

Date:<_____>

Name of the Insured Member:

Address of the Insured Member:

Sub.: Your Certificate of Insurance No. <<_____>> - Edelweiss Life Group Life Protection (A Group, Non-Linked, Non-Participating, Life, Pure Risk, One Year Renewable Insurance Product)

Thank you for choosing Edelweiss Life as your preferred life insurance partner.

We are confident that the product chosen by you will suit your need. We have prepared your Certificate of Insurance on the basis of the Member Enrolment Form submitted by you. We request you to go through the enclosed Certificate of Insurance and Customer Information Sheet (CIS) in detail and check for accuracy of information.

Cancellation in the Free Look Period:

Insured Member has a Free Look period of thirty (30) days from the date of receipt of the Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of this Certificate of Insurance. If the Insured Member disagrees with any of the terms or conditions, or otherwise, and he/she has not made any claims, he/she may return the Certificate of Insurance for cancellation to us by giving us written reasons for your objection within the said Free Look period. We will refund the Premium received after deducting stamp duty charges, proportionate risk premium for the period of cover and expenses incurred by us on medical examination (if any) of the Insured Member. To exercise the Free Look option, you would need to send the Certificate of Insurance along with a request letter to us at our Corporate Office address provided below. You are required to maintain the acknowledgement received from the Company as a proof of submission.

In case you have any queries or clarifications, you may contact our Service Expert at 1800 2121 212 or email us at corp-care@edelweisslife.in.

We look forward to serve you.

Regards,
For Edelweiss Life Insurance Company Limited

Authorised Signatory

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

Edelweiss Life Insurance Company Limited
 (formerly known as Edelweiss Tokio Life Insurance Company Limited)
 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070 |
 Call Center: 1800 2121 212 | www.edelweisslife.in

Certificate of Insurance – (Edelweiss Life – Group Life Protection) A Group, Non-Linked,
 Non-Participating, Life, Pure Risk, One Year Renewable Insurance Product
 UIN No: 147N008V05

Coverage Schedule

Certificate Number: «Unique__No»

Client Information

Name of the Master Policy Holder : «Master_PHS_Name»
Master Policy Number : «Master_PHS_No»
Insured Member ID : «Member__Id»
Name of Insured Member : «PH_Name»
Age : «AGE_»
Gender : «GENDER_»

Nominee Information

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

Premium Information

Payment Term :
Payment Frequency :
Annual Premium : «Prem_Excl_ taxes»

Premium shown above is excluding any applicable taxes. Any taxes on premium will be paid additionally at applicable rates.

Benefit Information

Sum Assured : «Sum_Assured»
Effective Date of Coverage : «Risk_Commencement_Date»
Date of Expiry of Coverage : «Risk_End_Date»
Renewal Premium Due Date :
Issued at Mumbai on :

"Stamp Duty on the Master Policy has been paid".

For Edelweiss Life Insurance Company Limited

Authorised Signatory

This Certificate of Insurance is signed using a digital signature for and on behalf of Edelweiss Life Insurance Company Limited.

We request you to go through the Certificate of Insurance and check for the accuracy of information provided therein. In case you notice any mistake you may return the Certificate of Insurance to us for necessary correction.

IMPORTANT TERMS & CONDITIONS

Definitions

"Annualized Premium" means the premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.

"Certificate Of Insurance (COI)" means the Statement evidencing the Coverage of the Insured Member under the Master Policy, subject to the terms and conditions of the Master Policy.

"Coverage" means the death and/or terminal illness benefits payable in respect of the Insured Member under the Master Policy.

"Effective Date of Coverage" means the date on which the Coverage in respect of an Insured Member commences.

"Insured Member" means a person covered under the Master Policy and who satisfies and continues to satisfy the eligibility as mentioned in the Master Policy and on whose life an assurance has been effected.

"Policy" means the Group Life Protection Policy taken by the Master Policyholder for providing Coverage to its Insured Members.

"Total Premiums Paid" means total of all the premiums paid under the base product, excluding any extra premium and taxes, if collected explicitly.

"Unexpired Risk Premium Value": means an amount, if any, that becomes payable on Surrender of the policy during its term, in accordance with the terms and conditions of the policy.

"We/Our/Us" means Edelweiss Life Insurance Company Limited.

Benefits

(i) Death Benefit:

a. Under Option I –

If the Insured Member or Spouse dies during the term of the Master Policy and whilst the coverage under the Master Policy is in force, then We will pay Sum Assured as mentioned in the Coverage Schedule.

b. Under Option II –

1. If the Insured Member dies during the term of the Master Policy without suffering from the Terminal Illness and whilst the Insured Member's Coverage under the Master Policy is in force, then We will pay Sum Assured as mentioned in the Coverage Schedule.
2. If the Insured Member dies during the term of the Master Policy after suffering from the Terminal Illness and whilst the Insured Member's Coverage under the Master Policy is in force, then We will pay the balance of the Sum Assured as mentioned in the Coverage Schedule, if available, after payment of Terminal Illness Benefit.

(ii) Terminal Illness Benefit:

a. Under Option II -

If the Insured Member suffers from Terminal Illness during the term of the Master Policy and whilst the Insured Member's Coverage under the Master Policy is in force, then We will pay the Sum Assured as mentioned in the Coverage Schedule, subject to maximum of Rs. 50,00,000/-.

(iii) Maturity Benefit:

If the Insured Member survives on the Maturity Date, then no amount is payable under the Master Policy.

(iv) Surrender Benefit:

The Master Policyholder may surrender the Master Policy by giving Us a written request a month in advance. Upon such surrender, the Master Policy shall be terminated, and We will pay the Unexpired Risk Premium Value.

1. Unexpired Risk Premium Value for Non Voluntary Group

Non Voluntary Group

If all eligible members are compulsorily part of Group Insurance Scheme, such group will be defined as Non Voluntary Group.

Unexpired Risk Premium Value = Unexpired Risk Premium[#] – Max (Claims* – Expired Risk Premium[#], 0)

*Claims include all those claims with respect to which premium has been received by the company for the period till date of surrender from the latest of policy commencement date / renewal date (i.e from start of risk for current year). Any incurred but not reported claims will not be settled after the foreclosure date. i.e. all claims not reported for inclusion in Unexpired Risk Premium Value calculation will not be paid by the Company.

([#] Premium for the purpose of the above calculations is defined as Total Premium less stamp duty less commission).

2. Unexpired Risk Premium Value for Voluntary Group

Voluntary Group is defined as the group where each eligible member may decide within a given time limit whether or not to be included in the Group Insurance Scheme.

We will offer Age wise rates for all voluntary groups and to the Non Employer Employee compulsory groups where premium is paid by the insured members.

Unexpired Risk Premium Value = Unexpired Risk Premium

In case of surrender of Master Policy, We shall give an option to individual members of the group, to continue as an individual Policy and the We will be responsible to serve such members till their coverage is terminated.

In case the Modal Coverage Premium with respect of any Insured Member is collected by the Master Policyholder within grace period but is not remitted to us for some reason, then the risk cover for those Insured Members will continue even on expiry of grace period.

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| Termination of Coverage |
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The Insured Member's coverage under this COI shall immediately and automatically be terminated on the occurrence of any of the following:

- (i) The Insured Member's death

- (ii) The Insured Member ceasing to be member of the Group
- (iii) The Insured Member reaching the retirement date or reaching the terminal date, whichever is earlier
- (iv) The coverage for any Insured Member being cancelled in accordance with the Scheme
- (v) The payment of terminal illness benefit when sum assured is $\leq 50,00,000$
- (vi) The discontinuance of the Master Policy

Grace Period

If the due Premium is not received by the premium due date, then the Grace Period of 30 days for half yearly and quarterly mode and 15 days for monthly mode from the premium due date is available for payment of the premiums. If premium is not received within the Grace Period, the Master Policy will lapse.

In case the Modal Coverage Premium with respect of any Insured Member is collected by the Master Policyholder within grace period but is not remitted to us for some reason, then the risk cover for those Insured Members will continue even on expiry of grace period.

Suicide Clause

In case of Employee Deposit Linked Insurance ('EDLI') and Non-Voluntary Employer-Employee Group:

If the Insured Member (other than Spouse) (whether sane or not) commits suicide within one year from the Effective Date of Coverage or from the date of revival of the coverage of the Insured Member under the Master Policy, then We will pay Benefits as mentioned in Benefits Section, point i.

In case of Voluntary Employer-Employee Group or Non Employer-Employee Group:

In case of death due to suicide within 12 months from the date of commencement of risk for the individual member or from the date of revival of coverage for individual member, as applicable, the nominee or beneficiary of the individual member shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the coverage is in force.

Preclosure of Loan

On preclosure of loan/shifting of loan, the Company will continue the Coverage that was in place. However, the Company will allow the Member to surrender the Coverage and the Unexpired Risk Premium Value may be payable.

Nomination

The Insured Member of the Group may at any time during the Policy Term nominate in writing a person to receive the Benefits under the Master Policy in the event of the Insured Member's death. Nomination should be in accordance with the provisions of Section 39 of The Insurance Act, 1938, as amended from time to time. It is the responsibility and liability of the Master Policyholder to maintain the nominee details and to provide nominee details along with the Claim Form. If no nominee is alive at the time of death of the Insured Member, the Insured Member's estate shall be deemed to be the nominee.

Claim Procedure – Terminal Illness

We shall be given written intimation of the Member Insured's Terminal Illness, immediately and in any event within 30 days from the date of diagnosis. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant. We shall be provided with the following documents to assess the claim:

- 1) Claim form duly filled and signed by the Member Insured (in case of terminal illness)

- 2) Copy of diagnosis report confirming the occurrence of Critical Illness which is acceptable to Us;
- 3) All past and present medical records (such as admission notes, Indoor case papers, discharge summary, daily records and investigation test reports, surgical notes), if applicable;
- 4) The original Certificate of Insurance
- 5) A copy of the Life Insured's photo identification proof, address proof and bank account details with a copy of the cancelled cheque.
- 6) Certificate from one independent medical practitioners specializing in treatment of such illness, is highly likely to lead to death of the Insured within 6 months of the date of diagnosis if Terminal Illness. The insured must not be receiving any form of treatment other than palliative medication for symptomatic relief. The medical practitioner must be from that field of medicine for which the Terminal Illness is been claimed
- 7) Treating doctor certificate filled by the doctor treating the Life Insured for the diagnosed ailment;
- 8) Hospital certificate duly filled in by the hospital where the Life Insured was admitted;
- 9) Any other information or documentation that We request.

The claim intimation can be sent to any of our branch offices or to our Corporate office address mentioned below.

Claims Officer

Edelweiss Life Insurance Company Ltd.

6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai - 400070

Email Id: claims@edelweisslife.in

Phone no: 1800 2121 212

Receipt of the claim intimation does not amount to acceptance of claim by the Company under the Certificate of Insurance and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.

Claim Procedure – Death

In case of Death Claim: We shall be given a written intimation of the Insured Member's death and shall be provided with the following documents for us to assess the claim:

- i. The claim form, duly completed;
- ii. The original or an attested copy of the death certificate;
- iii. The original Certificate of Insurance;
- iv. Documents to establish right of the claimant in the absence of valid nomination
- v. Any other information or documentation that we request.

In case of Death due to Accident and unnatural death, the following additional documents are required:

- i Copy of FIR and Panchnama;
- ii Copy of the Post Mortem report;
- iii Copy of Newspaper clipping, if any;
- iv Copy of the final Police Investigation Report;
- v Copy of the Chargesheet in case of murder;
- vi Copy of Driving License if the Life Insured was driving at the time of death

You are requested to intimate us of the claim at any of our branch offices or to our Corporate Office address mentioned below:

Claims Officer

Edelweiss Life Insurance Company Limited

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

Email Id: claims@edelweisslife.in

Phone no: 1800 2121 212

Receipt of the claim intimation does not amount to acceptance of claim by the Company under the Certificate of Insurance and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.

The claim is required to be intimated to us along with all necessary claim documents required within 90 days from the date of death. However, we may condone the delay in claim intimation, if any, provided valid reasons are given for the delay.

In case of Lender-Borrower Group:

In case of a Financial Institution being the Master Policyholder, if there is a valid assignment made by the insured member in favor of the group holder of the policy, authorizing the Insurer to make payment to the extent of Outstanding loan amount in favour of the Master Policyholder, the claim amount to the extent of Outstanding loan amount shall be paid to the Master Policyholder after deduction of the same from the claim proceeds payable on the happening of the contingent event covered under the Certificate of Insurance. Any residual benefit shall be paid to the Nominee/beneficiary.

In the absence of the valid assignment or in case of Other Entities, the claim payment will be made to the Nominee/beneficiary.

In case of other Employer-Employee and Affinity Group: We will make the claim payment in the name of the Insured Member or his/her Nominee even if the cheque is sent to the Master Policyholder for administrative convenience or through any other electronic mode of payment to the specific bank account of the Insured/Nominee.

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| Duplicate Certificate of Insurance |
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If the Insured member loses or misplaces his/her Certificate of Insurance then he/she may request Us to issue a duplicate Certificate of Insurance by giving a written request and making payment of the fee which is currently Rs. 50 (fees is subject to review and maybe amended from time to time) plus a Stamp Duty Fee, as applicable

On issue of the duplicate Certificate of Insurance, the original shall automatically cease to have any legal effect and the Insured agrees to indemnify and hold Us harmless from and against any and all claims, demands, costs, expenses, awards or judgments arising from or in connection with the original Certificate of Insurance or the issue of the duplicate Certificate of Insurance.

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| Section 41 of Insurance Act, 1938 |
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No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing

a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables or the insurer.

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.

Validity/ Non-Disclosure (Section 45 of Insurance Act)

Fraud, Misstatement would be dealt with in accordance with the provisions of Section 45 of The Insurance Act, 1938, as amended from time to time.

Grievance Redressal

We have established a Grievance Redressal Mechanism to assist in the resolution of any complaint, grievance, or dispute in respect of the Policy. You are requested to submit your complaint at any of the below mentioned touch points:

- Toll free customer care number: 1-800-2121-212 (Mon-Sat 10 AM TO 7 PM).
- Email us at: complaints@edelweisslife.in
- Write to us at: Customer Care, Edelweiss Life Insurance Company Ltd, 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070.
- You can lodge your grievance/complaint at any of our branches/offices.
- You can also lodge a grievance/complaint on our website at:
<https://www.edelweisslife.in/web/guest/contact-us#fileAComplaint>

Details of Grievance Redressal officer:

+91-22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays),
Email id: GRO@edelweisslife.in. We will respond with a resolution within 14 days

In case the resolution does not meet your expectations or if you have not received any reply, you may approach the Policyholder's Protection and Grievance Redressal Department on the following contact details:

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

Address for sending the complaint through courier / letter:

Policyholder's Protection and Grievance
Redressal Department Insurance Regulatory
and Development Authority of India
Survey No. 115/1
Financial District
Nanakramguda
Gachibowli
Hyderabad – 500 032, Telangana

At any point of time, if the resolution does not meet your expectation or if you have not received any reply within a period of one month from the date of receipt of complaint by the Company, you may approach the Insurance Ombudsman for redressal as per Rule 13 and 14 of the Insurance Ombudsman Rules, 2017 ('Insurance Ombudsman Rules').

THE LIST OF THE OMBUDSMAN WITH THEIR ADDRESSES IS GIVEN BELOW:

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| <p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, <u>AHMEDABAD-380 001.</u> Tel.: 079-25501201/02/05/06</p> <p>Email: bimalokpal.ahmedabad@cioins.co.in</p> | <p>Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <u>BHOPAL-462 003.</u> Tel.: 0755-2769201/9202</p> <p>Email: bimalokpal.bhopal@cioins.co.in</p> |
| <p>Office of the Insurance Ombudsman 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.: 0674-2596455/2596461</p> <p>Email: bimalokpal.bhubaneshwar@cioins.co.in</p> | <p>Office of the Insurance Ombudsman, SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.: 0172-2706196/2706468</p> <p>Email: bimalokpal.chandigarh@cioins.co.in</p> |
| <p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.: 044-24333668/24335284</p> <p>Email: bimalokpal.chennai@cioins.co.in</p> | <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.: 011- 23232481/23213504</p> <p>Email: bimalokpal.delhi@cioins.co.in</p> |
| <p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u> Tel.: 0361- 2632204 / 2602205</p> <p>Email: bimalokpal.guwahati@cioins.co.in</p> | <p>Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> Tel.: 040-23312122</p> <p>Email: bimalokpal.hyderabad@cioins.co.in</p> |
| <p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyards, M.G. Road, <u>ERNAKULAM-682 015.</u> Tel: 0484-2358759/2359338</p> <p>Email: bimalokpal.ernakulam@cioins.co.in</p> | <p>Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, 4, C.R.Avenue, <u>KOLKATA - 700072</u> Tel: 033-22124339/22124340</p> <p>Email: bimalokpal.kolkata@cioins.co.in</p> |

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| Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, <u>LUCKNOW-226 001.</u> Tel : 0522 -2231331/2231330 Email: bimalokpal.lucknow@cioins.co.in | Office of the Insurance Ombudsman, 3 rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u> Tel: 022-69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in |
| Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, <u>JAIPUR – 302005.</u> Tel: 0141-2740363 Email: bimalokpal.jaipur@cioins.co.in | Office of the Insurance Ombudsman, 3 rd Floor, Jeevan Darshan, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth <u>PUNE - 411030.</u> Tel: 020-41312555 Email: bimalokpal.pune@cioins.co.in |
| Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, <u>BENGALURU – 560 078.</u> Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in | Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4 th Floor, Main Road Naya Bans, Sector 15, Distt: Gautam Buddh Nagar <u>NOIDA – 201301.</u> Tel: 0120- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in |
| Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001, Tel No: 0612- 2547068 Email id : bimalokpal.patna@ecoi.co.in | |

You may refer to the list of Ombudsman with their addresses on <https://cioins.co.in/Ombudsman>

The above T&C are only the relevant excerpts of the Master Policy and this COI is governed by the terms and conditions of the Master Policy. The Insured Member is advised to get himself/herself familiar with it and is requested to get in touch with the Group Master Policyholder for the same.