

**Edelweiss Life - Critical Illness Rider**  
**An Individual, Non-Linked, Non-Participating, Pure Risk, Health Insurance Rider**

❖ **Plan Summary:**

This rider can be attached to individual non-linked plans.

Entry Age (last birthday)	18 to 65 years
Maturity Age (last birthday)	23 to 70 years
Rider Term*	5 to 52 years
Premium Paying Term#	Single, Limited pay (5-51 years) & Regular pay
Minimum Premium	Depends on the age, gender, policy term, premium paying term and sum assured.
Maximum Premium	Depends on the age, gender, policy term, premium paying term and sum assured Maximum premium will be restricted to 100% of the base product premium (for term products) Maximum premium along with other rider premiums, if any will be restricted to 30% of the base product premium (for non-term products)
Minimum Sum Assured	Rs. 100,000
Maximum Sum Assured	Rs. 50,00,000 However, Rider Sum assured cannot be higher than sum assured of the base plan.
Frequency of payment	Same as per the base plan. Any premium rebate or modal factors will also be same as the base plan.

\* Rider term will be same as the base plan, subject to maximum maturity age of 70. If the entry age plus base plan term is beyond age 70, the rider would be of term 70 less entry age. Rider can be attached on any policy anniversary. In such case the rider term would be equal to the remaining base policy term.

# Rider Premium paying term will be same as premium paying term of the base plan. If the entry age plus base plan premium paying term is beyond age 70, the rider would be of premium paying term 70 less entry age. When rider is attached subsequent to policy issuance, the rider premium payment term would be equal to remaining premium payment term of the base policy.

❖ **Benefit payable**

✓ **On Death**

None

✓ **On Critical Illness\***

In the event the life insured is diagnosed to be suffering from any one of the below 12 critical illnesses, we will pay 100% of the rider sum assured on survival of 30 days following the date of confirmed diagnosis.

The benefit is payable only once during the term of the policy. The cover under this

rider will cease after a claim under this rider is paid. However, the remainder of the base policy continues till the end of the term. The policyholder will have to continue paying his premiums for the remainder of the policy.

Conditions:

Claim for critical illness will only be accepted if the illness has occurred after 90 days from the date of issuance or revival of the rider.

- The benefit under this rider is payable only when the life coverage on the base plan is in force.

\*This rider provides protection against 12 critical illnesses, namely:

1. Cancer of Specified Severity
2. Open Chest CABG
3. Myocardial Infarction (First Heart Attack of specific severity)
4. Open Heart Replacement OR Repair of Heart Valves
5. Kidney Failure Requiring Regular Dialysis
6. Third Degree Burns
7. Major Organ / Bone Marrow Transplant
8. Permanent Paralysis of Limbs
9. Stroke Resulting in Permanent Symptoms
10. Surgery of aorta
11. Coma of Specified Severity
12. Blindness

❖ **Non-forfeiture benefits**

✓ **Unexpired Risk Premium Benefit/ Paid-up Benefits**

Regular pay:

No Unexpired Risk Premium Benefit is available under regular pay riders.

Single pay:

Unexpired Risk Premium Value is equal to “Single Premium including extra premium for substandard lives, if any (exclusive of service tax) \* 70% \* Number of remaining complete months of rider term / Total Rider Term in months”

Limited pay:

Unexpired Risk Premium Value is equal to “70% \* [Total Premium paid including extra premium for substandard lives, if any (exclusive of service tax) less {Total Premium payable including extra premium for substandard lives, if any (exclusive of service tax) \* (Number of completed months of rider term + 1) / Total Rider Term in months}]]”

The rider alone may be surrendered / discontinued separately or it gets surrendered / discontinued if the base product is surrendered / discontinued or made paid-up. Any Lock-in condition will be applicable as per base plan.

✓ **Paid-up Benefits**

Not available

❖ **Taxes**

The Policyholder will be liable to pay all applicable taxes as levied by the Government from time to time.

❖ **Terms and Conditions**

✓ **Free look Period**

You have a Free Look period of thirty (30) days beginning 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 Proposer/Life Insured.

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

✓ **Waiting Period**

Claim for critical illness will only be accepted if the illness has occurred 90 days from the date of issuance or revival of the rider

✓ **Survival Period**

Claim for critical illness will only be accepted if the illness has occurred on survival of 30 days following the date of confirmed diagnosis

✓ **Exclusions**

The life insured will be entitled to receive the benefit if the critical illness does not result either directly or indirectly from any one of the following causes listed in the exceptions below:

- Any Pre-Existing Disease
- Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period);
- 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.
- Intentional self-inflicted injury, attempted suicide, while sane or insane.
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances
- unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- Failure to seek or follow medical advice.
- 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.

- Taking part in any naval, military or air force operation during peace time.
- 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.
- 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 radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

✓ **Suicide Claim provisions**

Not Applicable for this rider

✓ **Grace period for non-forfeiture provisions**

Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period

✓ **Revival or Reinstatement**

As per the base plan

❖ **Appendix I : Critical Illness Definitions**

**i) Cancer of Specified Severity**

A 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 –

- i. 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. Carcinoma in situ of breasts, Cervical

- dysplasia CIN-1, CIN -2 & 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 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;

### **ii) 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.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

### **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. 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.

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.

### **iv) 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.

**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:

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

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

**viii) 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.

**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.

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 laparotomy 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. Surgery performed using only

minimally invasive or intraarterial 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:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. 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**

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. 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.

## ❖ **Appendix 2: Other Definitions**

### **Accident**

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

### **Congenital Anomaly**

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly  
Congenital anomaly which is not in the visible and accessible parts of the body.
- b. External Congenital Anomaly  
Congenital anomaly which is in the visible and accessible parts of the body.

### **Day Care Centre**

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

- a. has qualified nursing staff under its employment;
- b. has qualified medical practitioner(s) in charge;
- c. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- d. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

### **Day Care Treatment**

Day care treatment means medical treatment, and/or surgical procedure which is:

- a. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
- b. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

### **Grace Period**

means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

### **Hospital**

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010



or under enactments specified under the Schedule of Section 56(1) and the said Act OR complies with all minimum criteria as under:

- a. has qualified nursing staff under its employment round the clock;
- b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- c. has qualified medical practitioner(s) in charge round the clock;
- d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e. maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel;

### **Hospitalization**

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

### **Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
- b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
  - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
  - it needs ongoing or long-term control or relief of symptoms
  - it requires your rehabilitation or for you to be specially trained to cope with it
  - it continues indefinitely
  - it recurs or is likely to recur.

### **Injury**

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

### **Medical Advice**

Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

### **Medically Necessary Treatment**

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

### **Medical Practitioner**

Medical 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

### **Pre-Existing Disease**

**Pre-existing Disease (PED) means any condition, ailment, injury or disease:**

- a) 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
- b) For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy or its reinstatement.

### **Qualified Nurse**

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

### **Surgery or Surgical Procedure**

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**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.

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

SECTION 45 OF THE INSURANCE ACT, 1938 STATES: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy adjusted on subsequent proof that the age

of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, as amended from time to time.

### **About Edelweiss Life Insurance Company Limited**

Edelweiss Life Insurance Company Limited (formerly known as Edelweiss Tokio Life Insurance Company Limited) established nationwide operations in July 2011 with an immovable focus on protecting people's dreams and aspirations. The company has been focussed on bringing innovation, simplicity, and a new-age approach to life insurance, aligned with the expectations of the customer today. It has been offering need-based and innovative life insurance solutions to help customers live their #zindagiunlimited. With a customer-centric approach, the company has been operating as a multi-channel distribution business to effectively serve its customers across the country. As of March 2024, the company has 109 branches in 88 major cities.

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

Edelweiss Life Insurance Company Limited  
(formerly known as Edelweiss Tokio Life Insurance Company Limited)

CIN: U66010MH2009PLC197336

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