

edelweiss life
criticare+



7 Reasons why?

01

Stay protected against 17 Critical Illness

02

Get lump sum benefit on the diagnosis of Critical Illness

03

You can claim three times during the policy term under Multicclaim option

04

For Multicclaim option; get waiver of future premiums on occurrence of first claim and stay protected for the remaining term of the policy

05

Get discounts for higher Sum Assured

06

Simplified benefit design for better understanding of the product

07

Get tax benefits for premium and claim amount

Why Edelweiss Life Insurance?

At Edelweiss 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 even an insurance solution. Your 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 needs.

Why Critical Illness Plan?

In today's fast-paced world technology is making rapid advances. Improvements in our quality of life have increased our lifespan but the increased stress has also led to chances of facing a critical illness such as heart attack or cancer. A critical illness may reduce your ability to continue working and also put added pressure on account of the medical expenses involved. Hence, it is important for you to plan well and ensure that your family does not suffer as much as you do when you are faced with a serious illness. An impaired health solution helps you ensure that you and your family can work towards your recovery to health without worrying about the finances.

Why Edelweiss Life – CritiCare+?

Edelweiss Life – CritiCare+ is that covers a truly wide range of 17 critical illnesses. In case you are faced with the unfortunate onset of a critical illness, you will be able to ensure that your family gets the required support to manage their day-to-day expenses as well as your health care expenses.

Under the multiclaim option, you can also make claims up to 3 times during the policy term in case you develop any other Critical Illness from different group. We also ensure that the future premiums are waived after the first claim so that you continue to get the benefit of protection for your family.

What can you do?

You can visit our website to get more details about this offering if it meets your current needs. We offer the convenience of purchasing this plan online so that you can complete your financial plan from the comfort of your home.

You can also request for an advisor so that they can understand your needs and help you prioritize them. Do reach us at 1800 2121212 or sms NEED to 57575.

You can avail tax benefits under Section 80D and Section 10 (10D) of Income Tax Act, 1961. Tax benefits are subject to change in the tax laws.

Plan Summary

This is an Individual, Non-linked, Non-Par, Pure Risk Premium, Health Insurance Product providing cover for Critical Illnesses

Minimum Entry Age	18 Years
Maximum Entry Age (Last birthday)	65 Years
Maximum Maturity Age (Last birthday)	70 Years
Minimum Policy Term	5 Years
Maximum Policy Term	30 Years
Premium Paying Term (PPT)	Regular pay
Premium Payment Frequency	Annual
Minimum Premium[#]	Rs 2,000
Minimum Sum Assured	Rs 5,00,000
Maximum Sum Assured	Rs 1,00,00,000
Rate reviewability	The premium rates are guaranteed for the first five years and are reviewable after five years with prior approval from the IRDA of India
Initial Waiting Period¹	90 days
Survival Period²	28 days
Waiting Period between claims³	365 days

[#]Applicable taxes will be separately levied on the premium.

¹**Initial Waiting Period:** Claim for critical illness will only be accepted if the illness has occurred after the expiry of 90 days from the date of issue / date of revival of the policy.

²**Survival Period:** The Life Insured should survive for 28 days from the date of confirmed diagnosis of the Critical Illness. The diagnosis is confirmed once it is established through medical tests or is certified by a medical practitioner.

³ **Waiting Period between claims:** The waiting period between claims is the minimum required time between two critical illness incidences for Multicclaim option.

Extra benefit available:

Discount available for large Sum Assured: Discount rates are given as per the table below

Sum Assured	5 – 19	20-24	25 – 29	30
5,00,000 - 9,99,000	Rs.140	Rs.150	Rs.155	Rs.160
	per Rs. 1,00,000 sum assured exceeding 5 lakh			
10,00,000 – 24,99,000	Rs. 70	Rs. 73	Rs. 78	Rs. 83
	per Rs. 1,00,000 sum assured exceeding 10 lakh			
25,00,000 and above	Rs.140	Rs. 145	Rs. 150	Rs. 160
	per Rs. 5,00,000 sum assured exceeding 25 lakh			

Benefit Summary

The product offers two options as follows:

- Single Claim option
- MultiClaim option

Under this plan, 17 Critical Illnesses are covered. These Critical Illnesses have been divided in four groups for the multicclaim option as given below:

Group 1	Open Chest CABG Myocardial Infarction (First Heart Attack - of Specific Severity) Open Heart Replacement OR Repair of Heart Valves Kidney Failure Requiring Regular Dialysis Major Organ Transplant (Heart, Kidney) Stroke Resulting in Permanent Symptoms Aorta Surgery
Group 2	Permanent Paralysis of Limbs Coma of Specified Severity Third Degree Burns Blindness

Group 3	Aplastic Anaemia Cancer of Specified Severity Benign Brain Tumour Major Organ Transplant (Bone Marrow, Liver, Lung, Pancreas)
Group 4	Motor Neuron Disease with Permanent Symptoms Multiple Sclerosis with Persisting Symptoms

When are benefits payable?	What are the benefits?*
a) On Critical Illness (as specified in the table above)	<p>Single Claim option: Under this option, a lump-sum benefit equal to the Sum Assured will be payable on the survival of life insured for 28 days following the date of confirmed diagnosis of Critical Illness and the policy will get terminated.</p> <p>MultiClaim option: Under this option, the life insured can get benefit for upto 3 claims. Life insured can claim for Critical Illness only once from one group. Subsequent to a claim, the Life insured will still be eligible for benefits for critical illnesses falling under the other groups.</p> <p>The benefits on each claim are as below and are payable on survival of life insured for 28 days following the date of confirmed diagnosis:</p> <p>1st Claim – Sum Assured is payable and all future premiums are waived off</p> <p>2nd Claim – Sum Assured is payable</p> <p>3rd Claim – Sum Assured is payable and policy will get terminated</p>
b) On Death of Life Insured during the Policy Term	No benefit is payable
c) On Maturity of Policy	No benefit is payable
d) On Surrender of Policy	No benefit is payable

***Conditions for Critical Illness:**

- Claim for critical illness will only be accepted if the illness has occurred after the expiry of 90 days from the date of issue / date of revival of the policy
- The life insured should survive for 28 days from the date of confirmed diagnosis of the Critical Illness. The diagnosis is confirmed once it is established through medical tests or is certified by a medical practitioner
- 365 days waiting period is the minimum required time between two critical illness claims for MultiClaim option

The premium rates are guaranteed for the first five years and are reviewable after five years with prior approval from the IRDA of India.

Critical Illness Definitions

1. 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:

- Angioplasty and/or any other intra-arterial procedures

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:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- 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. 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. Major Organ Transplant (Heart, Kidney)

The actual undergoing of a transplant of one of the following human organs: heart or kidney that resulted from irreversible end-stage failure of the relevant organ. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants are excluded

6. Stroke Resulting in Permanent Symptoms

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

The following are excluded:

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

7. Aorta Surgery

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

8. 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.

9. Coma of Specified Severity

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

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

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

10. 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.

11. Blindness

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

The Blindness is evidenced by:

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

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

12. Aplastic Anaemia

Chronic persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least one of the following:

- Regular Blood Product Transfusion
- Marrow Stimulating Agents
- Immunosuppressive Agents or
- Bone Marrow Transplantation

The diagnosis and suggested line of treatment must be confirmed by a Haematologist using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

13. Cancer of Specified Severity

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

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

14. Benign Brain Tumour

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:

- 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. Major Organ Transplant (Bone Marrow, Liver, Lung, Pancreas)

The actual undergoing of a transplant of:

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

The following are excluded:

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

16. 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.

17. Multiple Sclerosis with Persisting Symptoms

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.

Other causes of neurological damage such as SLE are excluded.

Critical Illness Exclusions

Apart from the exclusions mentioned in the definitions section, the following exclusions shall apply to the benefits admissible under this policy.

- Any critical illness or its signs or symptoms having occurred within 90 days of policy issue date.
- For a policy which was lapsed and has subsequently been revived, any critical illness or its signs or symptoms having occurred within 90 days of revival date
- 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.
- Unreasonable failure to seek or follow medical advice.
- Existence of any sexually Transmitted Disease (STD) and its related complications
- Self-inflicted injuries, attempted suicide, and immorality, and deliberate participation of the life insured in an illegal or criminal act.
- Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner
- War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
- Radioactive contamination due to nuclear accident.
- Engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement.

Free Look Period

After you receive your policy, please go through it carefully to check the coverage amount, policy specifications and the other terms and conditions under the policy. If you are disagreeable with the terms and conditions, you can return the policy within 15 days* from the date of receiving your policy, stating the reason for your cancellation. Premium paid will be refunded after deducting proportionate risk premium, stamp duty and cost of medical expenses, if any.

*Free look period of 30 days will be applicable for policies sold through distance marketing (where distance marketing means sale of insurance products through any means of communication other than in person).

Statutory Information

- **Suicide Claim**

In case of death of the Life Insured due to suicide within 12 months from the Risk Commencement Date 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 surrender value available as on the date of death whichever is higher, provided the Policy is in-force.

- **Grace Period**

Grace period is of 30 days

The policy will remain in force during the grace period without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received. If any premium remains unpaid at the end of the grace period, the policy shall lapse.

- **Nomination and Assignment**

Nomination

If policyholder is also the life insured, he/she can make a nomination at any time before the Maturity or Termination date of the policy under section 39 of the Insurance Act, 1938 as amended by The Insurance laws (Amendment) Ordinance, 2014 for the purpose of payment of the money secured by the policy in the event of his/ her death. Where the nominee is a minor, he/she may also appoint an appointee i.e. a person to receive the money during the minority of the nominee. Any change of nomination, which may be effected before the Maturity or Termination Date of policy shall also be communicated to the Company.

Assignment

Assignment, if applicable, may be done as per Section 38 of the Insurance Act 1938, as amended by The Insurance laws (Amendment) Ordinance, 2014 and any other amendments from time to time.

Revival

If premiums are not paid within the grace period, the policy will lapse. The policy may be revived within five years from the date of the first unpaid premium. The revival will be considered on receipt of written application from the policyholder along with the proof of continued insurability of life insured and on payment of all overdue premiums. Company will charge simple interest of 0.75% per month, as decided from time to time, on the unpaid premium for every completed month from the date of first unpaid premium. The revival interest rate will be 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 methodology is reviewable with prior approval from IRDAI. The Company will review the interest rate at least once a year. The rate of interest would be reviewed subject to board approval. The proof of continued insurability and medical examination if required (medical examination cost to be borne by the policyholder) and the results thereof would be interpreted and if the life is acceptable from the underwriting point of view then it will be allowed to revive. Revival would be as per Board approved underwriting guidelines. All the benefits of the policy will be reinstated on the policy revival.

Prohibition of Rebate

(SECTION 41 OF INSURANCE ACT 1938 AS AMENDED BY THE INSURANCE LAWS (AMENDMENT) ORDINANCE, 2014) 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 INSURANCE ACT 1938 AS AMENDED BY THE INSURANCE LAWS (AMENDMENT) ORDINANCE, 2014 AND ANY OTHER AMENDMENTS FROM TIME TO TIME)

- (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the 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.
- (2) 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.

- (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

- (4) 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 that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

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 to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

- (5) 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 are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.'

Edelweiss Life Insurance is a new generation Insurance Company, set up with a start up capital of INR 550 Crores, thereby showing our commitment to building a long term sustainable business focused on a consumer centric approach.

As a part of the company's corporate philosophy of customer centricity, our products have been developed based on our understanding of Indian customers' diverse financial needs and help them through all their life stages.



Edelweiss Life Insurance Company Limited
(formerly known as 'Edelweiss Tokio Life Insurance Company Limited')

CIN: U66010MH2009PLC197336

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