

Edelweiss Life – Payor Waiver Benefit Rider
(An Individual, Non-Linked, Non-Participating, Pure Risk, Health Insurance Rider)

❖ **Plan Summary:**

Entry Age (last birthday)	18 to 65 years
Maximum Maturity Age (last birthday)	70 years
Rider Term*	Equal to the premium paying term of the base plan subject to minimum rider term of 5 years. <i>(Any Base Plan having limited pay and regular pay can avail this rider)</i>
Premium Paying Term*	Equal to the premium paying term of the base plan
Minimum Premium	Rs. 3.40/-
Maximum Premium	Maximum premium will be restricted to 30% of the Base Plan premium
Frequency of payment	Same as Base Plan policy. Any premium rebate or modal factors will also be same as the Base Plan.
Minimum premium to be waived	Rs. 10,000 (at inception, as per clause 5 of Schedule I of IRDAI (Insurance Products) Regulation, 2024)
Maximum premium to be waived	No limit, subject to Board approved Underwriting Policy.

This rider is also available for sale through online mode

* Rider term will be same as premium paying term of Base Plan, subject to maximum age at expiry of 70. If the entry age of the proposer plus Base Plan premium paying 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 Plan policy premium paying term subject to minimum of 5 years.

* The term of the rider cannot be less than the premium paying term of the Base Plan. So this rider will be offered to those where sum of age at entry of the proposer and premium paying term of the Base Plan policy does not exceed 70 years of age.

If **Edelweiss Life – Payor Waiver Benefit rider** is selected then it will be applicable for the Base Plan. The benefit under this rider is payable only when the Base Plan is in-force.

If the Base Plan is not in-force then the rider cannot be kept in-force on a standalone basis. The rider premium will not be accepted if the same is not accompanied with the premium for the Base Plan.

❖ **Benefit payable**

This rider is available with policies where life insured and the proposer of the base policy are different lives. This rider will be offered to the proposer for the following cases.

- a. Minor life is the life insured and parent/ grand-parent/ legal guardian is the proposer
- b. Spouse is the life insured
- c. HUF Karta is the proposer and any member of the HUF is the life insured

The customer can choose any one of the three benefit options given below at the time
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of opting for this rider as per his/her requirement. The proposer can choose only one of the three options and chosen option cannot be changed during the term of rider.

Option 1: On Death

✓ **On Death**

While the Base Plan and this rider is in-force, on the death of the policyholder all future premiums, that would have been payable under the Base Plan till the term of this rider, will be waived.

Option 2: On Critical Illness or Accidental Total and Permanent Disability

✓ **On Accidental Total and Permanent disability***

While the Base Plan and this rider is in-force, in the event of confirmed diagnosis of total and permanent disability due to accident of policyholder, all future premiums, that would have been payable under the Base Plan till the term of this rider, will be waived.

✓ **On Critical Illness#**

While the Base Plan and this rider is in-force, in the event of the confirmed diagnosis of the proposer of the Base Plan suffering from any one of the below mentioned 12 insured critical illnesses conditions (subject to definitions), all future premiums, that would have been payable under the Base Plan till the term of this rider, will be waived

Claim will be triggered only once on the first confirmed diagnosis of critical illness or accidental total and permanent disability during the rider term.

Option 3: On Death or Critical Illness or Accidental Total and Permanent Disability

✓ **On Death**

While the Base Plan and this rider is in-force, on the death of the policyholder,-all future premiums, that would have been payable under the Base Plan till the term of this rider, will be waived-

✓ **On Accidental Total and Permanent disability***

While the Base Plan and this rider is in-force, in the event of confirmed diagnosis of total and permanent disability due to accident of policyholder, all future premiums that would have been payable under the Base Plan till the term of this rider, will be waived

✓ **On Critical Illness#**

While the Base Plan and this rider is in-force, in the event of the confirmed diagnosis of the proposer of the Base Plan suffering from any one of the below mentioned 12 insured critical illnesses conditions (subject to definitions), all future premiums that would have been payable under the Base Plan till the term of this rider, will be waived

Claim will be triggered only once on the first confirmed diagnosis of critical illness or accidental total and permanent disability or death of the policyholder of the Base Plan policy during the rider term.

The Rider premium is guaranteed throughout the rider term.

*** Accidental Total and Permanent Disability**

Accidental Total and Permanent Disability is defined as disability caused by bodily injury, which causes permanent inability to perform any occupation or to engage in

any activities for remuneration or profits. This disability should last for at least one hundred and eighty (180) days before being eligible for total and permanent disability benefits. Further the company reserves the right to call for medical examination as they may require fit in this regard. The premium during the 180 days waiting period needs to be paid by the policyholder. However once the policyholder is eligible for the claim, the company will reimburse the premiums paid by the policyholder during the 180 days.

Total and permanent disability also includes the loss of both arms, or both legs, or one arm and one leg, or of both eyes. Loss of arms means dismemberment by amputation from the wrist joint and loss of legs means dismemberment by amputation from the ankle joint. Loss of eyes means entire and irrecoverable loss of sight. In these circumstances waiting period of 180 days will not be applicable.

Critical Illness

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

Conditions for Critical Illness:

- The proposer should survive for 30 more days following the date of confirmed diagnosis. The diagnosis is confirmed once it is established through medical tests or is certified by a medical practitioner, who is an independent medical practitioner
- Claim for critical illness will only be accepted if the illness has occurred after 90 days from the date of issue/ date of revival of the rider.

If the premium is due and paid before completion of 30 days (waiting period) from the date of confirmed diagnosis, such amount of premium paid will be refunded.

❖ **Non-forfeiture benefits**

There is no surrender value, paid up value or loan available on this rider. On surrender of the Base Plan, no rider benefit will be paid. The rider benefit will cease immediately if the Base Plan is terminated, discontinued or made paid-up. The rider cover will also cease when a claim is paid.

❖ **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.

✓ **Suicide claim provisions**

In case of death due to suicide within 12 months from the risk commencement date or from the date of revival of the rider coverage, as applicable, the nominee or beneficiary of the policyholder shall be entitled to receive 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 rider coverage is in force.

✓ **Exclusions**

Rider will not be offered if any of the exclusions are identified at the time of accepting the risk.

Critical Illness exclusions:

- Any Pre-Existing Disease;
- Any disease covered under Critical Illness 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 Proposer in any flying activity, except as a bona fide, fare paying passenger, pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the policyholder in a criminal or unlawful act with 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 radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

Total & Permanent Disability exclusions:

The life insured will not be entitled to any benefits for any disability caused to proposer directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- Suicide or attempted suicide or self-inflicted injury, whether the proposer is medically sane or insane.
- Failure to seek medical advice or treatment.
- War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.
- Service in the armed forces, or any police organization, of any country at war or service in any force of an international body.
- Committing an assault, a criminal offence, an illegal activity or any breach of law, with 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.
- 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

- Participation by the proposer in any flying activity, except as a bona fide, fare paying passenger, pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- Disability as a result of any disease or infection.

✓ **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:**

The proposer may choose to discontinue the rider premium even though he is paying the premium pertaining to the underlying Base Plan to which the rider is attached. In such a case of rider premium discontinuance, the rider is not allowed to be revived in future.

However, in case the entire policy premium (the Base Plan and the rider) has been discontinued and the proposer wants to revive the same then he would be allowed to revive the policy within the revival period offered under the Base Plan. In such a case the Grace period, Revival and Lapse related terms and conditions will be as per the Base Plan to which this rider will be attached.

Rider premium will not be collected separately if the base policy is not in force.

❖ **Appendix 1: 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 –

- 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- 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
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- 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. 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.

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 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. 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:

- has qualified nursing staff under its employment;
- has qualified medical practitioner(s) in charge;
- has fully equipped operation theatre of its own where surgical procedures are carried out;
- 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:

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

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

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

- i) has qualified nursing staff under its employment round the clock;
- ii) 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;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) 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 rehabilitation for the patient or for the patient 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.

Doctor/ Certified Physician :

Means a person who holds a degree of a recognized medical institute and is registered by Medical Council of India or of the respective States of India, if so required and acting within the scope of the license of registration granted to him/her. The definition would include Physician, Specialist, Anaesthetist and Surgeon and specifically excludes doctors / practitioners in non-allopathic fields.

Approved Specialist:

A person qualifying as Doctor/Certified Physician and also holds either Post Graduate Diploma or Post Graduate degree in Specialist field being recognized by MCI or of the respective States of India, if so required and acting within the scope of the license of registration granted to him/her. The following are fields currently recognised by MCI.

Anesthesiology, Aviation Medicine, Anatomy, Biochemistry, Biophysics, Cardiology, Clinical Hematology, Clinical Pathology, Clinical Pharmacology, Community Medicine, Dermatology, Venerology and Leprosy, Endocrinology, Family Medicine, Forensic Medicine, General Medicine, Geriatrics, Immuno Haematology and Blood Transfusion, Immunology, Marine Medicine, Medical Gastroenterology, Medical Genetics, Medical Oncology, Microbiology, Neonatology, Nephrology, Neurology, Neuro radiology, Nuclear Medicine, Nutrition, Obstetrics & Gynecology, Occupational Health, Ophthalmology, Orthopedics, Oto-Rhino Laryngology, Pathology, Paediatrics, Pharmacology, Physical Medicine Rehabilitation, Physiology, Psychiatry, Public Health, Radiation Medicine, Radio diagnosis, Radiological Physics, Radio therapy, Rheumatology, Sports Medicine, Tropical Medicine & Health, Tuberculosis & Respiratory Medicine or Pulmonary Medicine and Virology.

Prohibition of Rebate:

(Section 41 of the Insurance Act, 1938, as amended from time to time)

SECTION 41 OF THE INSURANCE ACT, 1938 STATES 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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