CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI. no.	Title	Description in Simple Words (Please refer to applicable Policy Clause Number in next	Policy Clause
		column)	Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	Edelweiss Life – Group Total Secure UIN NO: 147N059V03	Welcome Letter
2.	Policy Number	<< >>	Welcome Letter
3.	••	A Group, Non-Linked, Non-Participating, Pure Risk Premium, Life, Credit Insurance Product	Welcome Letter
4.	Basic Policy details	 Instalment Premium << >> Mode of premium payment (e.g. Monthly, Quarterly, half yearly or Yearly) << >> Sum Assured on death << >> Sum Assured on Maturity << >> Premium payment Term << >> Policy Term << >> 	Welcome Letter
5.	Policy Coverage/benefits payable	The Benefits shall be payable based on the following options - 1. Benefit on Death and other Contingent Events: Benefits will be paid only if the Insured Member Insurance Cover is In-Force and if the occurrence giving rise to the claim takes place within the Coverage Term. Benefit amount payable will depend on the Coverage Type, Plan Option and the Additional Benefits opted by the Insured Member and as specified in the Certificate of Insurance. The Additional Benefits can be chosen only at inception of the Insurance Cover. A. Coverage Type — Based on the Coverage Type chosen by the Insured Member the Certificate of Insurance will specify the benefit payable on death and/or on applicable	

contingent event. The Coverage Type for Additional Benefits, if any would be same as that of Plan Option chosen by the Insured Member.

Following are the two Coverage Types. The Coverage Type/(s) will have to be chosen at inception of the Insurance Cover.

- 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 would remain level throughout the 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, decreases during the Coverage Term as per the Benefit Schedule.

B. Plan Option -

No	Plan Option	Applica ble Benefit	Amount Payable
(a)	Life Cover	Death Benefit	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 Termina I Illness	Death Benefit and 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.

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 different Medical Practitioner other than the two Medical Practitioners whose diagnosis has been provided by the Insured Member.

The Insured Member 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.

Note:

The minimum death benefit or health cover for other than single premium shall be at least 105% (one hundred and five percent) of the total premiums paid up to the date of occurrence of covered contingency.

C. Joint Life Coverage

This plan allows for an option to cover 2 Insured Members, subject to insurable interest is clearly established. Joint Life option is available only if the Plan

Option opted for is 'Life Cover' and no additional benefit/s are chosen.

In case of death of either of the joint Insured Members, the Sum Assured as per the Benefit Schedule as applicable on the date of death will be paid on first death basis and the Coverage will be terminated for both the lives. The applicable Sum Assured to be paid out as death benefit will not exceed the amount specified in the Benefit Schedule under any circumstance.

Note:

The minimum death benefit or health cover for other than single premium shall be at least 105% (one hundred and five percent) of the total premiums paid up to the date of occurrence of covered contingency.

D. Additional Benefit

The details of the Additional Benefits, if any, opted by the Insured Member is provided in the respective Certificate of Insurance.

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.

Accidental Death shall mean death

- i. which is caused by bodily Injury resulting from an Accident and
- ii. which occurs due to the said bodily Injury solely, directly and independently of any other causes and
- 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.

Note:

The minimum death benefit or health cover for other than single premium shall be at least 105% (one hundred and five percent) of the total premiums paid up to the date of occurrence of covered contingency.

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, Critical Illness Benefit will terminate on the expiry of 10 years from the Coverage Commencement Date and the Coverage will continue for the remaining benefits chosen. The diagnosis should meet the conditions, definitions and exclusions as specified 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 Benefit Schedule.

Note:

The minimum death benefit or health cover for other than single premium shall be at least 105% (one hundred and five percent) of the total premiums paid up to the date of occurrence of covered contingency.

Conditions for Critical Illness Benefit:

- 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).
- 2) 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, conditions and exclusions. Critical Illness Benefit is applicable only in respect of the first incidence of one of the covered critical

illness condition after issuance of cover. 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.

3) 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 below.

Total 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 during the Coverage Term 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.

Note:

The minimum death benefit or health cover for other than single premium shall be at least 105% (one hundred and five percent) of the total premiums paid up to the date of occurrence of covered contingency.

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:

1. the total and permanent loss of sight in both eyes, or

		 the loss by physical severance (or total and permanent loss of use) of two limbs at or above the wrist or ankle or 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. 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 Medica Practitioner, appointed by the company, be deemed permanent. 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. 	
6.	Options available (in case of Linked Insurance Products)	Not Applicable	
7.	Option available(in case of Annuity product)	Not Applicable	
8.	Riders opted, if any	Not Applicable	
9.	coverage is not payable), if any.	Suicide Exclusion: 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. Exclusions for Accidental Death Benefit: 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;
- 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;
- 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;
- 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.

Exclusions for Total and Permanent Disability:

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.
- 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.

- 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.
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.
- Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Exclusions for Critical Illness Benefit:

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.
- 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.
- 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.

		 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. 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. Participation by the insured person in a criminal or unlawful act with illegal or criminal intent. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature. For Exclusions under each Critical Illnesses please refer to the Policy Document/Certificate of Insurance. Pre-Existing disease Definition for Total and Permanent Disability and Critical Illness – Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. Pre-existing Disease (PED) means any condition, ailment, injury or disease: That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or its reinstatement or For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the effective date of the policy 	
10.	Waiting /lien Period, if any		
11.	Grace period	The Insured Member has a period of fifteen days (15) 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.	Clause 2(B)

		T	T
		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.	
12.	Free Look Period	You have a Free Look period of <i>thirty (30) days</i> 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.	
13.	Lapse, paid-up and revival of the Policy	Revival:	Clause 6
		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.	
14.	Policy Loan, if applicable	Not Applicable	Clause 5
15.	Claims/Claims Procedure	Death Claim Procedure A claim would be settled within	
		branch offices or to our Corporate Office address mentioned below:	

		Claims Officer Edelweiss Life Insurance Company Limited 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisslife.in Phone no: 1800 2121 212	
		Receipt of the claim intimation does not amount to acceptance of claim by the Company under the Policy and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.	
		Click here to know more about the claim procedure, download claim form and list of documents required to register a claim.	
16.	Policy Servicing	Click here to know the procedure/touchpoints/Turn Around Time for various Policy Servicing request:	
		Click here to download the applicable forms and list of documents required for various policy servicing request.	
17.	Grievances /Complaints	assist in the resolution of any complaint, grievance, or dispute in respect of the Policy.	Clause 10 of general T&C
		Click here to know the Grievance Redressal Procedure	

Declaration by the Policyholder

I have read th	ie above ar	d confirm havin	g noted the de	tails.	

Place: (Signature of Policyholder)
Date:

Note:

Click here for the product related documents including the Customer Information sheet. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

