

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

SL No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number				
1	Name of the Insurance Product/Policy	Edelweiss Tokio Life – CritiCare+	Part A				
2	Policy Number	<< >>					
3	Type of Insurance Product/Policy	Benefit					
4	Sum Insured	Rs << >>					
5	Policy Coverage(What the Policy Covers?)	<p>1. Under the Single claim option If the Life Insured is diagnosed to be suffering from a Critical Illness listed below in Table A when the Policy is in force AND the Life Insured survives for at least 28 days following the confirmed date of diagnosis we will pay Sum Assured, and the Policy will terminate.</p> <p>2. Under the Multi claim option If the Life Insured is diagnosed to be suffering from a Critical Illness listed below in Table A when the Policy is in force AND the Life Insured survives for at least 28 days following the confirmed date of diagnosis, We will pay: First Claim: Sum Assured plus future premiums will be waived off. Second Claim: Sum Assured (for critical illness under different groups). Third Claim: Sum Assured (for critical illness under different groups) and the Policy will terminate.</p> <p>Table A</p> <table border="1"> <tbody> <tr> <td>Group 1</td> <td> <ul style="list-style-type: none"> - Open Chest CABG - First Heart Attack - of Specified Severity - Open Heart Replacement OR Repair of Heart Valves - Kidney Failure Requiring Regular Dialysis - Major Organ Transplant (Heart, Kidney) - Stroke Resulting in Permanent Symptoms - Aorta Surgery </td> </tr> <tr> <td>Group 2</td> <td> <ul style="list-style-type: none"> - Permanent Paralysis of Limbs - Coma of Specified Severity - Major Burns - Total Blindness </td> </tr> </tbody> </table>	Group 1	<ul style="list-style-type: none"> - Open Chest CABG - First Heart Attack - of Specified Severity - Open Heart Replacement OR Repair of Heart Valves - Kidney Failure Requiring Regular Dialysis - Major Organ Transplant (Heart, Kidney) - Stroke Resulting in Permanent Symptoms - Aorta Surgery 	Group 2	<ul style="list-style-type: none"> - Permanent Paralysis of Limbs - Coma of Specified Severity - Major Burns - Total Blindness 	Part C
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Group 2	<ul style="list-style-type: none"> - Permanent Paralysis of Limbs - Coma of Specified Severity - Major Burns - Total Blindness 						

			<p>Group 3</p> <ul style="list-style-type: none"> - Aplastic Anaemia - Cancer of Specified Severity - Benign Brain Tumour - Major Organ Transplant (Bone Marrow, Liver, Lung, Pancreas) 	
			<p>Group 4</p> <ul style="list-style-type: none"> - Motor Neurone Disease with Permanent Symptoms - Multiple Sclerosis with Persisting Symptoms 	
6	<p>Exclusions (What the policy does not cover)</p>	<p>Apart from the exclusions mentioned in the definitions section of Policy Document, We will not be liable to make any payment in case of following:</p> <ul style="list-style-type: none"> • Any critical illness or its signs or symptoms having occurred within 90 days of policy issue date. • For a policy which was lapsed and has subsequently been revived, any critical illness or its signs or symptoms having occurred within 90 days of revival date • For all pre-existing diseases or health conditions at proposal stage or reinstatement, the benefits would be available after 48 months from date of Risk Commencement Date or reinstatement. (Reinstatement would be applicable only for policies which were lapsed and subsequently been revived) • Unreasonable failure to seek or follow medical advice • Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV). • Self-inflicted injuries, attempted suicide, insanity, and immorality, and deliberate participation of the life insured in an illegal or criminal act. • Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner • War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped 	Part C	

		<p>power or wilful participation in acts of violence.</p> <ul style="list-style-type: none"> • Radioactive contamination due to nuclear accident. • Engaging in hazardous sports/ pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement. 	
7	<p>Waiting Period</p> <p>*Time period during specified diseases/treatments are not covered</p> <p>*It is counted from the beginning of the policy coverage</p>	<p>We will not be liable to make any payment under this Policy if the Critical Illness has occurred within 90 days from the Risk Commencement Date or the revival of the Policy whichever is later.</p>	Part C
8	<p>Claims/Claims Procedure</p>	<p>We shall be given written notice of the Life Insured's Critical Illness immediately and in any event within 90 days from the date of diagnosis of the Critical Illness. We will accept claim intimated beyond 90 days from the date of diagnosis only if the reasons given are found to be satisfactory by Us. We shall be provided with the following documents for Us to assess the claim:</p> <ul style="list-style-type: none"> i) Our claim form which must be duly completed; ii) Copy of diagnosis report confirming the occurrence of Critical Illness which is acceptable to Us; iii) All past and present medical records (such as discharge summary, daily records and investigation test reports, surgical notes), if applicable; iv) The original Policy document, if opted for single claim option; 	Part F

		<p>v) Evidence of date of birth if We have not admitted age;</p> <p>vi) A copy of the Life Insured's photo identification proof, address proof and bank account details with a copy of the cancelled cheque;</p> <p>vii) Treating doctor certificate filled by the doctor treating the Life Insured for the diagnosed ailment;</p> <p>viii) Hospital certificate duly filled in by the hospital where the Life Insured was admitted;</p> <p>ix) Any other information or documentation that We request.</p> <p>You are requested to send intimation of the claim to any of Our branch offices or to Our Registered office mentioned below.</p> <p>Claims Officer Edelweiss Tokio Life Insurance Company Ltd. 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisstokio.in Phone no: 1800 2121 212</p> <p>In case of any delay in making the payment beyond the timelines as prescribed under the applicable Regulations, We will pay interest at a rate which is 2% above the Bank rate prevailing at the beginning of the Financial Year in which the Claim is assessed.</p>	
9	Policy Servicing	<ul style="list-style-type: none"> • Toll free customer care number: 1-800-2121-212 (Mon-Sat 10 AM TO 7 PM). • Email us at: GRO@edelweisstokio.in • Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai 400070. • You can lodge your grievance/complaint at any of our branches/offices 	Part G
10	Grievances/Complaints	We have established a Grievance Redressal Mechanism to assist in the resolution of any complaint, grievance, or	Part G

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: GRO@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai 400070.
- You can lodge your grievance/complaint at any of our branches/offices

Details of Grievance Redressal officer:

+91-22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays), Email id: GRO@edelweisstokio.in.

We will respond with a resolution within 15 calendar 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 (IGCC) - Toll free No: 155255 / 1800 425 4732
- Email ID: 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

		<p>Insurance Regulatory and Development Authority of India</p> <p>Survey No. 115/1</p> <p>Financial District</p> <p>Nanakramguda</p> <p>Gachibowli</p> <p>Hyderabad – 500 032, Telangana</p> <p>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').</p> <p>Powers of Insurance Ombudsman under Rule 13 of the Insurance Ombudsman Rules:</p> <p>The Ombudsman shall receive and consider the following complaints or disputes relating to:</p> <ul style="list-style-type: none">a. delay in settlement of claims, beyond the time specified in the regulations, framed under Insurance Regulatory and Development Authority of India Act, 1999;b. any partial or total repudiation of claims by the Company;c. disputes over premium paid or payable in terms of insurance policy;d. misrepresentation of policy terms and conditions at any time in the Policy Document or policy contract;e. legal construction of insurance policies in so far as the dispute relates to claim;f. policy servicing related grievances against the Company and their agents and intermediaries;	
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- g. issuance of life insurance policy including health insurance policy which is not in conformity with the Proposal Form submitted by the proposer;
- h. non-issuance of insurance policy after receipt of premium in life insurance including health insurance; and
- i. any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) as mentioned above.

Manner in which complaint is to be made in accordance with Rule 14 of the Insurance Ombudsman Rules:

1. Any person who has a grievance against the Insurer/Company/Us, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose territorial jurisdiction the branch or office of the Company, complaint against or the residential address or place of residence of the complainant is located.
2. The complaint shall be in writing duly signed by the complainant or through his legal heirs, Nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.
3. No complaint to the Insurance Ombudsman shall lie unless:
 - (a) the complainant makes a written representation to the Company named in the complaint and—
 - i. either the Company had rejected the complaint; or

		<ul style="list-style-type: none"> ii. the complainant had not received any reply within a period of one month after the Company received the complainant's representation; or iii. the complainant is not satisfied with the reply given to him by the Company; <p>(b) The complaint is made within one year—</p> <ul style="list-style-type: none"> i. after the order of the Company rejecting the representation is received; or ii. after receipt of decision of the Company which is not to the satisfaction of the complainant; iii. after expiry of a period of one month from the date of sending the written representation to the Company if the Company named in the complaint fails to furnish reply to the complainant. <p>4. The Insurance Ombudsman shall be empowered to condone the delay in filing a complaint as mentioned above under (3) (b), as he may consider necessary, after calling for objections of the Company against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under the Insurance Ombudsman Rules.</p> <p>5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.</p>	
11	Things to remember	<p>Free Look cancellation: You may return the Policy document to Us within 15 days* of receipt of the Policy document if You disagree with any of the terms and conditions by giving Us written reasons for Your objection. We will refund the Premium received after deducting proportionate risk premium, stamp duty charges and medical expenses (if any).</p>	Part C

		<p>*A free look period of 30 days will be offered for policies sold through distance marketing (where distance marketing means sale of insurance products through any means of communication other than in person).</p> <p>Revival: The Policy may be revived within two years from the due date of the first unpaid Premium by giving Us a written notice to revive the Policy and payment of all overdue premiums with simple interest, as declared by company from time to time, for every completed month from the date of first unpaid premium.</p> <p>The revival will be effected on receipt of the proof of continued insurability and subject to medical examination, if required (cost to be borne by the policyholder). Also, You shall give Us written notice immediately if there is any change in the Life Insured's Occupation. On interpretation of the results if the life is accepted by the Underwriter, only then the policy would be allowed to revive. The effective date of revival is when these requirements are met and approved by Us. The revival would be as per Board approved underwriting guidelines.</p>	
12	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	

Declaration by the Policy Holder:

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

Place:

Date:

Signature of the Policy