edelweiss life insurance

Edelweiss Life

Group Total Secure

A Group, Non-Linked, Non-Par, Pure Risk Premium, Life, Credit Insurance Product

Toll Free : 1800 212 1212 Email : care@edelweisslife.in Visit us at www.edelweisslife.in

Edelweiss Life – Group Total Secure is designed to provide a comprehensive cover against death, disability, illness to the members of the Master Policyholder. This plan helps members of the Master Policyholder safeguard their families against the burden of repaying any liabilities in case of happening of the covered contingent events.

KEY FEATURES

- A comprehensive plan that allows the member to cover him/herself against death, disability, illness
- Flexibility to choose Plan Option
  - Life Cover | Life Cover with Terminal Illness
- Flexibility to choose Coverage Type
  - Level Sum Assured | Decreasing Sum Assured
- Flexibility to choose coverage on Single Life or Joint Life basis
- Flexibility to choose Premium Paying Options
  - Single Pay | Limited Pay | Regular Pay
- Flexibility to choose Additional Benefits
  - Accidental Death Benefit | Critical Illness Benefit | Total and Permanent Disability Benefit

ELIGIBILITY CONDITIONS

<table>
<tr><td colspan="2">Members</td></tr>
<tr><td>Entry Age (last birthday):</td><td>Minimum:
Life Cover – For Education loans: 14 years | Other than Education loans - 18 years
Life Cover with Terminal Illness and Additional Benefits – 18 years
Maximum: Life Cover – 70 years | Life Cover with Terminal Illness and Additional Benefits – 65 years</td></tr>
<tr><td>Sum Assured
(per Insured Member):</td><td>Minimum: Rs. 5,000
Maximum:
Life Cover – as per Board approved underwriting policy of the Company
Life Cover with Terminal Illness – Rs. 1 crore
Accidental Death Benefit & Total and Permanent Disability Benefit – Rs. 1 crore
Critical Illness Benefit – Rs. 50 lacs</td></tr>
<tr><td>Coverage Term:</td><td>Minimum: 2 years | Maximum: 35 years</td></tr>
<tr><td>Maturity Age
(last birthday):</td><td>Minimum: 20 years
Maximum: Life Cover - 80 years | Life Cover with Terminal Illness and Additional Benefits - 70 years</td></tr>
<tr><td>Premium
(per Insured Member):</td><td>Minimum: Rs. 400 | Maximum: as per Board approved underwriting policy of the Company</td></tr>
<tr><td>Premium Paying Option:</td><td>Single Pay | Limited Pay | Regular Pay
Regular Pay is available only for Coverage Type – Level Sum Assured
The Coverage Term available for each premium paying option is detailed in the table below:
<table>
<tr><th>Premium Paying Term</th><th>Coverage Term</th></tr>
<tr><td>Single Pay</td><td>2 years to 35 years</td></tr>
<tr><td>5 Pay</td><td>10 years to 35 years</td></tr>
<tr><td>7 Pay</td><td>12 years to 35 years</td></tr>
<tr><td>10 Pay</td><td>15 years to 35 years</td></tr>
<tr><td>Regular Pay</td><td>5 years to 35 years</td></tr>
</table></td></tr>
<tr><td>Premium Paying Frequency</td><td>Annually | Semi Annually | Quarterly | Monthly</td></tr>
<tr><td colspan="2">Group</td></tr>
<tr><td>Minimum Group Size:</td><td>50 Members</td></tr>
</table>

OPTIONS AND BENEFITS OFFERED UNDER THIS PLAN

Being a group plan, the policy will be provided to the Master Policyholder. In order for a customer to be covered under the policy they must be associated to the Master Policyholder and join this group scheme. The plan offers the following options and additional benefits to be chosen at the inception of the Insurance Cover. Based on the choices, we will derive the premium amount payable by the Insured Member during the Premium Paying Term and the premium amount will vary as per the options chosen.

1. Plan Option

A. **Life Cover Option –** This plan option covers the Insured Member against an unfortunate event of death.

In the event of death of the Insured Member, while the Coverage is In-Force, the Sum Assured as per the Benefit Schedule applicable as on the date of death will be payable. The Coverage will terminate once the Death Benefit is paid.

B. **Life Cover with Terminal Illness –** This plan option covers the Insured Member against an unfortunate event of death or terminal illness. In the event the Insured Member is diagnosed with a Terminal Illness while the Coverage is In-Force, the Sum Assured as per the Benefit Schedule as on the date of diagnosis of Terminal Illness will be payable and the Coverage will be terminated.

In case if the Insured Member is not diagnosed with Terminal Illness during the Coverage Term, then on death of the Insured Member, while the Coverage is In-Force, Sum Assured as per the Benefit Schedule applicable as on the date of death is payable.

'Terminal Illness' - means an advanced or rapidly progressing incurable disease where, in the opinion of two appropriate independent Medical Practitioners, life expectancy is no greater than six (6) months from the date of notification of claim. The Insured Member must not be receiving any form of treatment other than palliative medication for symptomatic relief.

The Terminal Illness must be diagnosed and confirmed by two Medical Practitioners. The Medical practitioner should be a specialist from that field of medicine for which the Terminal Illness is been claimed. The Company reserves the right for an independent assessment by a different Medical Practitioner other than the two Medical Practitioners whose diagnosis has been provided by the Insured Member.

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

The Medical practitioner should not be

- The policyholder/insured person himself/herself; or
- An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with the insurance company;
- Related to the policyholder/insured person by blood or marriage.

Exclusions

The Member Insured will not be entitled to any Terminal Illness Benefit

If it is caused directly or indirectly due to or occasioned, accelerated or aggravated by intentional self-inflicted injury or attempted suicide, whether medically sane or insane.

2. Coverage Type

A. Level Sum Assured

Under this Coverage Type, Sum Assured payable at any point in time in case of death and/or any other contingent event covered under this plan would remain level throughout the Insured Member's Coverage Term.

B. Decreasing Sum Assured

Under this Coverage Type, the Sum Assured chosen by the Insured Member which is payable in case of death and/or any other contingent event covered under this plan, decreases during the Coverage Term as per the Benefit Schedule.

Benefit Schedule

The Benefit Schedule provides the Sum Assured applicable at each month during the Coverage Term, which is payable on happening of death and/or any contingent event covered under the plan. The benefits will be paid exactly as per the Benefit Schedule provided by us at inception, irrespective of the actual outstanding loan, if any.

The applicable Sum Assured during the month will be same as the Sum Assured at the beginning of the month. However, the Modal Coverage Premiums will be level throughout the Premium Paying Term wherever applicable.

The Benefit Schedule will be based on the Coverage Type. A separate Benefit Schedule will be provided for Additional Benefits.

Moratorium Period

The moratorium period is a repayment holiday during the loan tenure and is applicable for Decreasing Sum Assured Coverage Type only.

During the moratorium period, the accrued interest is assumed to be paid separately by the Insured Member to the Master Policyholder, and the Sum Assured would remain the same during the moratorium period and would start decreasing from the end of the moratorium period when the repayment/EMIs would commence.

The minimum Moratorium Period available is 6 months and the maximum Moratorium Period is 7 years, however it should be lower than the loan tenure. The Moratorium Period can be chosen in the interval of 6 months only, subject to the minimum and maximum moratorium period.

3. Joint Life Coverage

The plan can be taken on Single Life or Joint Life basis. Single Life Coverage covers only one Insured Member while under Joint Life, 2 Insured Members can be covered provided there is an insurable interest between them. Joint Life Option can be opted only if Life Cover option is selected and no additional benefits are chosen.

In case of death of either of the joint Insured Members, the applicable Sum Assured as per the Benefit Schedule will be paid on first death basis and the Coverage will be terminated for both the lives.

4. Additional Benefits

The Insurance Cover can further be enhanced with additional Coverages through the following Additional Benefits by paying additional premium. The Insured Member can choose multiple Additional Benefits, however both Critical Illness Benefit and Total and Permanent Disability Benefit cannot be opted together.

A. Accidental Death Benefit

If the Insured Member has opted for Accidental Death Benefit, then in the event of death of the Insured Member due to an Accident, while the Accidental Death Benefit Coverage is In-Force we shall pay an additional Sum Assured as per the Benefit Schedule for Accidental Death Benefit applicable as on the date of death.

'Accident' - shall mean sudden, unforeseen and involuntary event caused by external, visible and violent means.

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

'Accidental Death' shall mean death:

a) which is caused by bodily Injury resulting from an Accident and

b) which occurs due to the said bodily Injury solely, directly and independently of any other causes and

c) which occurs within 180 days of the occurrence of such Accident during the Coverage Term while the Coverage is In-Force. In case of occurrence of death after the expiry of the Coverage Term, Accidental Death Benefit shall not be paid.

Exclusions

Accidental Death benefit shall not be paid on death of the Insured Member occurring directly or indirectly as a result of (any of the following):

1. Intentional self-inflicted injury, attempted suicide, while sane or insane;
2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Doctor;
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
4. Taking part in any naval, military or air force operation during peace time or during service in any armed forces or paramilitary organization;

5. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline or Pilots and cabin crew of a commercial airline, on regular routes and on a scheduled timetable;
6. Participation by the insured person in a criminal or unlawful act with illegal or criminal intent;
7. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping;
8. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

B. Total and Permanent Disability Benefit

If the Insured Member has opted for Total and Permanent Disability Benefit, then in the event of occurrence of Total and Permanent Disability due to Accident or sickness, while the Total and Permanent Disability Coverage is In-Force we shall pay an additional Sum Assured as per the Benefit Schedule for Total and Permanent Disability Benefit applicable as on the date of disability.

'Total and Permanent Disability' – means disablement, of the Insured Member, which meets the following definition mentioned below. The condition should last for an uninterrupted period of 180 days while the Coverage is In-Force. In the event of death of the Insured Member within the above period, no benefits will be payable under Total and Permanent Disability.

The Insured Member shall be regarded as being totally and permanently disabled, only if due to Accident or sickness which is caused during the Coverage Term while the Coverage is In-Force, he/she has been subject to one or more of the following impairments:

a) the total and permanent loss of sight in both eyes, or
b) the loss by physical severance (or total and permanent loss of use) of two limbs at or above the wrist or ankle, or
c) the total and permanent loss of sight in one eye and the loss by physical severance (or total and permanent loss of use) of one limb at or above the wrist or ankle.
d) In order for a benefit to be payable, such disability must have persisted continuously for a period of at least 180 days and must, in the opinion of an Independent Medical Practitioner, appointed by the company, be deemed permanent.
e) Except in the cases of severance of limbs, all other disability should last for an uninterrupted period of 180 days during the coverage term. The Benefit will be paid out even if this period of 180 days crosses the Coverage Term.

Pre-existing for Total Permanent Disability

Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded

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.

Exclusions

No benefit shall be payable if Total and Permanent Disability results from or is accelerated by any of the following:

1. Sickness or disability which was a Pre-Existing Condition or Sickness or disability which was induced by or as a result of a Pre-Existing Condition.
2. Intentional self-inflicted injury, attempted suicide, while sane or insane.
3. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a doctor.
4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
5. Taking part in any naval, military or air force operation during peace time or during service in any armed forces or paramilitary organization.

6. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline or Pilots and cabin crew of a commercial airline, on regular routes and on a scheduled timetable.
7. Participation by the insured person in a criminal or unlawful act with illegal or criminal intent.
8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.
9. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

C. Critical Illness Benefit

If the Insured Member has opted for Critical Illness Benefit, then on diagnosis of the Insured Member of any of the covered Critical Illnesses (as specified below) while the Critical Illness Coverage is In-Force, we shall pay an additional Sum Assured. The additional Sum Assured payable will be as per the Benefit Schedule for Critical Illness applicable as on the date of diagnosis of Critical Illness.

The Critical Illness Benefit is available for a maximum Coverage Term of 10 years. If the Coverage Term of the Plan Option chosen is more than 10 years, the Critical Illness Benefit will terminate on expiry of 10 years and the Coverage will continue for the remaining benefits chosen. The diagnosis should meet the conditions, definitions and exclusions as mentioned below.

In case where Critical Illness Benefit is opted with the Plan Option - Life Cover with Terminal Illness, then on diagnosis of any covered Critical Illness which meets the definitions and conditions of both Terminal Illness and Critical Illness, both the benefits i.e. Critical Illness Benefit and Terminal Illness Benefit will be payable as per the respective Benefit Schedule.

The plan covers 16 Critical Illnesses. Following is the list of Critical Illnesses –

1. Open Chest CABG
2. Myocardial Infarction (First Heart Attack - of Specified Severity)
3. Open Heart Replacement OR Repair of Heart Valves
4. Kidney Failure Requiring Regular Dialysis
5. Major Organ / Bone Marrow Transplant
6. Stroke Resulting in Permanent Symptoms
7. Aorta Surgery
8. Permanent Paralysis of Limbs
9. Coma of Specified Severity
10. Third Degree Burns
11. Blindness
12. Aplastic Anaemia
13. Cancer of Specified Severity
14. Benign Brain Tumor
15. Motor Neurone Disease with Permanent Symptoms
16. Multiple Sclerosis with Persisting Symptoms

Conditions for Critical Illness Benefit:

a) The benefit shall not apply or be payable in respect of any Critical Illness of which the signs or symptoms have occurred or for which care, treatment or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the waiting period (90 days from the Coverage Commencement Date or date of revival of the Insurance Cover whichever is later).

b) The benefit shall be applicable upon the first occurrence of one of the defined Critical Illness conditions covered and proved to have undergone the type of surgery indicated, subject to satisfaction of definitions, policy conditions and exclusions. Critical Illness Benefit is applicable only in respect of the first incidence of one of the covered critical illness condition after policy issuance. Once the claim is availed for any such occurrence of the covered Critical Illnesses, the Coverage for Critical Illness Benefit will terminate and no benefits shall be payable for any future occurrence of the same or different Critical Illness covered.

c) There is a minimum survival period of 30 days applicable for the claim. If the Insured Member is diagnosed with Critical Illness within the Coverage Term, the Critical Illness Benefit will be paid even if the Survival Period of 30 days crosses the Coverage Term. There may be a longer survival period for specific illnesses which are detailed in the definitions of Critical Illnesses provided in the Critical Illness Benefit section.

Survival Period - means the period of time after the date of diagnosis of a Critical Illness that the Insured Member has to survive to become eligible for benefit payment under the Critical Illness Benefit.

Pre-existing for Critical Illness

Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded.

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.

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.

   Angioplasty and/or any other intra-arterial procedures are excluded.

2. **Myocardinal Infarcation (First Heart Attack - of Specified Severity)**

   The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

   a) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
   b) New characteristic electrocardiogram changes
   c) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

   The following are excluded:

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

5. **Major Organ / Bone Marrow Transplant**

   The actual undergoing of a transplant of:

   a) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
   b) 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:

   a) Other stem-cell transplants
   b) Where only islets of Langerhans are transplanted

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 embolization 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:

a) Transient ischemic attacks (TIA)

b) Traumatic injury of the brain

c) Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. Aorta Surgery

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

For the above definition, the following are not covered:

a) Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)

b) Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)

c) Surgery following traumatic injury to the aorta

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:

a) no response to external stimuli continuously for at least 96 hours;

b) life support measures are necessary to sustain life; and

c) 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:

a) corrected visual acuity being 3/60 or less in both eyes or ;

b) 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

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

a) Bone marrow stimulating agents

b) Immunosuppressant

c) Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Hematologist and evidenced by bone marrow histology. Temporary or reversible Aplastic anemia is excluded and not covered in this Policy.

13. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and 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 –

a) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or noninvasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

c) Malignant melanoma that has not caused invasion beyond the epidermis;

d) 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

e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

f) Chronic lymphocytic leukaemia less than RAI stage 3

g) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

h) 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;

i) 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.

a) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

b) 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. 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.

16. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and;
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 and HIV are excluded.

Exclusions

The following are the general exclusions for the Critical Illness Benefit. Additional exclusions are disease-specific and are incorporated into the definition of the disease.

Benefits shall not be paid in case of claims arising as a result of any of the following:

1. Any diseases occurring within 90 days of the start of Coverage or date of Revival (i.e. during the waiting period). In case of diagnosis of a Critical Illness condition contracted during the waiting period, the Critical Illness Benefit will be terminated without any value or refund of premium paid.
2. Any External Congenital Anomaly. Congenital Anomaly which is in the visible and accessible parts of the body is referred to as External Congenital Anomaly. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
3. Sickness or Critical Illness which was a Pre-Existing Condition or Sickness or Critical Illness which was induced by or as a result of a Pre-Existing condition.

4. Intentional self-inflicted injury, attempted suicide, while sane or insane.
5. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
6. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
7. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
8. Participation by the insured person in a criminal or unlawful act with illegal or criminal intent.
9. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.
10. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Maturity Benefit

No Maturity benefit is payable

Surrender Benefit

The Master Policy can be surrendered by the Master Policyholder. In case of surrender of the Master Policy, the Insurance Cover shall continue till the end of the period for which the Modal Coverage Premiums have been paid, unless expressly surrendered by the Insured Member. There will be an option available to the Insured Member to continue the Insurance Cover by paying the future Modal Coverage Premiums as and when it is due.

The Insured Member may surrender his Insurance Cover anytime during the Coverage Term.

The surrender of an Insurance Cover by one or more members does not affect the remaining Insured Members of the policy.

The applicable Surrender Value will be based on the Premium Paying Options as follow -

A. Single Pay -

Policy will acquire the surrender value immediately after the Single Premium has been paid. The Surrender Value payable will be:

Single Premium x 50% x {Number of remaining complete months of cover / Total Coverage Term in months} x {Sum Assured applicable as at surrender / Sum Assured at inception}

B. Limited Pay –

Surrender value will be acquired, if all the modal coverage premiums for at least first two years (for 5 Pay and 7 Pay) and at least first three years (for 10 Pay) have been paid. The Surrender Value payable will be:

50% x [Total modal coverage premium paid less {Total modal coverage premium payable x (Number of completed months of Coverage + 1) / Total Coverage Term in months}] x {Sum Assured applicable as at surrender / Sum Assured at inception}

C. Regular Pay -

No Surrender Benefit is payable.

The premium referred in the Surrender Value calculation is including extra premium for substandard lives (if any) and exclusive of applicable taxes.

If there is a claim on any of the Coverages, then the modal coverage premiums with respect to the residual Coverages where claim has not been made will be considered for calculating the Surrender Value.

Policy Loan

Loan is not available under the Policy.

PREMIUM DISCONTINUANCE

A. Single Pay –

Not applicable

B. Limited Pay -

If all the modal coverage premiums for at least first two years (for 5 Pay and 7 Pay) and at least first three years (for 10 Pay) have not been paid in full within the Grace Period, the Coverage shall lapse and no benefits shall be payable by us under the Insurance Cover unless the Insurance Cover is revived within the Revival period as mentioned in Revival Clause.

If all the modal coverage premiums for at least first two years (for 5 Pay and 7 Pay) and at least first three years (for 10 Pay) have been paid in full within the Grace Period and if we do not receive the subsequent modal coverage premium within the Grace Period, the Insurance Cover will acquire Reduced Paid-Up status and the benefits shall be reduced proportionately.

The benefits in reduced paid-up condition will be calculated as below:

Reduced Paid-up Sum assured = Sum Assured as per the Benefit Schedule applicable on the date of death or diagnosis of Terminal Illness/Critical Illness/Total and Permanent Disability as applicable x (Number of modal coverage premiums paid/ Number of modal coverage premiums payable)

C. Regular Pay -

On premium discontinuance the Insurance Cover will lapse and no benefits will be payable by us under the Insurance Cover.

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

STATUTORY INFORMATION

1. Suicide Claim

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.

2. Free Look Period

In case the Master Policy Holder/ Insured Member does not agree with any of the provisions stated in the Policy Document/Certificate of Insurance as the case may be, the Master Policyholder/Insured Member has the option to return the Policy Document/Certificate of Insurance to us stating the reasons thereof in writing, within fifteen (15) days from the date of receipt of the Policy Document/Certificate of Insurance. On receipt of the letter along with the original Policy Document/Certificate of Insurance, We will refund the premium received after deducting stamp duty charges, proportionate risk premium for the period of cover and medical expenses (if any).

The Policy/Insurance Cover once returned shall not be revived at any point of time and a new proposal will have to be made for a new Policy/Insurance Cover.

3. Grace Period

The Insured Member has a period of fifteen (15) days for monthly Premium Paying Frequency and thirty (30) days for all other Premium Paying Frequencies from the Premium Paying Due Date for the payment of Modal Coverage Premium, without any penalty/late fee.

The Insurance Cover will remain In-Force during the Grace Period. In case of death and/or any contingent event during the Grace Period, the benefits as applicable will be paid subject to the deduction of the due Modal Coverage Premiums from the benefits.

4. Nomination

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

5. Assignment

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

6. Revival

If Modal Coverage Premiums are not paid within the Grace Period, the Insurance Cover shall lapse or become Reduced Paid-Up as the case may be. Any such Insurance Cover may be revived within five years from the due date of the first unpaid Modal Coverage Premium by giving us a written notice to revive the Insurance Cover and payment of all overdue Modal Coverage Premiums with interest, as may be declared by the Company from time to time, for every completed month from the due date of first unpaid Modal Coverage Premium.

The revival interest rate will be based on G-sec rate with 1 - 2 year maturity. Source to determine the G-Sec yield is www.ccilindia.com.The per month interest rate shall be (x + 3%)/12 rounded upto nearest 0.25%, where x is G-Sec rate with 1 to 2 year maturity. The interest rate to be charged is currently set at 0.75% per month on unpaid premiums for every completed month from the date of the first unpaid premium.

The revival will be effected subject to the receipt of the proof of continued insurability of the Insured Member and the acceptance of the risk by the Underwriter. Cost for the medical examination, if applicable shall be borne by the Insured Member. The effective date of revival is when these requirements are met and approved by us. Revival would be as per the Board approved underwriting policy of the Company.

7. Regulated Entities – shall include the following:

1. Reserve Bank of India ("RBI") Regulated Schedule Banks including (Co-operative Banks),
2. NBFC's having Certificate of Registration from RBI
3. National Housing Board ("NHB") regulated Housing Finance Companies.
4. National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies
5. Small Finance Banks regulated by RBI.
6. Mutually aided Cooperative Societies formed and registered under the applicable State Act concerning such societies
7. Microfinance companies registered under section 8 of the Companies Act, 2013
8. Any other category as approved by the Authority

Other Entities shall include the entities other than Regulated Entities.

8. Claim Payment:

In case of a Regulated Entity, for Total Permanent Disability Benefit, Critical Illness Benefit and Terminal Illness Benefit, the Insurer will make payment to the extent of outstanding loan amount in favour of the Master Policyholder and the residual benefit amount, if any, shall be paid to the Insured Member. For all other benefits, in case of a Regulated Entity, subject to the Master Policyholder providing the Insurer a letter of authorization from the Insured Member, 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 Letter of authorization or in case of Other Entities, the claim payment will be made to the Nominee/beneficiary.

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

10. Non-Disclosure Clause: (Section 45 of the Insurance Act, 1938, as amended from time to time)

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

About Edelweiss Life Insurance

Edelweiss Life Insurance established nationwide operations in July 2011 with an immovable focus on protecting people's dreams and aspirations. Guided by customer insights, Edelweiss Life has been offering need-based and innovative life insurance solutions to help customers live their #ZindagiUnlimited. With a customer-centric approach, the company endeavours to build a multi-channel distribution network to effectively serve its customers across the country. As of March 2023, the life insurer has established 109 branches in 88 major cities.

Purpose: We will take the responsibility of protecting people's dreams and aspirations

Edelweiss Life Insurance Company Limited
CIN: U66010MH2009PLC197336
Registered & Corporate Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070
Toll Free: 1800 212 1212 | Email: care@edelweisslife.in | Visit us at www.edelweisslife.in

Reg. No.: 147
UIN: 147N059V02
Advt No.: BR/1094/Oct/2020

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS
IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.