

Date:<\_\_\_\_\_>

**Name of the Insured Member:**

**Address of the Insured Member:**

**Sub.: Your Certificate of Insurance No. <<\_\_\_\_\_>> - Edelweiss Life – Group Total Secure (A Group, Non-Linked, Non-Participating, Pure Risk Premium, Life, Credit Insurance Product) UIN: 147N059V03**

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

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

**Cancellation in the Free Look Period:**

Insured Member has a Free Look period of thirty (30) days from the date of receipt of the Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of this Certificate of Insurance. If the Insured Member disagrees with any of the terms or conditions, or otherwise, and he/she has not made any claims, he/she may return the Certificate of Insurance for cancellation to us by giving us written reasons for your objection within the said Free Look period. We will refund the Premium received after deducting stamp duty charges, proportionate risk premium for the period of cover and expenses incurred by us on medical examination (if any) of the Insured Member.

To exercise the Free Look option, you would need to send the Certificate of Insurance along with a request letter to us at our Corporate Office address provided below. You are required to maintain the acknowledgement received from the Company as a proof of submission.

In case you have any queries or clarifications, you may contact our Service Expert at 1800 2121 212 or email us at [Corp-Care@edelweisslife.in](mailto:Corp-Care@edelweisslife.in)

We look forward to serve you.

Regards,

**For Edelweiss Life Insurance Company Limited**

**Authorised Signatory**

**Registered & Corporate Office Address:** 6<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kiorl Road, Kurla (W), Mumbai 400070

## CERTIFICATE OF INSURANCE

### COVERAGE SCHEDULE

Name of the Master Policyholder	Policy Number	Certificate of Insurance No
<< >>	<< >>	<< >>

Name of the Insured Member	Date of Birth	Gender	Age	Age Admitted
<< >>	<<dd/mm/yyyy>>	<< >>	<< >> years	<< >> years

Name of the Joint Insured Member	Date of Birth	Gender	Age	Age Admitted
<< >>	<<dd/mm/yyyy>>	<< >>	<< >> years	<< >> years

COVERAGE DETAILS	
Type of Loan	<< >>
Plan Option	<<Life Cover   Life Cover with Terminal Illness>>
Coverage Type	<<Level Sum Assured   Decreasing Sum Assured>>
Coverage Commencement Date	<<dd/mm/yyyy>>
Member Coverage Details	<<Single Life   Joint Life>>
Base Sum Assured	Rs. << >>
Coverage Term	<< >> years
Coverage Expiry Date	<<dd/mm/yyyy>>
Moratorium Period	<< >> years
Premium Paying Option	<<Regular Pay   Limited Pay   Single Pay>>
Premium Paying Term	<< >> years
Premium Paying Frequency	<<Not Applicable   Annually   Semi Annually   Quarterly   Monthly>>
Premium Paying Due Date	
Last Premium Due Date	<<dd/mm/yyyy>>
Coverage Premium (in Rs.)	
Modal Coverage Premium including applicable taxes	

ADDITIONAL BENEFIT INFORMATION			
Benefit Type	Sum Assured	Coverage Term	Modal Coverage Premium including applicable taxes
Accidental Death Benefit	Rs. << >>	<< >> years	
Critical Illness Benefit	Rs. << >>	<< >> years	
Total and Permanent Disability Benefit	Rs. << >>	<< >> years	

NOMINATION SCHEDULE			
Name of the Nominee (s)	<Nominee 1>	<Nominee 2>	<Nominee 3>
Age of the Nominee (s)			
Gender of the Nominee (s)			
Nomination Percentage			

Relationship with Member Insured			
Name of the Appointee (if Nominee is a minor)	<Appointee 1>	< Appointee 2>	< Appointee 3>
Gender of the Appointee			
Relationship of the Appointee with the Nominee			

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

For **Edelweiss Life Insurance Company Limited**

### Authorised Signatory

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

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

## DEFINITIONS

Defined Term	Meaning
<b>Accident:</b>	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
<b>Age/ Age at Entry:</b>	means the age (last birthday) of Insured Member in completed years and as stated in the Certificate of Insurance issued to the Insured Member.
<b>Annualized Premium:</b>	Annualized premium shall be the premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.
<b>Benefit Schedule:</b>	means the table as provided in the Certificate of Insurance that defines the Sum Assured applicable at each month during the Coverage Term and which is payable on happening of death and/or any contingent event covered.
<b>Injury:</b>	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.
<b>Appointee:</b>	means the person registered with us in the Nomination Schedule in Certificate of Insurance who is authorised to receive and hold in trust the benefits under the Insurance Cover on behalf of the Nominee/(s), if the Nominee/(s) is/are less than Age 18 on the date of payment.
<b>Certificate of Insurance:</b>	means this entire document.
<b>Claimant:</b>	means the person entitled to receive the Coverage benefits and includes the nominee/the legal heir/the legal representative/s, or the holder of succession certificate as the case may be.
<b>Coverage Commencement Date:</b>	means the date as mentioned in the Certificate of Insurance issued to each Insured Member and when the Coverage for the Insured Member starts.
<b>Coverage:</b>	means the cover provided with respect to Plan Option and Additional Benefits, if any, chosen by the Insured Member under the Insurance Cover as specified in the Certificate of Insurance.
<b>Coverage Term:</b>	means the period specified in Certificate of Insurance with respect to Plan Option and Additional Benefits, if any, chosen by the Insured Member during which the respective Coverage continues.
<b>Death Benefit:</b>	means the Benefits which would be payable on death of the Insured Member and as specified in the Certificate of Insurance.
<b>Grace Period:</b>	means a period of fifteen (15) days for monthly Premium Paying Frequency and thirty (30) days for other Premium Paying Frequencies from the Premium Paying Due Date specified in the Certificate of Insurance, for the payment of Modal Coverage Premium, without any penalty/late fee, during which the Insurance Cover is considered to be In-Force.
<b>In-Force:</b>	means the status of the Coverage during the respective Coverage Term when all the due Modal Coverage Premiums have been paid or the Insurance Cover is not in a state of discontinuance.
<b>IRDAI / Authority:</b>	means Insurance Regulatory and Development Authority of India.
<b>Insurance Act:</b>	means The Insurance Act, 1938 as amended from time to time.
<b>Insurance Cover:</b>	means the contract of insurance as evidenced in the Certificate of Insurance for various Coverages chosen by the Insured Member.
<b>Insured Member/ You / you / Your / your:</b>	means a Member admitted to the benefits, for whom the risk is accepted by us and the Certificate of Insurance has been issued.
<b>Medical Practitioner:</b>	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

	<p>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.</p> <p>The Medical practitioner should not be:</p> <ul style="list-style-type: none"> <li>• The policyholder/insured person himself/herself; or</li> <li>• An authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or</li> <li>• Employed by or under contractual engagement with the insurance company; or</li> <li>• Related to the policyholder/insured person by blood or marriage.</li> </ul>
<b>Member Enrolment Form:</b>	means the form submitted by the Member to us through the Master Policyholder containing details of the Insured Member on the basis of which the Company shall provide Insurance Cover to such Insured Member.
<b>Modal Coverage Premium:</b>	means the contractual premium amount applicable for each Coverage opted by the Insured Member under the Insurance Cover payable to us by the Premium Paying Due Dates, at the Premium Paying Frequency and as stated in the Certificate of Insurance.
<b>Nominee:</b>	means the person/(s) registered with us as Nominee/(s) in the Nomination Schedule in the Certificate of Insurance who has/have been nominated by the Insured Member in accordance with the Section 39 of the Insurance Act, 1938 as amended from time to time.
<b>Coverage Schedule:</b>	means the Schedule and any endorsements attached to and forming part to this Certificate of Insurance and if any updated Schedule is issued, then the Schedule latest in time.
<b>Regulations:</b>	means the IRDAI (Insurance Products) Regulations 2024 and any other applicable laws issued and as may be amended from time to time.
<b>Revival:</b>	means restoration of the policy, which was discontinued due to the nonpayment of premium, by the insurer with all the benefits mentioned in the policy document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges or late fee if any, during the revival period, as per the terms and conditions of the policy, upon being satisfied as to the continued insurability of the insured or policyholder on the basis of the information, documents and reports furnished by the policyholder, in accordance with Board approved underwriting policy.
<b>Revival Period:</b>	means the period of five consecutive complete years from the Discontinuance Date.
<b>Surrender:</b>	means the complete withdrawal or termination of the entire Certificate of Insurance
<b>Surrender Value:</b>	means an amount if any, that becomes payable on surrender of the Certificate of Insurance during its term, in accordance with the terms and conditions of the Certificate of Insurance.
<b>Survival Period:</b>	means the period of time after the date of diagnosis of Critical Illness that the Insured Member has to survive to become eligible for benefit payment under the Critical Illness Benefit.
<b>Total Premiums Paid:</b>	Total premiums paid means total of all the premiums paid under the base product, excluding any extra premium and taxes, if collected explicitly.
<b>Terminal Illness:</b>	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.
<b>Waiting Period:</b>	means the period starting from either Coverage Commencement Date or date of Revival of the Insurance Cover, whichever is later, during which no Critical Illness Benefit is payable.

**We/we/Our/Us/us/  
Company:**

means Edelweiss Life Insurance Company Limited.

## **BENEFITS**

### **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	Applicable 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 Terminal 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.



			<p>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.</p> <p>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.</p>
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**Note:**

*The minimum death benefit or health cover for other than for 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 for 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.

**Note:**

*The minimum death benefit or health cover for other than for 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.*

**2. Payment of Premium and Discontinuance of Premium Payment:**

<b>A</b>	<b>Payment of Premium:</b>
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	<p>For the Insurance Cover to continue, the Modal Coverage Premium for all the Coverages opted by the Insured Member under the Insurance Cover is required to be paid for the entire Premium Paying Term. If there is a claim on any of the Coverages, then for the benefits of residual Coverages to continue, the Modal Coverage Premiums with respect to the residual Coverages will be required to be paid as and when due.</p> <p>The amount of Modal Coverage Premium payable, the frequency at which it must be paid, the Premium Paying Term and the Premium Paying Due Date are stated in the Certificate of Insurance issued to each Insured Member. For Premium Paying Frequencies other than annual mode, additional loadings as applicable will be applied on the premium.</p>
<b>B</b>	<b>Grace Period:</b>
	<p>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.</p> <p>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.</p>
<b>C</b>	<b>Premium Discontinuance</b>
	<p><b><u>Single Pay –</u></b> Not applicable</p> <p><b><u>Limited Pay -</u></b></p> <p><b><u>5 Pay &amp; 7 Pay -</u></b></p> <ul style="list-style-type: none"> <li>(i) If all the Modal Coverage Premiums for at least first two years have not been paid in full within the Grace Period, the Insurance Cover 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 Clause 4 of Part D.</li> <li>(ii) If all the Modal Coverage Premiums for at least first two years have been paid in full, and if we do not receive subsequent Modal Coverage Premiums within the Grace Period, the Insurance Cover will acquire Reduced Paid-Up status and benefits will continue as per the Reduced Paid-Up provision.</li> </ul> <p><b><u>10 Pay -</u></b></p> <ul style="list-style-type: none"> <li>(i) If all the Modal Coverage Premiums for at least first three years have not been paid in full within the Grace Period, the Insurance Cover 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 Clause 4 of Part D.</li> <li>(ii) If all the Modal Coverage Premiums for at least first three years have been paid in full, and if we do not receive the subsequent Modal Coverage Premiums within the Grace Period, the Insurance Cover will acquire Reduced Paid-Up status and benefits will continue as per the Reduced Paid-Up provision.</li> </ul> <p>The Insured Member will be given two years from the date of first unpaid Modal Coverage Premium to revive the Insurance Cover.</p> <p><b><u>Regular Pay -</u></b> If any Modal Coverage Premium remains unpaid at the end of Grace Period, the Insurance Cover shall lapse and no benefits shall be payable by us under the Insurance Cover.</p>



In case where your Modal Coverage Premium is collected by the Master Policyholder within grace period but is not remitted to us for some reason, then your Insurance Cover will continue even on expiry of grace period.

### 3. **Surrender Benefit:**

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

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

#### **A. Single Pay -**

Surrender Value will be acquired immediately after the Single Premium has been paid. The Surrender Value payable will be:

Single Premium including extra premium for substandard lives (if any) and exclusive of applicable tax  $\times 50\% \times \{\text{Number of remaining complete months of cover} / \text{Total Coverage Term in months}\} \times \{\text{Sum assured applicable as at surrender} / \text{Sum assured at inception}\}$

#### **B. Limited Pay**

##### **a) 5 Pay and 7 Pay -**

Surrender value will be acquired, if all the Modal Coverage Premiums have been paid for at least first two years. The Surrender Value payable will be:

$50\% \times [\text{total Modal Coverage Premium paid including extra premium for substandard lives, if any (exclusive of applicable tax) less } \{\text{total Modal Coverage Premium payable including extra premium for substandard lives, if any (exclusive of applicable tax)} \times (\text{Number of completed months of Coverage} + 1) / \text{Total Coverage Term in months}\}] \times \{\text{Sum assured applicable as at surrender} / \text{Sum assured at inception}\}$

##### **b) For 10 Pay -**

Surrender value will be acquired, if all the Modal Coverage Premiums have been paid for at least first three years. The Surrender Value payable will be:

$50\% \times [\text{total Modal Coverage Premium paid including extra premium for substandard lives, if any (exclusive of applicable tax) less } \{\text{total Modal Coverage Premium payable including extra premium for substandard lives, if any (exclusive of applicable tax)} \times (\text{Number of completed months of Coverage} + 1) / \text{Total Coverage Term in months}\}] \times \{\text{Sum assured applicable as at surrender} / \text{Sum assured at inception}\}$

#### **C. Regular Pay -**

No Surrender Benefit is payable.

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.

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.

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

#### **4. Reduced Paid-up:**

Paid-up value is applicable only if Limited Premium Paying Option is chosen.

##### **A. 5 Pay & 7 Pay -**

If all the Modal Coverage Premiums for at least first two years have been paid in full, and if we do not receive the subsequent Modal Coverage Premiums within the Grace Period, the Insurance Cover will acquire Reduced Paid-Up status and the benefits shall be reduced proportionately.

##### **B. 10 Pay -**

If all the Modal Coverage Premiums for at least first three years have been paid in full, and if we do not receive the subsequent Modal Coverage Premiums 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)

#### **5. Loan under the Coverage:**

Loan is not available under the Coverage.

#### **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](http://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. Free Look Period:**

Insured Member has a Free Look period of thirty (30) days from the date of receipt of the Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of this Certificate of Insurance. If the Insured Member disagrees with any of the terms or conditions, or otherwise, and he/she has not made any claims, he/she may return the Certificate of Insurance for cancellation to us by giving us written reasons for your objection within the said Free Look period. We will refund the Premium received after deducting stamp duty charges, proportionate risk premium for the period of cover and expenses incurred by us on medical examination (if any) of the Insured Member.

To exercise the Free Look option, you would need to send the Certificate of Insurance along with a request letter to us at our Corporate Office address provided below. You are required to maintain the acknowledgement received from the Company as a proof of submission.

## **8. Expiry of Insurance Cover/Coverage:**

In addition to the events described elsewhere in this Certificate of Insurance with respect of every Insured Member, the Insurance Cover shall be deemed to have been expired under any of the following circumstances, whichever is earliest:

- A. upon the date of payment of applicable Surrender Value; or
- B. upon the date of death of the Insured Member and in case of Joint Life upon date of death of either of the Joint Insured Members; or
- C. upon the payment of claim in respect to Coverage with Terminal Illness; or
- D. upon the expiry of all the Coverages opted under the Insurance Cover; or
- E. upon the date on which the Revival period ends after the Insurance Cover has lapsed.

If there is a claim on any of the Coverage, then the benefits for that Coverage will cease and the benefits under the residual Coverages will continue on payment of Modal Coverage Premiums with respect to the residual Coverages as and when due.

Upon expiry of respective Coverage Term, the benefits under that Coverage shall cease to apply.

## **GENERAL TERMS AND CONDITIONS**

### **1. 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.

### **2. Claims Procedure – Terminal Illness Benefit:**

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

We shall be provided with the following documents to assess the claim:

- a) Claim form duly filled and signed by the Member Insured (in case of terminal illness)
- b) Copy of diagnosis report confirming the occurrence of Critical Illness which is acceptable to Us;
- c) All past and present medical records (such as admission notes, Indoor case papers, discharge summary, daily records and investigation test reports, surgical notes), if applicable;
- d) The original Certificate of Insurance

- e) A copy of the Life Insured's photo identification proof, address proof and bank account details with a copy of the cancelled cheque
- f) Certificate from **one** independent medical practitioners specializing in treatment of such illness, is highly likely to lead to death of the Insured within 6 months of the date of diagnosis if Terminal Illness. The insured must not be receiving any form of treatment other than palliative medication for symptomatic relief. The medical practitioner must be from that field of medicine for which the Terminal Illness is been claimed
- g) Treating doctor certificate filled by the doctor treating the Life Insured for the diagnosed ailment;
- h) Hospital certificate duly filled in by the hospital where the Life Insured was admitted;
- i) Any other information or documentation that We request.

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

Claims Officer

Edelweiss Life Insurance Company Ltd.

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

Email Id: [claims@edelweisslife.in](mailto:claims@edelweisslife.in)

Phone no: 1800 2121 212

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

### 3. Claims Procedure – Death:

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

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

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

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

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

Claims Officer

Edelweiss Life Insurance Company Limited

6<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai - 400070

Email Id: [claims@edelweisslife.in](mailto:claims@edelweisslife.in)

Phone no: 1800 2121 212

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

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

#### 4. Claim Payment

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.

#### 5. Nomination:

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

***[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].***

#### 6. Validity/ Non-Disclosure:

(i) Section 41:

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.

(ii) Section 45:

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.

***[A Leaflet containing the simplified version of the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (3) for reference].***

#### 7. Currency, Governing Law and Jurisdiction

The Premiums and benefits payable under the Certificate of Insurance shall be payable in India and in Indian Rupees. The Certificate of Insurance shall be governed by the laws in India. The courts of Mumbai shall have the exclusive jurisdiction to settle any disputes arising under this Certificate of Insurance.

#### 8. Duplicate Certificate of Insurance

(i) If an Insured Member loses or misplaces the Certificate of Insurance then he/she may request us or You to issue a duplicate Certificate of Insurance by giving a written request and making payment of 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.

(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.

## 9. Intimations and Notices

All intimations meant for us shall be given to us at our address specified in the Certificate of Insurance. All notices meant for you will be sent to your address specified in the Coverage 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. You would need to intimate us of any change in your address to enable us to provide important information pertaining to your Certificate of Insurance.

## 10. 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@edelweissslife.in](mailto:complaints@edelweissslife.in)
- Write to us at: Customer Care, Edelweiss Life Insurance Company Ltd, 6<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kiroli 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.edelweissslife.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@edelweissslife.in](mailto:GRO@edelweissslife.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](mailto:complaints@irdai.gov.in)
- Register online at: <https://bimabharosa.irdai.gov.in/LoginAdmin/Login>

Address for sending the complaint through courier / letter:

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

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



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

<p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, <b><u>AHMEDABAD-380 001.</u></b> Tel.: 079-25501201/02/05/06</p> <p>Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a></p>	<p>Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <b><u>BHOPAL-462 003.</u></b> Tel.: 0755-2769201/9202</p> <p>Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a></p>
<p>Office of the Insurance Ombudsman 62, Forest Park, <b><u>BHUBANESHWAR-751 009.</u></b> Tel.: 0674-2596455/2596461</p> <p>Email: <a href="mailto:bimalokpal.bhubaneshwar@cioins.co.in">bimalokpal.bhubaneshwar@cioins.co.in</a></p>	<p>Office of the Insurance Ombudsman, SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, <b><u>CHANDIGARH-160 017.</u></b> Tel.: 0172-2706196/2706468</p> <p>Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a></p>
<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4<sup>th</sup> Floor, 453 Anna Salai, Teynampet, <b><u>CHENNAI-600 018.</u></b> Tel.: 044-24333668/24335284</p> <p>Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a></p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b><u>NEW DELHI-110 002.</u></b> Tel.: 011- 23232481/23213504</p> <p>Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a></p>
<p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5<sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, <b><u>GUWAHATI-781 001 (ASSAM).</u></b> Tel.: 0361- 2632204 / 2602205</p> <p>Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a></p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> Floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <b><u>HYDERABAD-500 004.</u></b> Tel.: 040-23312122</p> <p>Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a></p>
<p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <b><u>ERNAKULAM-682 015.</u></b> Tel: 0484-2358759/2359338</p> <p>Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a></p>	<p>Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4<sup>th</sup> Floor, 4, C.R.Avenue, <b><u>KOLKATA - 700072</u></b> Tel: 033-22124339/22124340</p> <p>Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a></p>
<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, <b><u>LUCKNOW-226 001.</u></b> Tel : 0522 -2231331/2231330</p> <p>Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a></p>	<p>Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <b><u>MUMBAI-400 054.</u></b> Tel: 022-69038821/23/24/25/26/27/28/28/29/30/31</p> <p>Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a></p>
<p>Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, <b><u>JAIPUR – 302005.</u></b> Tel: 0141-2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a></p>	<p>Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Darshan, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth <b><u>PUNE - 411030.</u></b> Tel: 020-41312555</p>

	Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>
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, <b>BENGALURU – 560 078.</b> Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4 <sup>th</sup> Floor, Main Road Naya Bans, Sector 15, Distt: Gautam Buddh Nagar <b>NOIDA – 201301.</b> Tel: 0120- 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>
Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001, Tel No: 0612- 2547068 Email id : <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>	

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

#### **Benefit Schedule – Life Cover | Life Cover with Terminal Illness**

Year s	Sum Assured (in Rs.) for each Month											
	1	2	3	4	5	6	7	8	9	10	11	12
1												
2												
3												
4												
5												