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 (<i>Please refer to applicable Policy Clause Number in next column</i>)	Policy Clause Number
1.		Edelweiss Life – Critical Illness Rider UIN NO: 147B005V05	Part A
2.	Policy Number	<< >>	Part A
3.	Type of Insurance Policy	An Individual, Non-Linked, Non-Par, Pure Risk Premium, Health Insurance rider	Part A
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 << >> 	Part A
5.	Policy Coverage/benefits payable	Benefits under the Rider:Death BenefitNo amount is payableSurvival BenefitNo amount is payableCritical Illness BenefitAmount PayableWhen payableAmount PayableIf the Insured is diagnosed to be suffering from a Critical Illness listed below when the Policy and this Rider are in force AND the Insured survives for at least 30 days following the confirmed date of diagnosis, We will pay:Image Amount Payable	Part C and Part D

	Rider Sum Assured, the Rider will inate but the benefits under the	
Base Policy will co	ntinue till the end of the Base shall pay the Premiums in	
payment under this	e will not be liable to make any s Rider if the Critical Illness has	
occurred within 90 commencement of the Rider.	the Rider Term or the revival of	
Critical Illness	Description & Conditions for	
(i) Cancer of Specified Severity	applicabilityA malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & 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 –	
	 All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non- invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3. 	
	 ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 	

		(ii)	Open Chest CABG	6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii. 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; ix. All tumours in the presence of HIV infection 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. The following are excluded: i. Angioplasty and/or any other intra-arterial procedures.	
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(iii)	Myocardial Infarction (First Heart Attack of specific 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: i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) ii. new characteristic electrocardiogram changes iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers. Exclusions: The following are excluded: i. Other acute Coronary Syndromes ii. Any type of angina pectoris. iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure. The actual undergoing of open- heart valve surgery is to replace	
	nt ÖR Repair of Heart Valves	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. Exclusions: Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.	

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		(v)	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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.	
		(vi)	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.	
		(vii)	Major Organ / Bone Marrow Transplant	The actual undergoing of a transplant of: 1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or 2. Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. Exclusions: The following are excluded: i. Other stem-cell transplants	
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		(viii)	Permanent Paralysis of Limbs	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	
				the opinion that the paralysis will be permanent with no hope	
				of recovery and must be	
				present for more than 3 months.	
		(ix)	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 embolisation 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.	
				Exclusions: The following are excluded: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.	
		(x)	Aorta Surgery	Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches.	
				Exclusion: Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.	

(xi)	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: 1. no response to external stimuli continuously for at least 96 hours; 2. life support measures are necessary to sustain life; and 3. 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.	
(xii)	Blindness	 T Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by: corrected visual acuity being 3/60 or less in both eyes or ; 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. 	

		Surrender Benefits					
		Premium Payment Option	Surrender Value payable				
		Regular Pay Single Pay	NIL Single Premium [#] X 70% X <u>number of remaining complete</u> <u>months of Rider Term</u> Total rider Term in months				
		Limited Pay	70% X [Total Premium Paid [#] less {Total Premium payable [#] X (N <u>umber of completed months</u> <u>of rider term +1)}]</u> Total rider Term in months				
6.	Options available (<i>in</i> 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.	Exclusions (events where insurance coverage is not payable), if any.	the Critical Illne or caused, occ the following: • Any Pre • Any dis coverag • Any ext which is is refer present referent • Intentio while sa • Alcohol or psyc accorda of a reg	liable to make any payment under this Rider if ess of the Insured is directly or indirectly due to asioned, accelerated or aggravated by any of e-Existing Disease ease occurring within 90 days of the start of ge (i.e. during the waiting period); ternal congenital anomaly. Congenital anomaly is in the visible and accessible parts of the body red to as External Congenital Anomaly. hital Anomaly means a condition which is since birth, and which is abnormal with ce to form, structure or position. nal self-inflicted injury, attempted suicide, ane or insane. or solvent abuse or taking of drugs, narcotics hotropic substances unless taken in ance with the lawful directions and prescription jistered medical practitioner. to seek or follow medical advice.				

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		along with the Base Policy and it can be revived only in accordance with the terms of the Base Policy.If you have discontinued paying only the Rider Premium, the Rider will automatically lapse and the Rider cannot be revived in future. Any revival of rider will be considered along with the revival of the base policy, and not in isolation.
14.	Policy Loan, if applicable	Not Applicable
15.	Claims/Claims Procedure	Claim Procedure will be same as mentioned in the policy Part F contract of Base Plan to which this Rider is appended to.
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.

/ComplaintsWe have established a Grievance Redressal Mechanism to assist in the resolution of any complaint, grievance, or dispute in respect of the Policy.Click here to know the Grievance Redressal Procedure.	17.	Grievances /Complaints	assist in the resolution of any complaint, grievance, or dispute in respect of the Policy.	Part G
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Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place: Date: (Signature of Policyholder)

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.