

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

PART - A

FORWARDING LETTER

Date:

Name of Master Policyholder:

Address:

Contact details:

Master Policy No:

Dear Mr/ Ms,

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

We are enclosing herewith your Master Policy for the members of the Group.

Policy Document:

We have prepared your Policy Document on the basis of the Proposal Form submitted by you. We request you to go through the enclosed Policy Document in detail and check for accuracy of information. A copy of your Proposal Form as submitted by you, Customer Information Sheet (CIS) and other related documents (if any) are enclosed along with this Policy Document for your information and records.

In case you are keen to know more about your Policy or you need any further assistance, you may contact your salesperson who advised you while purchasing this Policy at the below details:

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

Alternatively, you may contact our Service Expert at 1800 2121 212 or email us at Corp-Care@edelweisslife.in

Cancellation in the Free Look Period by Master Policyholder:

You have a Free Look period of *thirty (30) days* from the date of receipt of the Policy Document, whether received electronically or otherwise, to review the terms and conditions of this Policy. If you disagree with any of the terms or conditions, or otherwise, and you have not made any claims, you may return this Policy 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(s).

To exercise the Free Look option, you would need to send the Policy Document 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.

Cancellation in the Free Look Period by Insured Member:

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 the 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.

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, Kiroi Road, Kurla (W), Mumbai 400070

Edelweiss Life Insurance Company Limited
(formerly known as Edelweiss Tokio Life Insurance Company Limited)
Registered Office & Corporate Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla
(W), Mumbai 400070

POLICY DOCUMENT - Edelweiss Life – Group Life Protection
A Group, Non-Linked, Non-Participating, Life, Pure Risk ,One Year Renewable Insurance Product

UIN: 147N008V05

POLICY PREAMBLE

Edelweiss Life Insurance Company Limited has received a Proposal, Declaration, signed quotation, member data along with Statements and the first premium from You. Both You and the Company have accepted that the said Proposal, Declaration along with Statements, reports or other documents are the basis of this contract of insurance and in consideration of and subject to receipt of due premiums as stated in the Policy Schedule, we have entered into this Master Policy with You which is the legal contract between You and the Company and is subject to the Terms & Conditions as stated in this Master Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and Benefits are expressed and payable in Indian Rupees.

POLICY SCHEDULE

Group Master Policy Number	Plan Name & UIN No
	<u>Edelweiss Life – Group Life Protection & 147N008V05</u>

Master Policy Holder					
Registered Office Address					
Policy Commencement Date					
Risk Commencement Date					
Issue Date					
Annual Renewal Date					
No. Of Insured Members (As On Policy Commencement Date)					
Total Sum Assured – (As On Policy Commencement Date)					
Mode Of Premium					
Basis of Coverage	Flat/ Graded / Multiple of CTC				
Premium (Annual)					
Applicable Taxes					
Total Premium (Annual)					
Modal Premium					
Modal Premium plus Applicable Taxes					
Normal Retirement Age					
Group Type	Employer-Employee / Affinity				
Affinity	Lender-Borrower/ Other Affinity				
Scope Of Coverage	Voluntary/ Non-Voluntary				
Benefits Selected	Option I	Death Benefit		Y	N
	Option II	Death Benefit with Terminal Illness Benefit		Y	N
Options Selected	Conversion Spouse Cover	Y	N		
		Y	N		
Free Cover Limit details					
Special Conditions					

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

For and on behalf of “Edelweiss Life Insurance Company Limited”

Authorised Signatory

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

We request you to go through the Master Policy in detail and check for the accuracy of information provided in the Master Policy and return the Master Policy to Us for correcting the discrepancies, if any.

SAMPLE

PART – B

DEFINITIONS

Defined Term	Meaning
Age:	means age of the Member as at last birthday.
Annualized Premium	means the premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.
Active-at-Work Clause:	means an employee who has not availed more than 10 continuous days of leave on grounds of sickness in the last one year (including the Date of Commencement of Coverage) before the Date of Commencement of the Policy and in the case of a new employee should not be absent on grounds of sickness/ill health at the time of joining the Policy.
Annual Renewal Date:	means the date in any calendar year, subsequent to the year in which the Master Policy comes into effect and corresponds numerically with the Policy Commencement Date in that subsequent year.
Appointee:	means the person who receives the proceeds or the Benefits under the Plan, if any, when the Nominee/(s) is/are less than 18 years of Age.
Benefits:	means the benefits that are available to the Insured Member under the Master Policy.
Beneficiary/ Nominee	means a person nominated by the Insured Member under this Master Policy and registered with the Company in accordance with Section 39 of The Insurance Act, 1938, as amended from time to time, and who is authorized to receive the death benefit payable under this Policy.
Claimant:	means Nominee(s) (if valid nomination is effected), assignee(s) or their heirs, legal representatives or holders of a succession certificate in case Nominee(s) or assignee(s) is/are not alive at the time of claim.
Employer:	means any individual or entity who/which employs people under express or implied contract of hire wherein such individual or entity has the right to control the details of work performance, wages, service conditions etc.
Employee:	means a person in the employment of the Employer (i.e. the Master Policyholder) under an express or implied contract of hire under which the Employer has the right to control the details of work performance, wages, services, conditions, etc.
Effective Date:	means the date specified in the Master Policy / Endorsement /Certificate of Insurance from which the coverage of the Insured Member under the Master Policy becomes effective.
Endorsement:	means an instrument issued by the Company to You to effect any change/modifications to this Master Policy.
Free Cover Limit ('FCL'):	means the amount of Benefit/Sum Assured granted on the life of an Insured Member decided at the time of quotation/ Renewal and is based on Group size and Sum Assured. All Members crossing FCL have to be underwritten as per the Company's underwriting guidelines. FCL for Members aged above Normal Retirement Age (NRA) is NIL.
Group:	means a group of Employees/Members accepted by the Company as constituting a Group for the purpose of the Master Policy.
Grace Period:	means the time granted by the insurer from the due date of payment of premium, without any penalty or late fee, during which time the policy is considered to be In-Force with the risk cover without any interruption, as per the terms and conditions of the policy.
IRDAI / Authority :	means Insurance Regulatory and Development Authority of India.
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.
Master Policy / Policy:	means the contract of insurance between the Company and the Master Policyholder to provide life insurance cover to the Insured Members on receipt of due premiums

	and includes the Proposal Form, the Schedule(s) and any other information/document(s) in respect of the Proposal Form and any endorsement issued by Us.
Master Policyholder:	means any company, firm or body corporate incorporated under any relevant law in force in India and has its registered office located in India.
Normal Retirement Age ('NRA'):	means the date on which the Employee attains the age of retirement as stipulated by the Master Policyholder.
Non-Voluntary Group:	means the Group where all eligible members are compulsorily part of Group Insurance Scheme.
Policy Commencement Date:	means the date as shown in the Policy Schedule from which the Policy Anniversaries, Policy Term, Policy Years and Premium Due Dates are determined.
Policy Anniversary:	means the date corresponding with the Policy Commencement Date as specified in the Schedule in every subsequent calendar year.
Policy Year:	a period of one year between any of the two consecutive Policy Anniversary.
Proposal Form:	the signed, dated application form and any accompanying declarations or statements submitted to Us.
Risk Commencement Date:	<p>means the date on which the Insured Members' rights, benefits and risk cover begin.</p> <ul style="list-style-type: none"> At the time of issuance of the Master Policy, it will be the date of acceptance of proposal/risk subject to receipt of data and premium in respect of the employee/member For new joiners entering the scheme during the term of the Master Policy, it will be the date as communicated through endorsement subject to receipt of data and premium in respect of the employee/member.
Surrender:	means complete withdrawal or termination of the entire policy contract..
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
Total Premiums Paid:	means total of all the premiums paid under the base product, excluding any extra premium and taxes, if collected explicitly.
Terminal Illness:	means any condition from which an Insured Member is suffering, which in the opinion of two Registered Medical Practitioners specializing in the relevant field of medicine appointed by the Company, is likely to lead to death within six months. The Insured Member must no longer be receiving treatment other than that for symptomatic relief.
Voluntary Group:	means the Group where each eligible Insured Member may decide within a given time limit whether or not to be included in the Group Insurance Scheme.
We/Our/Us/ Company:	means Edelweiss Life Insurance Company Limited.
You/ Your:	means the Master Policyholder named in the Schedule.

Interpretation: In this Master Policy, where appropriate, references to the singular will include references to the plural and references to one gender will include references to the other.

PART – C

BENEFITS

The benefits available under the Master Policy are based on the Options chosen by the Master Policyholder i.e. only Death Benefit under Option I, and Death Benefit with Terminal Illness Benefit under Option II.

a) **Under Option I - Death Benefit**

(i) For Insured Member (other than Spouse) –

When Payable	Amount Payable
If the Insured Member dies 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:	Sum Assured of the Insured Member.

(ii) For Spouse –

When Payable	Amount Payable
If the Spouse dies during the term of the Master Policy and whilst the Spouse's coverage under the Master Policy is in force, then We will pay:	Sum Assured of the Spouse.

b) **Under Option II – Death Benefit with Terminal Illness Benefit**

(i) For Insured Member (other than Spouse) –

	When Payable	Amount Payable
(i)	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:	Sum Assured of the Insured Member subject to maximum of Rs. 50,00,000/-
(ii)	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 opted by the Insured Member, if available, after payment of Terminal Illness Benefit. <i>(This will arise only in case the Sum Assured exceeds Rs. 50,00,000/-)</i>
(iii)	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 of the Insured Member.

(ii) For Spouse –
Option II is not available for Spouse.

c) **Maturity Benefit:**

No Maturity Benefit is payable under the Master Policy.

SAMPLE

PAYMENT OF PREMIUM & DISCONTINUANCE OF PREMIUM PAYMENT

a)	Payment of Premium:
	<p>You shall pay the Premium under the Master Policy on the due dates as mentioned in the Policy Schedule.</p> <p>Premium corresponding to Insured Member leaving or joining the Group will be adjusted on pro rata basis, provided no benefit has been paid for the Insured Member leaving the Group, and if the premium is borne by the Employer.</p> <p>In the event the Insured Members have paid the premiums under the Master Policy, We will refund the pro rata premium to the Insured Members.</p> <p>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.</p>
b)	Grace Period:
	<p>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.</p> <p>If the Insured Member's death occurs during the Grace Period, the claim shall become payable subject to the receipt of the Premium due for the Group and Master Policy is in force prior to the expiry of the Grace Period.</p>
c)	Renewal
	<p>The Master Policy may be renewed at the end of the Policy Term for a further term, subject to the acceptance of such renewal by Us, at terms and conditions prescribed and at such premium rates quoted by Us.</p>
d)	Revival:
	<p>If the due Premium is not received in full within the Grace Period, the Master Policy will lapse.</p> <p>The Master Policy can be revived only during the Policy Term. The Company however reserves the right to revive the Master Policy based on the Board Approved Underwriting Policy (BAUP) and Underwriting decision at the time of revival.</p>

PART – D

1) Surrender Benefit:

	Procedure for Surrender	Amount payable*
(i)	You 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:	(a) In case of Non-Voluntary Cover: $\text{Unexpired Risk Premium Value} = \text{Unexpired Risk Premium}^{\#} - \text{Max} (\text{Claims}^* - \text{Expired Risk Premium}^{\#}, 0)$ (b) In case of Voluntary Cover: $\text{Unexpired Risk Premium Value} = \text{Unexpired Risk Premium}^{\#}$
	<p>*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.</p> <p># Premium for the purpose of the above calculations is defined as Total Premium less stamp duty less commission.</p>	

Note:

For voluntary groups, 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.

2) Termination of Coverage:

The Insured Member's cover under the Master Policy shall immediately and automatically be terminated on the occurrence of any of the earliest of the following, whether endorsement has been issued or not.
<ul style="list-style-type: none">i) The Insured Member ceasing to be an eligible member of the Group.ii) The Insured Member reaching the retirement date or reaching the terminal date, whichever is earlieriii) The Insured Member ceasing to be in the services of the Employer for any reasons.iv) The life cover for any Insured Member being cancelled in accordance with the Master Policy.v) The payment of the Death Benefit under the Policy.vi) The payment of Terminal Illness Benefit when Sum Assured is \leq Rs. 50, 00,000.

In case of cover cancellation in accordance with scheme rules, the premium for the remaining period of cover will be adjusted against new member joining the group. This is applicable only for those groups where the premium is borne by the employer. However, we will refund the pro rata premium, for those schemes where the premium is paid by the member.

3) Material change in Group Size/ Profile of Members/ Total Sum Assured:

If there is a change in:

- i) Number of Insured Members by more than 50% during a year; or
- ii) Profile or average age of the Group; or
- iii) Benefit structure; or
- iv) Any other material change in the terms having impact on the premium pricing;

- Then the entire Group may be re-priced and the new premium will apply to all Insured Members from the date of change until the end of the Term of the Master Policy.

4) Options

The following options will only be applicable under the Master Policy, if the Policy Schedule specifies that the option is in effect under the Master Policy.

a)	Conversion Option:
	If an Insured Member ceases to be a member of the Group, then the Insured Member may apply to Us to issue individual life insurance cover in place of the insurance cover under this Master Policy subject to terms and conditions of the individual Policy available at that time.
b)	Spouse Cover Option:
	<p>An Insured Member's Spouse may also be covered as an Insured under the Master Policy if We have received Premium in respect of the spouse.</p> <p>If the Insured Member dies whilst the insurance cover option for the Spouse of the said Insured Member is in force under the Master Policy, then cover for the said Spouse as an Insured under the Master Policy will continue to be in effect even after the Insured Member's death till the end of the term for which the premium has been paid.</p> <p>If the Insured Member ceases to be a member of the Group during the term of the Master Policy, the cover for the Insured Member's Spouse under the Master Policy shall immediately and automatically terminate and pro-rata premium shall be payable or allowed to be adjusted against premium required for new joinees into the Group as desired by the Master Policyholder.</p> <p>Master Policyholder/ Insured Members will have choice to discontinue the Spouse cover anytime and Unexpired Risk Premium Value as described in Part D Clause 1 will become payable.</p>

5) Loan under the Master Policy:

Loan is not allowed under this Master Policy.

6) Free look Period:

Master Policyholder:

You have a Free Look period of *thirty (30) days* from the date of receipt of the Policy Document, whether received electronically or otherwise, to review the terms and conditions of this Policy. If you disagree with any of the terms or conditions, or otherwise, and you have not made any claims, you may return this Policy 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(s).

To exercise the Free Look option, you would need to send the Policy Document 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.

Insured Member:

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 the 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.

PART – E

Not Applicable.

SAMPLE

PART – F

GENERAL TERMS AND CONDITIONS

a)	Suicide Exclusion:
	<p>a) 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 Clause (b) - Death Benefits Section of Part - C.</p> <p>b) 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.</p>
b)	Claim Procedure:
	<p>We shall be given written notice of the Insured Member's Terminal Illness or death and, shall be provided with the following documents for Us to assess the claim:</p> <ul style="list-style-type: none">(i) Our claim form which must be duly completed;(ii) The original or a attested copy of the death certificate;(iii) Certificate in regard to the Terminal Illness from two Registered Medical Practitioners appointed by the Company who are specializing in the relevant field of medicine;(iv) The original Certificate of Insurance/ Certificate from the Employer/ Master Policyholder,(v) Documents to establish right of the claimant in the absence of valid nomination;(vi) Any other information or documentation that We request. <p>You are requested to send intimation of the claim to any of Our branch offices or to Our Registered office mentioned below.</p> <p>Claims Officer Edelweiss Life Insurance Company Ltd. 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisslife.in Phone no: 1800 2121 212</p> <p>In case of Lender-Borrower Group:</p> <p>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.</p>

	<p>In case of Employer-Employee and other 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.</p> <p>The claim is required to be intimated to us along with all necessary claim documents required within 90 days from the date of death. However, we may condone the delay in claim intimation, if any, provided valid reasons are given for the delay.</p>
c)	Nomination:
	<p>The Insured Member of the Group may at any time during the Policy Term nominate a person to receive the Benefits under the Master Policy in the event of the Insured Member's death. The details of nomination would be maintained by the Master Policyholder.</p> <p>Nomination should be in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.</p> <p><i>[A Leaflet containing the simplified version of the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure (1) for reference].</i></p>
d)	Assignment:
	<p>Assignment should be in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.</p> <p><i>[A Leaflet containing the simplified version of the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (2) for reference].</i></p>
e)	Member List Register
	<p>The Master Policyholder is responsible to maintain a register of Members covered under the Scheme/Policy. In addition, the Master Policyholder should ensure this register includes nomination details for each Insured Member. We reserve the right to inspect the register of members at any time.</p>
f)	Discharge Receipt
	<p>A receipt signed by the Nominee or Master Policyholder or any person authorized in writing by the Master Policyholder shall be good, valid and sufficient discharge with respect to any payments made by Us under this Master Policy.</p>
g)	Validity/ Non Disclosure
	<p>(i) <u>Section 41:</u> No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall 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.</p> <p>(ii) <u>Section 45:</u> Fraud and Misstatement shall be dealt with in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.</p> <p><i>[A Leaflet containing the simplified version of the provisions of Section 45 of the</i></p>

	<i>Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (3) for reference].</i>
h)	Currency, Governing Law & Jurisdiction
	<p>(i) The Premiums and benefits payable under the Master Policy shall be payable in India and in Indian Rupees.</p> <p>(ii) The Master Policy and any disputes or differences arising under or in relation to the Master Policy shall be construed in accordance with Indian law and by the Indian courts.</p>
i)	Taxation
	<p>The tax benefits under this Master Policy would be as per the prevailing Income Tax laws in India and any amendment(s) made thereto from time to time.</p> <p>We reserve the right to recover from the Master Policyholder all levies including but not limited to applicable taxes levied by the authorities on insurance transactions from time to time and if applicable.</p>
j)	Duplicate Certificate of Insurance / Master Policy
	<p><u>Duplicate Certificate of Insurance:</u></p> <p>(i) If an Insured Member loses or misplaces his/her Certificate of Insurance then he/she may request Us or You (if applicable) 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</p> <p>(ii) On issue of the duplicate Certificate of Insurance, the original shall automatically cease to have any legal effect and the Insured Member 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.</p> <p><u>Duplicate Master Policy:</u></p> <p>(i) If You lose or misplace the Master Policy You may request Us to issue You a duplicate Master Policy by giving Us a written request and making payment of the fee which is currently Rs. 200 (fees is subject to review and maybe amended from time to time) plus a Stamp Duty Fee, as applicable</p> <p>(ii) On issue of the duplicate Master Policy, the original shall automatically cease to have any legal effect and You agree 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 Master Policy or the issue of a duplicate Master Policy.</p>
l)	Notices
	<p>(i) All notices meant for Us shall be given to Us at Our address specified in the Policy Contract or at any of Our branch offices.</p> <p>(ii) All notices meant for You will be sent to Your address specified in the Schedule. If You do not notify Us of any changes to Your address, then notices or correspondence sent by Us to the last recorded address shall be valid and legally effective.</p> <p>(iii) You would need to timely intimate us of any change in your address to enable us to provide important information pertaining to your Policy.</p>

m)	Audit
	<ul style="list-style-type: none"> i. The Company will audit or cause an audit into the accuracy of the Credit Account Statements of the Insured Members in respect of which claims were settled on the completion of every financial year and also on the accuracy of Credit Account Statements of the deceased Insured Members furnished by the Master Policyholder. ii. Notwithstanding anything contained in the above sub-clause, the Company may request the Master Policyholder to conduct audit or to cause an audit into the accuracy of the Credit Account Statements of the Insured Members in respect of which claims were settled on the completion of every financial year and provide a certification from their internal/ statutory auditors in this regard.
n)	Entire Contract
	<ul style="list-style-type: none"> (i) The Master Policy comprises the entire contract of insurance between You and Us. We shall not be bound or be deemed to be bound by any alterations or changes, unless such changes are made by Us in writing through an endorsement. (ii) Notwithstanding anything contained in this Master Policy, the provisions herein shall stand altered or superseded to such extent and in such manner as may be required by any change in applicable law including but not limited to any regulations, circulars or guidelines issued by IRDAI.

PART - G

Grievance Redressal Mechanism:

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

- Toll free customer care number: 1-800-2121-212 (Mon-Sat 10 AM TO 7 PM).
- Email us at: complaints@edelweisslife.in
- Write to us at: Customer Care, Edelweiss Life Insurance Company Ltd, 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirod 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').

Powers of Insurance Ombudsman under Rule 13 of the Insurance Ombudsman Rules:

The Ombudsman shall receive and consider the following complaints or disputes relating to:

- a. delay in settlement of claims, beyond the time specified in the Regulations, framed under Insurance Regulatory and Development Authority of India Act, 1999;
- b. any partial or total repudiation of claims by the Company;
- c. disputes over Premium paid or payable in terms of insurance Policy;
- d. misrepresentation of Policy terms and conditions at any time in the Policy Document or Policy contract;

- e. legal construction of insurance policies in so far as the dispute relates to claim;
- f. policy servicing related grievances against the Company and their agents and intermediaries;
- g. issuance of life insurance Policy including health insurance policy which is not in conformity with the Proposal Form submitted by the Proposer;
- h. non-issuance of insurance Policy after receipt of Premium in life insurance including health insurance; and
- i. any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the Regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the Policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) as mentioned above.

Manner in which complaint is to be made in accordance with Rule 14 of the Insurance Ombudsman Rules:

1. Any person who has a grievance against the Insurer/Company/Us, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose territorial jurisdiction the branch or office of the Company, complaint against or the residential address or place of residence of the complainant is located.
2. The complaint shall be in writing duly signed by the complainant or through his legal heirs, Nominee or Assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.
3. No complaint to the Insurance Ombudsman shall lie unless:
 - (a) the complainant makes a written representation to the Company named in the complaint and—
 - i. either the Company had rejected the complaint; or
 - ii. the complainant had not received any reply within a period of one month after the Company received the complainant's representation; or
 - iii. the complainant is not satisfied with the reply given to him by the Company;
 - (b) The complaint is made within one year—
 - i. after the order of the Company rejecting the representation is received; or
 - ii. after receipt of decision of the Company which is not to the satisfaction of the complainant;
 - iii. after expiry of a period of one month from the date of sending the written representation to the Company if the Company named in the complaint fails to furnish reply to the complainant.
4. The Insurance Ombudsman shall be empowered to condone the delay in filing a complaint as mentioned above under (3) (b), as he may consider necessary, after calling for objections of the Company against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under the Insurance Ombudsman Rules.
5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

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

<p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, <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 Shipyard, 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>
<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, <u>LUCKNOW-226 001.</u> Tel : 0522 -2231331/2231330</p> <p>Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u> Tel: 022-69038821/23/24/25/26/27/28/28/29/30/31</p> <p>Email: bimalokpal.mumbai@cioins.co.in</p>
<p>Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, <u>JAIPUR - 302005.</u> Tel: 0141-2740363</p> <p>Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth <u>PUNE - 411030.</u> Tel: 020-41312555</p> <p>Email: bimalokpal.pune@cioins.co.in</p>

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>

Section 39 - Nomination by policyholder

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

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his:
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them

- the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all policies maturing for payment on the commencement of The Insurance Act, 1938.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of this Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 ('MWP Act') applies or has at any time applied except where, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of

the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

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

SAMPLE

Section 38 - Assignment and Transfer of Insurance Policies

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

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

15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

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

SAMPLE

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

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

1. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 years from

- a. the date of issuance of policy; or
- b. the date of commencement of risk; or
- c. the date of revival of policy; or
- d. the date of rider to the policy

- whichever is later.

2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

- whichever is later.

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

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

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

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

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

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

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

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

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

SAMPLE