regular	14,504
Life Cover with Level Sum Assured	No	No	Regular	13,389
Life Cover with Level Sum Assured	No	No	Pay till 60	14,735
Life Cover with Level Sum Assured	No	Yes	Regular	14,236
Life Cover with Decreasing Sum Assured	Yes	No	Regular	12,070
Life Cover with Decreasing Sum Assured	Yes	No	Pay till 60	13,103
Life Cover with Decreasing Sum Assured	No	No	Regular	11,818
Life Cover with Decreasing Sum Assured	No	No	Pay till 60	12,846

- The above example is of a 35 year old male, non-smoker with spouse age as 35 years female, non-smoker (wherever applicable), policy term of 35 years, underwriting status as medical opting for a Sum Assured of Rs. 1,00,00,000.
- Premium rates are exclusive of taxes
- Sales channel is individual agent.

Death Benefit

Under Plan Option - Life Cover with Level Sum Assured:

If the life insured dies before the maturity date while the policy is in-force, we will pay Sum Assured on Death.

The minimum Sum Assured on Death payable under the Policy at any time during the policy term, while the policy is in-force, shall be highest of:

- 10 times of Annualised Premium[§]; OR
- 105% of the Total Premiums Paid* as on date of death; OR
- Guaranteed Sum Assured on Maturity[@]; OR
- Any absolute amount assured to be paid on death.

[§] *Annualised Premium means the premium amount payable in a year chosen by You, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any*

^{*} *Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.*

[@] *Guaranteed Sum Assured on Maturity is zero.*

Any absolute amount assured to be paid on death is equal to Base Sum Assured.

If the policyholder has opted for the Top-up Benefit at the policy inception, Cumulative Top-up Sum Assured will also be paid in addition to Sum Assured on Death.

Under Plan Option - Life Cover with Decreasing Sum Assured:

If the life insured dies on or before the policy anniversary falling immediately on or after the life insured attains the age of 60 years while the policy is in-force, we will pay Sum Assured on Death.

The minimum Sum Assured on Death payable under the Policy at any time during the policy term, while the policy is in in-force, shall be highest of:

- 10 times of Annualised Premium[§]; OR
- 105% of the Total Premiums Paid* as on date of death; OR
- Guaranteed Sum Assured on Maturity[@]; OR
- Any absolute amount assured to be paid on death.

[§] *Annualised Premium means the premium amount payable in a year chosen by You, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.*

^{*} *Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.*

[@] *Guaranteed Sum Assured on Maturity is zero.*

Any absolute amount assured to be paid on death is equal to Base Sum Assured.

If the policyholder has opted for the Top-up Benefit at the policy inception, Cumulative Top-up Sum Assured will also be paid in addition to Sum Assured on Death.

If the life insured dies after the policy anniversary falling immediately on or after the life insured attains the age of 60 years while the policy is in-force, we will pay Sum Assured on Death.

The minimum Sum Assured on Death payable under the Policy at any time during the policy term, while the policy is in in-force, shall be highest of:

- 10 times of Annualised Premium[§]; OR
- 105% of the Total Premiums Paid* as on date of death; OR
- Guaranteed Sum Assured on Maturity[@]; OR
- Any absolute amount assured to be paid on death.

[§] *Annualised Premium means the premium amount payable in a year chosen by You, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any*

^{*} *Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.*

[@] *Guaranteed Sum Assured on Maturity is zero.*

Any absolute amount assured to be paid on death is equal to 50% of Base Sum Assured.

Any absolute amount assured to be paid on death is equal to 50% of Base Sum Assured.

If the policyholder has opted for the Top-up Benefit at the policy inception, Cumulative Top-up Sum Assured will also be paid in addition to Sum Assured on Death.

Death Benefit Payment Mode

Death Benefit will be payable in Death Benefit Payment mode selected by you and as described below:

- a) **Lumpsum:** Death Benefit will be payable in lumpsum
- b) **Monthly Income:** A specific percentage of Death Benefit will be payable every month for the fixed number of months (36, 60 or 120) starting from next policy monthiversary from the date of death.
 - a. Level monthly income: The monthly income will remain constant.
 - b. Increasing monthly income: The monthly benefit will increase annually @ 5.00% per annum (compounded).

The specific percentage of Death Benefit depending on the level/ increasing monthly income and number of months selected is given below:

% of Death Benefit payable monthly	No of months for which benefit is paid		
	36	60	120
Level	3.020	1.917	1.085
Increasing	2.880	1.734	0.872

c) Lumpsum plus Monthly Income: You can choose the proportion of Death Benefit to be received as lumpsum and the balance in the form of monthly income after death. The minimum proportion that can be chosen in lumpsum form is 1% and maximum proportion can be 99%. The lumpsum proportion chosen needs to be in multiple of 1%.

The Monthly Income will apply in the way described above under 'Monthly Income' mode.

The monthly income will be payable only in electronic mode.

Death Benefit Payment mode selected at policy inception cannot be changed during the Policy Term.

The Death Benefit will also be payable in case of death due to any pandemic such as COVID-19.

Maturity Benefit

As this is a pure term plan, no benefit is payable on maturity.

Enhance Protection through Riders

A rider is an add-on provision to the base plan. Riders can help in making your plan more comprehensive by paying a nominal premium. Riders can be added at the inception of the policy or at policy anniversary during the policy term subject to underwriting and terms and conditions of the riders.

Following riders are available with this plan:

- **Edelweiss Tokio Life - Accidental Death Benefit Rider (UIN: 147B002V03):** This rider provides for additional financial security in case any death occurs due to accident. Also, the benefit is payable in lumpsum.
- **Edelweiss Tokio Life - Accidental Total and Permanent Disability Rider (UIN: 147B001V03):** This rider provides you with a lump sum to cater to your immediate expenses in case your income earning capacity is hindered due to an accidental disability (total & permanent).
- **Edelweiss Tokio Life – Hospital Cash Benefit Rider (UIN: 147B006V03):** This rider provides for daily allowance as well as post hospitalization benefits, in case of hospitalization of the life insured.
- **Edelweiss Tokio Life - Critical Illness Rider (UIN: 147B005V03):** This rider provides for a lumpsum amount on diagnosis of one of the listed critical illnesses.

Sum assured under a rider cannot exceed the sum assured on death. Total premium for all Riders, other than health or Critical Illness riders, cannot exceed 30% of the premium of the base product. Total premium for all health related or Critical Illness Rider cannot exceed 100% of the premium of the base product.

Any of the riders can be added only if the outstanding premium paying term of the base product is at least 5 years and subject to the age, premium payment term and rider term limits of the respective riders. Rider will not be offered if the term of the rider exceeds outstanding term under the base policy.

Other Benefits

Tax Benefits

The tax benefits under this Policy may be available as per the prevailing Income Tax laws in India and any amendment(s) made thereto from time to time.

Definition and exclusions of Critical Illnesses covered under Waiver of Premium Benefit:

1. 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.

2. 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.

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.

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

The following conditions are excluded:

- III. 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.
- IV. 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 Neurone 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 or 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-Jacob 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/extrapyramidal 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-Jacob disease
- ii. Variant Creutzfeldt-Jacob 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

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

“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.

Exclusions –

The life assured will not be entitled to Waiver of Premium Benefit if a Covered Critical Illness occurs within 90 days from the date of commencement of risk or revival whichever is later (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:

- 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.
- 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

Policy Loan

Loans aren't allowed under the policy.

Non-forfeiture Benefits

Premium Discontinuance

If any premium remains unpaid at the end of the grace period, the Policy will immediately and automatically lapse.

Early Exit Benefit:

Regular Pay: No early exit benefit is available.

'Pay till 60': Policy provides an Early Exit Benefit, provided all the premiums have been paid in full for the entire premium paying term.

Early Exit value for 'Base' (For both Life Cover with Level Sum Assured and Life Cover with Decreasing Sum Assured Plan Option) and 'Better Half Benefit' (if opted):
 Higher of (0, 70% x [Premiums paid for 'Base' and 'Better Half Benefit' (if opted) less {Premiums payable for 'Base' and 'Better Half Benefit' (if opted) x Number of completed months of policy / Total Policy Term in months}])

Premiums paid/payable is total of all the premiums paid/payable during the entire premium paying term by the policyholder towards respective benefit/cover (i.e. 'Base' and 'Better Half Benefit'), excluding any extra premium, any rider premium and taxes.

After the death of the Life Assured, the Early Exit Benefit with respect to 'Base' and 'Better Half Benefit' (if opted) shall be nil.

If the Early Exit Benefit is opted, the policy together with any additional benefit, if opted, shall terminate and the applicable Early Exit value as specified above shall become payable.

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. On receipt of your letter along with the original Policy Document, we shall refund the premium received after deducting stamp duty charges, proportionate risk premium for the period of cover and medical expenses (if any).

Statutory Information

Suicide Claim

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 receive at least 80% of the Total Premiums Paid till the date of death or the Early Exit value available as on the date of death whichever is higher, provided the policy is in in-force.

Post death of the Life Assured, in case of death of spouse due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary shall be entitled to at least 80% of the total of 'Better Half Benefit' premiums paid till the date of death, provided the policy is in in-force.

Grace Period

If we do not receive the premium in full by the premium paying due date, then:

- i. We will allow a Grace Period of 15 days, where the policyholder pays the premium on a monthly basis, and 30 days in all other cases, during which you must pay the premium due in full. The Policy will be In-force during the Grace Period.
- ii. All the benefits under the policy will continue to apply during the Grace Period subject to the deduction of the due premiums.

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

If due premiums are not paid within the grace period, the policy shall lapse. Any such policy may be revived within five years from the due date of the first unpaid premium by giving us a written notice to revive the policy and payment of all overdue premiums with interest, as may be declared by the company from time to time, for every completed month from the date of first unpaid premium. The revival interest rate will be based on G-sec rate with 1 - 2 year maturity. Source to determine the G-Sec yield is www.ccilindia.com. The per month interest rate shall be $(x + 3\%)/12$ rounded upto nearest 0.25%, where x is G-Sec rate with 1 to 2 year maturity. The interest rate to be charged as on Mar 2020 is 0.75% per month on unpaid premiums for every completed month from the date of the first unpaid premium. The interest rate methodology is reviewable with prior approval from IRDAI. The Company will review the interest rate at least once a year.

The revival will be effected subject to the receipt of the proof of continued insurability of the Life Insured and the acceptance of the risk by the underwriter. The effective date of revival is when these requirements are met and approved by us. All the benefits of the policy will be reinstated on the policy revival. Revival would be as per the Board approved underwriting guidelines of the Company.

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)
Fraud and Mis statement would be dealt with in accordance with the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

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 fulfil their dreams and mitigate the hindrances.





Edelweiss Tokio Life Insurance Company Limited

CIN: U66010MH2009PLC197336

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IRDAI Reg. No. 147

UIN: 147N056V04

Advt No.: BR/1229/Dec/2020

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.