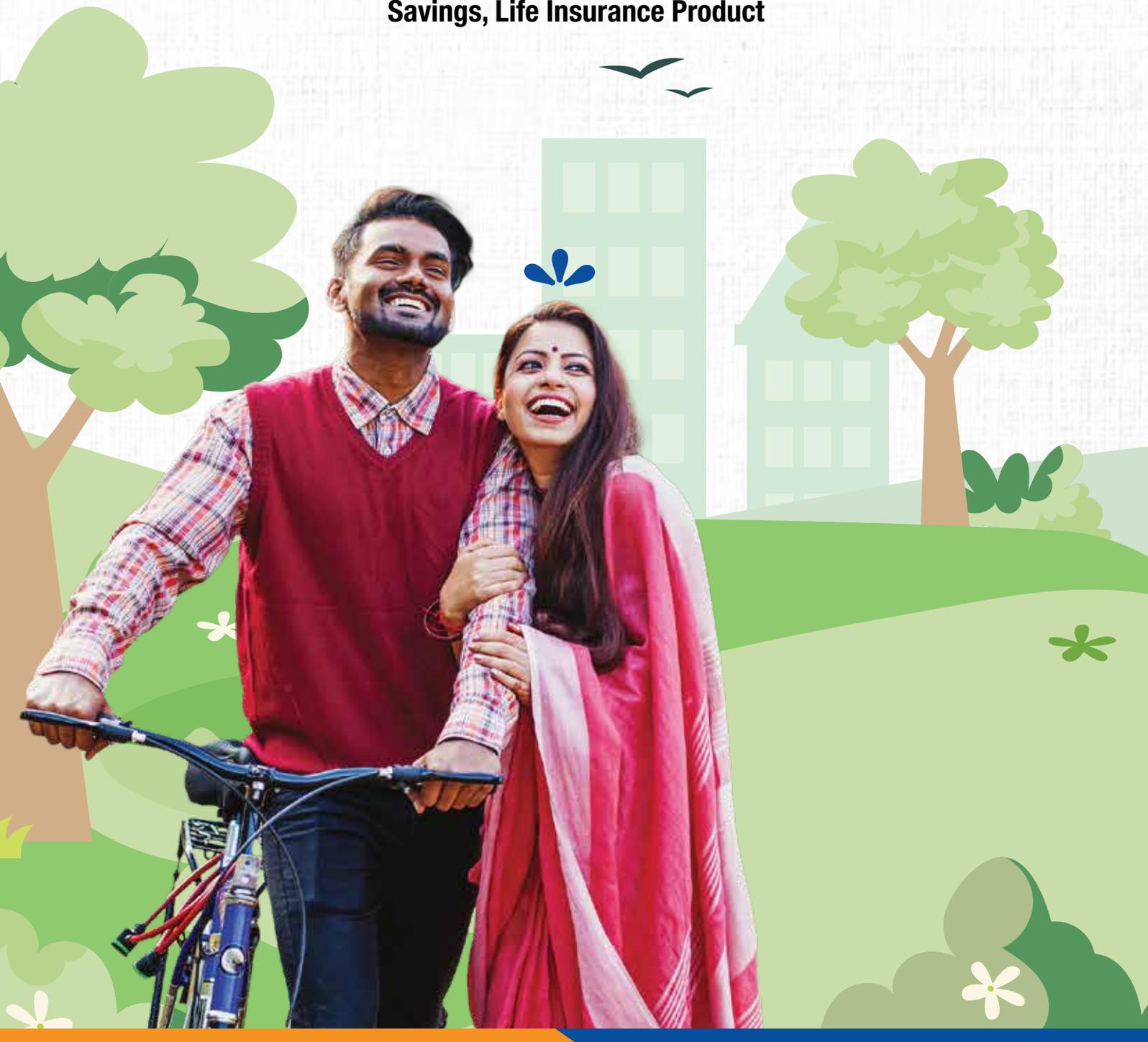


edelweiss **life** **guaranteed** **growth plan**

**An Individual, Non-Linked, Non-Participating,
Savings, Life Insurance Product**



4 Reasons to choose this plan :

01

Secures your family's financial future through life insurance cover

02

Ensure your family's dreams are met even in your absence or diagnosis of covered critical illness with Family Benefit

03

Secure your future goals with a plan which offers guaranteed* returns

04

Offers Tax Benefit as per prevailing Tax Laws*

Why Edelweiss Life Insurance?

At Edelweiss Life Insurance, we realize that your needs are more important than anything else. That's why it is our constant aim to understand your needs first before offering any advice or an insurance solution. Your needs, based on your priorities, are first understood, then evaluated against your future goals so that we can ensure that we can offer you the best solution suited to your needs.

Why a life insurance plan?

Life insurance is all about meeting responsibilities and delivering promises. You buy life insurance from your family's point of view and not just your own. Life insurance is a tool that protects your family from the potentially devastating financial losses that can result if you die prematurely. It also helps you to save money in a regular and a disciplined manner.

Why Edelweiss Life – Guaranteed Growth Plan?

Edelweiss Life – Guaranteed Growth Plan offers life cover and stable assured returns that can take care of your future financial needs thus, help you achieve your goals. What's more, with Family Benefit Option, the plan also secures your family's financial future by ensuring the benefits are paid on maturity, even if you are no longer around to care for them or on diagnosis of any of the covered Critical illnesses.

Who should opt for this plan?

Guaranteed Growth Plan is suitable for someone –

- who is risk averse
- who wants a combination of life insurance and savings
- who wants to balance their financial portfolio with guaranteed returns
- who wants to save for various financial needs like child future planning, retirement planning, or any other financial goal.

*Provided all due premiums are paid/waived-off and the policy is in-force

Tax benefits are subject to changes in the tax laws

How does this plan work?

Choose:

- Premium or Sum Assured on Maturity,
- Premium Paying Term (PPT),
- Policy Term (PT) and
- Family Benefit – Yes/No

Based on the choices, your age and gender, either the Premium or Sum Assured on Maturity will be determined.

Plan at-a-glance

Parameters		Minimum	Maximum
Entry Age for Life Insured (age last birthday)	Policy Term		With Family Benefit : 55 [®] years Without Family Benefit : 60 years
	10	With Family Benefit : 18 years Without Family Benefit : 8 years	
	15	With Family Benefit : 18 years Without Family Benefit : 3 years	
	20	With Family Benefit : 18 years Without Family Benefit : 0 years	
	30	With Family Benefit : 18 years Without Family Benefit : 0 years	
Age at Maturity		18 Years	90 Years
Policy Term (in years)		10	30
Premium (exclusive of taxes and levies as applicable)	Mode of Premium Payment		
	Monthly	4,000	No Limit, subject to board approved underwriting policy
	Single Pay	50,000	No Limit, subject to board approved underwriting policy
Sum Assured on Death		For Single Pay: Rs 62,500 For other than Single Pay: Rs 4,80,000	No Limit, subject to board approved underwriting policy
Available Premium Payment Term (PPT) (in years)	Single Pay, 5, 7 and 10		
Available Policy Term (in years)	Premium Payment Term (PPT)	Policy Term (PT) (in years)	
	SP	10, 15 & 20	
	5 Pay	10, 15 & 20	
	7 Pay	10, 15 & 20	
	10 Pay	10, 15, 20 & 30	

Waiting period for Critical Illness (under Family Benefit)	90 Days
Survival period under Critical Illness (under Family Benefit)	30 Days
Mode of premium payment	Single Pay, Monthly

@ In case of 'Family Benefit on Critical Illness and Death' the Maximum Entry Age is 50 years

In case the Life Insured is a minor, the risk cover will start from the policy commencement date and on attainment of majority, the ownership of policy will automatically vest on the Life Insured. The relationship between the Proposer and the Life Insured in such case should be such that there is a legally accepted insurable interest between the two as per the Board Approved Underwriting Policy. Currently, insurable interest is considered to be between parents / other legal guardians and minor lives. In case of death of the Life Insured who is a minor, the death benefit will be paid to the Proposer in the policy. The Policyholder should ensure that while the Life Insured is still a minor, the Income Benefit Pay-outs are used for the benefits of the minor life.

Benefits in detail:

The following benefits will be applicable for this plan:

Death Benefit:

On death of the Life Insured during the policy term while the policy is in-force\$, Death Benefit equal to Sum Assured on Death is payable and the policy will terminate.

Premium Paying Term – Single Pay

The Sum Assured on Death at any point of time, provided the policy is in-force\$ is highest of:

- i. Sum Assured i.e., 1.25 times the Single Premium#
- ii. Any Absolute amount assured to be paid on death^

Premium Paying Term – Other than Single Pay

The Sum Assured on Death at any point of time, provided the policy is in-force\$ is highest of:

- i. Sum Assured i.e., 10 times Annualized Premium#
- ii. Any Absolute amount assured to be paid on death^
- iii. 10 times the Annual Premium*

#Annualized Premium shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

*Annual Premium shall be the premium payable in a year chosen by the policyholder, including loadings for modal premiums and the underwriting extra premiums, if any but excluding the taxes, rider premiums, if any.

^Absolute Amount Assured to be paid on Death is as defined below:

(Sum Assured on Maturity, multiplied by applicable DB Factor)

If 'Family Benefit on Death' / 'Family Benefit on Critical Illness and Death' is selected: Absolute Amount Assured to be paid on Death is Nil.

For other than Single Pay, as the product has only Monthly Mode of Premium Payment there is no modal loading applicable in this product.

The Death Benefit during the entire Policy Term will not be less than 105% of Total Premiums Paid** upto date of death.

**Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

\$In-force means the status of the policy during the Policy Term when all the due premiums have been paid/waived off or the policy is not in a state of discontinuance.

Maturity Benefit:

In case the Life Insured survives till the end of the policy term, provided the policy is in-force, the Sum Assured on Maturity(Sum Assured on Maturity is equal to SAM Rate times the Annualised Premium / Single Premium), is payable as lumpsum to you.

On receipt of the complete Maturity Benefit, the policy will terminate without any further benefit.

Sample Illustration:

Rahul is a 30-year-old male and can save Rs. 10,000 every month for the next 5 years. He wants to receive a guaranteed corpus after 10 years to fund the education of his daughter. He buys Edelweiss Life Guaranteed Growth Plan with an Annualized Premium of Rs. 1,20,000, Sum Assured on Death (at inception) of Rs. 12,00,000, PPT – 5 years, PT – 10 years, Premium Paying Frequency – monthly, Family Benefit – No.

Policy Year	Annualized Premium	Maturity Benefit
1	1,20,000	-
2	1,20,000	-
3	1,20,000	-
4	1,20,000	-
5	1,20,000	-
6	0	-
7	0	-
8	0	-
9	0	-
10	0	10,21,080

On surviving till the date of Maturity, Rahul will get a guaranteed amount of Rs. 10,21,080 in total against total premium payment of Rs. 6,00,000

Additional Benefit: 'Family Benefit' :

If you have opted for other than Single Pay, you have the option to choose an additional benefit in the form of 'Family Benefit' at the inception of the policy only. If any of the 'Family Benefit' is chosen, it cannot be opted out/changed during the Policy Term. The two options available under the 'Family Benefit' are as below. The options are subject to Board Approved Underwriting Policy.

- i. Family Benefit on Death
- ii. Family Benefit on Critical Illness and Death

The benefits available under these options are described below:

● Family Benefit on Death

In case of death of the Life Insured while the policy is in-force, Death Benefit (as defined above) is payable. In addition, no future premiums are required to be paid and the policy will continue as an in-force policy. On the date of maturity, Sum Assured on Maturity will be paid and the policy will terminate without any further benefit.

● Family Benefit on Critical Illness and Death

In case of death of the Life Insured while the policy is in-force, Death Benefit (as defined above) is payable. In addition, no future premiums are required to be paid and the policy will continue as an in-force policy. On the date of maturity, Sum Assured on Maturity, will be paid and the policy will terminate without any further benefit.

If the Life Insured is diagnosed with one of the covered critical illnesses, as specified below, while the policy is in-force, then on survival of 30 days following the date of diagnosis, no future Premiums, if any, are required to be paid and the policy will continue as an in-force policy. The Death Benefit and Maturity Benefit under the policy will continue till the end of the Policy Term.

For **Critical Illness (CI)**, the diagnosis should meet the definitions and exclusion as specified below.

During the period from the reporting of the critical illness claim till its confirmation, the policy shall be treated akin to a continuing policy. However, if you have paid any premiums falling due during this period, the same will be refunded back on acceptance of the critical illness claim. If the critical illness claim is rejected, all future due premiums will be required to be payable and the policy will continue for all future benefits subject to policy being in-force policy.

Other Conditions for Critical Illness benefit:

- Claim for critical illness will only be accepted if the illness has occurred after 90 days (waiting period) from the date of inception of the policy or revival of the policy, whichever is later.
- No benefit will be applicable if there is diagnosis of any covered critical illness or any signs or symptoms related to any of the covered critical illness, within the waiting period as applicable from either the date of issue of the policy or date of revival whichever is later.
- For any critical illness claim to be valid, the incidence of the condition must be the first occurrence in the lifetime of the Life Insured.
- The Life Insured has to notify the critical illness claim within 90 days of the date of diagnosis of the covered critical illness. However, claims filed even beyond such period should be considered if there are valid reasons for any delay.
- Critical Illness benefit will be applicable subject to satisfaction of definitions and exclusions, only once in the complete policy term. No benefit will be applicable on re-occurrences of the same Critical Illness or on diagnosis of any other Critical Illness after a Critical Illness claim is already paid.
- If the Life Insured is diagnosed with critical illness within the Policy Term, the benefits will be applicable even if the survival period of 30 days crosses the Policy Term.

In case Family Benefit is opted, post Critical Illness or Death, as applicable, no future premiums for the base policy will be required to be paid, however rider premium if any will be required to be paid.

Below mentioned is the list of Covered Critical Illness Conditions which are covered under this benefit:

Cancer of Specified Severity	Major Organ/ Bone Marrow Transplant
Open Chest Coronary Artery Bypass Graft (CABG)	Permanent Paralysis of Limbs
Myocardial infarction (First Heart Attack of Specific Severity)	Stroke resulting in permanent symptoms
Open Heart Replacement or Repair of Heart Valves	Major Surgery Of Aorta
Kidney Failure Requiring Regular Dialysis	Coma of Specified Severity
Third Degree Burns	Blindness

a) Cancer of Specified Severity

A malignant tumor 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.
- 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;
- ix. All tumors in the presence of HIV infection

b) Open Chest Coronary Artery Bypass Graft (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

c) 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

d) 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.

e) 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 (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

f) 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.

g) 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

h) 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.

i) 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.

j) Major Surgery Of Aorta:

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 intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.

k) 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.

l) 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.

Exclusions for the Critical Illness Benefit

The life insured will not be entitled to any benefits if a covered Critical Illness results

- i. Either directly or indirectly from any one of the following causes or
- ii. Within the waiting period i.e. 90 days from the date of commencement of the risk or date of reinstatement, whichever is later.

These exclusions apply in addition to the exclusions specified in the definition of each of the covered Critical Illness.

- i. **Pre-Existing disease: Pre-Existing Disease** means any condition, ailment or injury or disease:
 - a. That is/are diagnosed by a physician within 48 months prior to the effective date 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 within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- ii. Intentional self-inflicted injury or attempted suicide.
- iii. 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.
- iv. 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.
- v. Taking part in any naval, military or air force operation during peace time.
- vi. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
- vii. Participation by the insured person in a criminal or unlawful act with a criminal intent.
- viii. 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.

- ix. Any external congenital anomaly. Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- x. Failure to seek or follow medical advice where a “medical advice” means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- xi. 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.

Tax Benefits:

You may be eligible for tax benefits as per applicable tax laws. Tax benefits are subject to change in the tax laws. Kindly consult your tax advisor for detailed information on tax benefits/implications.

Policy Loan:

A life insurance policy should be handy for you in case of any adverse financial emergencies and this plan caters to that, whereby you can avail a loan under the policy once the policy acquires surrender value.

- Maximum loan amount available will be as follows:
 - Without ‘Family Benefit’: 60% of the surrender value
 - With ‘Family Benefit’: 50% of the surrender value

- Interest will be charged on the outstanding loan amount at a rate declared by the
- Company and will be equal to “Three-year (tenure) SBI MCLR + 0.50%, subject to floor of 7.00%”. The loan interest rate will be declared by the company as and when there is a change in the three-year (tenure) SBI MCLR e.g., if the three-year (tenure) SBI MCLR gets revised w.e.f. 15th April 2023 then the revised rate will be applicable from 15th April 2023 till further revision in the loan interest rate. If the loan interest rate is revised, the same interest rate will be applied to both existing and new loans from the date of revision. The rate of interest on policy loan as of 15th September’23 is 9.25% compounded per annum. The interest rate methodology is reviewable with prior approval from IRDAI.

- For other than in-force and fully paid-up policies, if at any point of time outstanding
- loan amount and accumulated interest balance equal or exceeding surrender value, then the policy shall be terminated without value. Prior to this, the Company will notify the customer when his/her outstanding loan balance is 95% of the surrender value and will give an opportunity to repay all or part of the loan balance. The outstanding loan amount and accumulated interest will be recovered from any benefits payable (including Death Benefit, Maturity Benefit) and rest of the benefit amount, if any, will be paid. For in-force and fully paid-up policies: Policy can’t be foreclosed on the ground of outstanding loan amount including interest exceeds the surrender value.

Non-forfeiture Benefits

It is recommended that you pay all premiums for the period selected to be able to enjoy all policy benefits. However, at any stage if you stop paying premiums the following shall be applicable:

Premium Discontinuance (for other than Single Pay)

If all the premiums have not been paid in full for at least first two policy years, then on premium discontinuance, the policy will be lapsed and no surrender value or paid-up value will be payable.

If all the premiums have been paid in full for at least first two policy years, then on premium discontinuance, the policy will acquire surrender value and paid-up value.

Paid-up value:

Paid-up value is not applicable for Single Pay.

For other than Single Pay it is as follows:

If all premiums for at least first two policy years have not been paid in full, then paid-up value in nil.

If all the premiums have been paid for at least first two policy years, then on premium discontinuance the policy will continue as a 'Reduced Paid-up' policy and all the benefits shall be reduced proportionately.

The benefits paid under Reduced Paid-up value will be as per the table below:

Events	How and when Benefits are payable	Size of such benefits/policy monies
Death of the Life Insured	If none of Family Benefit options selected: In case of death of the Life Insured during the Policy Term, Reduced Paid-up Death Benefit will be payable as lumpsum, and the policy will terminate without any further benefit.	Reduced Paid-up Death Benefit
	If 'Family Benefit on Critical Illness and Death' /'Family Benefit on Death' is selected: In case of death of the Life Insured during the Policy Term, Reduced Paid-up Death Benefit will be payable as lumpsum.	Reduced Paid-up Death Benefit The Policy will continue for Reduced paid-up Sum Assured on Maturity.
Maturity of the policy	If none of Family Benefit options selected: On survival of the Life Insured till the date of maturity, Reduced Paid-up Maturity Benefit, is payable in lumpsum.	Reduced Paid-up Sum Assured on Maturity
	If 'Family Benefit on Critical Illness and Death' /'Family Benefit on Death' is selected: Whether the Life Insured survives till the date of maturity or not, Reduced Paid-up Maturity Benefit is payable in lumpsum.	Reduced Paid-up Sum Assured on Maturity

Reduced Paid-up Factor = Total number of months for which Premiums are paid / Total number of months for which Premiums were originally payable

Reduced Paid-up Sum Assured on Maturity = Sum Assured on Maturity x Reduced Paid-up Factor

Reduced Paid-up Death Benefit = Sum Assured on Death x Reduced Paid-up Factor

Surrender Benefit

The policy will acquire Surrender Value if all the premiums have been paid in full for at least first two Policy Years for other than Single Pay policy. On Surrender, the Surrender Value, if any, will be immediately paid, the Policy will be terminated and all the benefits under the Policy shall cease to apply. For a Single Pay policy, the policy will acquire surrender value immediately. On receipt of a written request for Surrender from you, we will pay the higher of Guaranteed Surrender Value ('GSV') or Special Surrender Value ('SSV').

Guaranteed Surrender Value ('GSV'): The Guaranteed Surrender Value is equal to (GSV Factor x Total Premiums Paid) GSV factor varies with premium paying term, Policy Year of Surrender and Policy Term and are provided in the sample Policy Document available on our website. You can also get in touch with our sales representative or contact any of our branches or contact our customer care team to understand the GSV factors applicable for you.

Special Surrender Value ('SSV'): Your policy also acquires a Special Surrender Value. Before making a request for Surrender, you may approach us to know about the Surrender Value in respect of your policy.

Free Look Period

The Company shall inform clearly by the letter forwarding the policy to the policyholder that the policyholder has a free look period of 15 days from the date of receipt of the policy document and period of 30 days in case of electronic policies and policies obtained through distance mode, to review the terms and conditions of the policy and where the policyholder disagrees to any of those terms or conditions, the policyholder has the option to return the policy to the Company for cancellation, stating the reasons for objection, then policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the insurer on medical examination, if any and stamp duty charges.

Exclusion

Suicide Claim

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the Total Premiums Paid till the date of death or Surrender Value available as on the date of death whichever is higher, provided the policy is in force.

Waiting Period

In case 'Family Benefit' option is opted: Waiting Period of 90 calendar days is applicable from the Date of Commencement of Risk or the date of Revival of the policy, whichever is later, during which the Life Insured will not be entitled to the Critical Illness Benefit.

Statutory Information

Grace Period (Not Applicable for Single Pay)

If we do not receive the premium in full by the premium paying due date, then:

- i. We will allow a Grace Period of 15 days. The policy will be in-force during the Grace Period.
- ii. All the benefits under the policy will continue to apply during the Grace Period.
- iii. If any premium remains unpaid at the end of the grace period, the policy shall lapse or become reduced paid-up as the case maybe. The policy benefit thereafter would have no further value except as provided under the non- forfeiture provisions
- iv. In case of death during the Grace Period, the Death Benefit will be paid (after deducting the premium due for the Policy Year in which death occurs).
- v. In case Family Benefit on Critical Illness and Death, is opted on diagnosis of Critical Illness during the grace period, all benefits will continue (the due premium will be adjusted from the benefits)

Nomination

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

Assignment

Assignment is allowed in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

Revival

For Single Pay: Not Applicable

For other than Single Pay:

If premiums are not paid within the grace period, the policy lapses or reduced paid-up as per the provisions mentioned under section Paid Up Value. The policy may be revived within the Revival Period. Revival Period means the period of five consecutive years from the date of first unpaid premium, during which period the policyholder is entitled to revive the policy which was discontinued due to the non-payment of premium. The revival will be considered on receipt of written application from the policyholder along with the proof of continued insurability of Life Insured and on payment of all overdue premiums. Company may charge interest (simple basis), as decided from time to time, on the unpaid premium for every completed month from the date of first unpaid premium.

The revival interest rate will be declared on 1st April every year using G-sec rate with 2 years maturity as at 31st March of the same calendar year. The per month revival interest rate shall be $(x + 3\%)/12$ rounded up to nearest 0.25%, where x is G-Sec rate with 2 years maturity. Source to determine the G-Sec yield is www.ccilindia.com. The declared revival rate will be applicable for all the revivals till next declaration date i.e. 1st April of next year.

Any change in basis of determination of interest rate for revival shall only be done after prior approval of the Authority. The interest rate to be charged effective from Apr 2023 is 0.75% per month (simple basis) on unpaid premiums for every completed month from the date of the first unpaid premium. The proof of continued insurability and medical examination if required (medical examination cost to be borne by the policyholder) and the results thereof would be interpreted and if the life is acceptable from the underwriting point of view, then it will be allowed to revive. Revival would be as per 'Board Approved Underwriting Policy'. All the benefits of the policy will be reinstated on the policy revival.

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 Us

Edelweiss Life Insurance established nationwide operations in July 2011 with an immovable focus on protecting people's dreams and aspirations. Guided by customer insights, Edelweiss Life has been offering need-based and innovative life insurance solutions to help customers live their #ZindagiUnlimited. With a customer-centric approach, the company endeavours to build a multi-channel distribution network to effectively serve its customers across the country. As of March 2023, the life insurer has established 109 branches in 88 major cities.

Our 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

Registered and Corporate Office - 6th Floor, Tower 3, Wing 'B',
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Disclaimer: Edelweiss Life – Guaranteed Growth Plan is an Individual, Non-Linked, Non-Participating, Savings, Life Insurance Product. Please know the associated risks and the applicable charges from your Personal Financial Advisor or the Intermediary. Tax benefits are subject to changes in the tax laws. The tax benefits under this Policy may be available as per the prevailing Income Tax laws in India.

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IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.