

Date:

PART - A

Name of the customer:

**Name of the PFA/ Corporate Agent/ Relationship Manager/
Broker:**

Address:

Code/ License No:

Contact details:

Contact No:

Policy No:

Dear Mr/Ms,

Thank you for choosing Edelweiss Tokio Life as your preferred life insurance partner.

We are confident that the Rider you have chosen will suit your need, and that the Personal Financial Advisor/ Corporate Agent/ Relationship Manager/ Broker, has explained the Rider to you to the best of your satisfaction.

We have prepared your Rider Policy on the basis of the proposal form submitted by you. For your reference, we are attaching a copy of your proposal form along with the Rider Policy Document.

Our Service Expert from the customer care unit will be calling you shortly to guide you through your Rider Policy Document and answer any additional questions you may have.

Should you need further information or assistance, please contact our Service Expert at 1800 2121 212 or mail us at care@edelweisstokio.in

Free Look Provision: We request you to go through your Rider Policy Document in detail and check the accuracy of information provided. A Free Look period of 15 days from the date of receipt of the Rider Policy Document is provided to you to review the terms and conditions of the Rider Policy. You may return the Rider Policy Document to Us within 15* days from the date of receipt of the Rider Policy Document if You disagree with any of the terms and conditions by giving us written reasons for your objection. We will refund an amount as mentioned in the Free Look Clause of the Rider Policy Terms and Conditions.

*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).

If the Rider Policy is opted through Insurance Repository ('IR'), the computation of the said Free Look Period will be as stated below:-

For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance policy by the IR.

For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(e IA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance policy by the IR to the eIA, whichever is later, shall be reckoned for the purpose of computation of the free look period.

You need to send the original Policy (the entire booklet) along with a request letter to us at the corporate office address Edelweiss Tokio Life Insurance Company Limited, 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City Mall, Kohinoor City, Kiroi Road, Kurla (W), Mumbai - 400070.

We look forward to servicing you during your Rider Policy Term and request you to keep the Rider Policy Document safely for future reference.

Regards,

For Edelweiss Tokio Life Insurance Company Limited

Authorised Signatory

SAMPLE

Edelweiss Tokio Life Insurance Company Limited
Registered Office: Edelweiss House, Off. C. S. T. Road, Kalina, Mumbai – 400 098
Corporate Office: 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road,
Kurla (West), Mumbai - 400070

Edelweiss Tokio Life – Waiver of Premium Rider
(Non Linked Rider)
UIN NO: 147B003V03

POLICY PREAMBLE

Edelweiss Tokio Life Insurance Company Limited has received a Proposal, Declaration along with Statements and the first premium from You. Both You and the Company have accepted that the said Proposal, Declaration along with Statements, reports or other documents are the basis of this contract of insurance and in consideration of and subject to receipt of due premiums as stated in the Policy Schedule, We have entered into this Rider Policy with You which is the legal contract between You and the Company and is subject to the Terms & Conditions as stated in this Rider Policy.

SAMPLE

POLICY SCHEDULE

Policy Number	Rider Name & UIN No

Name of the Policyholder	Date of Birth	Gender	Age

Address

Name of the Life Insured	Date of Birth	Gender	Age	Age Admitted

Name of the Nominee	Name of the Appointee (in case nominee is a minor)

Rider Details	
Risk Commencement Date	
Policy Commencement Date	
Policy Term	
Premium Paying Term	
Premium Frequency	
Modal Premium*	Rs.
Annualized Premium	Rs.
Modal Premium plus Service Tax & Cess [#] , if any	Rs.
Premium Due Date(s)	Date/month
Last Premium Due Date	
Maturity Date	

* Premium rate is guaranteed for the first five (5) Years of Rider Policy and thereafter reviewable by Us every five years subject to IRDAI's approval, and the changes in premium rates will be applicable from the date of IRDAI approval.

[#]Service Tax and Cess, if any will be collected separately over and above the premium.

Consolidated Stamp duty paid: Rs.<< POL-STMP-DUTY-AMT>>/- paid by Pay order, vide Mudrank receipt no: _____ dated _____

For and on behalf of "Edelweiss Tokio Life Insurance Company Ltd"

Authorised Signatory

We request you to go through the Rider Policy in detail and check for the accuracy of information provided in the Rider Policy and return the Rider Policy Document to Us for correcting the discrepancies if any.

PART – B

DEFINITIONS

Defined Term	Meaning
Age:	means age of the Life Insured at last birthday.
Appointee:	means the person named in the Schedule who will accept and hold in trust all amounts payable under the Rider Policy on behalf of the Nominee if the Nominee is less than Age 18 on the date of payment.
Accident:	means a sudden, unforeseen and involuntary event caused by external and visible means.
Accidental Total and Permanent Disability:	<p>means 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.</p> <p>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.</p> <p>Further the company reserves the right to call for medical examination as they may require fit in this regard. The premium during the 180 day 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.</p> <p>If the Total and Permanent Disability happens within Rider Term but the 180 days lies beyond the Rider Term, then the benefit shall also be payable.</p>
Congenital Anomaly	<p>means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.</p> <p>a. Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body.</p> <p>b. External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body.</p>
Day Care Centre	means any institution established for day care treatment of illness and / or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the 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 a 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	<p>means medical treatment, and/or surgical procedure which is:</p> <p>i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and</p> <p>ii. which would have otherwise required a hospitalization of more than 24 hours.</p> <p>Treatment normally taken on an out-patient basis is not included in the scope of this definition.</p>
Doctor/ Certified Physician	<p>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 and including physicians, specialists, anaesthetists and surgeons and specifically excluding any doctors or practitioners in non-allopathic fields.</p>
Grace Period:	<p>means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Rider 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.</p>
Hospital:	<p>means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under:</p> <ul style="list-style-type: none"> • has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places; • has qualified nursing staff under its employment round the clock; • has qualified medical practitioner (s) in charge round the clock; • has a fully equipped operation theatre of its own where surgical procedures are carried out • maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
Hospitalization:	<p>means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.</p>
Illness:	<p>means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.</p> <p>a. Acute condition - Acute condition is a medical condition that can be cured by a treatment.</p> <p>b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:</p> <ul style="list-style-type: none"> • 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 comes back or is likely to come back.
Injury:	<p>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.</p>
IRDAI / Authority:	<p>means Insurance Regulatory and Development Authority of India.</p>

Insurance Act:	means The Insurance Laws (Amendment) Act, 2015 as amended from time to time.
Life Insured:	means the person named in the Rider Schedule whose life is insured under this Rider Policy.
Medical Advice:	means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
Medically Necessary:	means a medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part a stay in hospital which <ul style="list-style-type: none"> • is required for the medical management of the illness or injury suffered by the Life 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:	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 the scope and jurisdiction of his license.
Maturity Date:	means the date specified in the Rider Schedule on which the Rider Policy matures.
Nominee:	means the person specified in the Schedule nominated in accordance with the Section 39 of the Insurance Laws (Amendment) Act, 2015.
Pre-existing Disease:	means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and/or received medical advice/treatment within 48 months prior to the first policy issued by the Insurer.
Policy:	means the contract of insurance as evidenced by this Rider Policy Document, the Proposal Form, the Schedule/(s) and any other information/document/(s) provided to Us in respect of the Proposal Form and any endorsement issued by Us.
Policy Anniversary:	means the date corresponding with the Policy Commencement Date specified in the Schedule in every calendar year.
Policy Year:	means a period of one year between any of the two consecutive Policy Anniversary.
Policy Commencement Date:	means the date as shown in the Policy Schedule from which the Policy Anniversaries, Policy Term, Policy Years, and Premium Due Dates are determined.
Policy Term:	means the term in years between the Policy Commencement Date and the expiry date of the Rider Policy. In case the Rider is opted on a Base Plan Anniversary subsequent to the Risk Commencement Date of the Base Plan, the Policy Term of Rider would be equal to the remaining Premium Paying Term of the Base Plan.
Premium Paying Term:	means the term in years during which the Premiums are required to be paid under the Policy. In case the Rider is opted on a Base Plan Anniversary subsequent to the Risk Commencement Date of the Base Plan, the premium paying term of rider will be equal to remaining premium payment term of the Base Plan.
Proposal Form:	means the signed, dated application form and any accompanying declarations or statements submitted to Us.
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.
Revival:	means restoration of the policy, which was discontinued due to the non-payment of premium, by Us with all the benefits.
Rider:	means Edelweiss Tokio Life – Waiver of Premium Benefit Rider issued by Us and appended to the Policy of Base Plan.

Rider Premium:	means the premium payable for the Rider as specified in the Policy Schedule.
Risk Commencement Date:	the date on which Your rights, benefits and risk cover begin, as shown in the Policy Schedule.
Surgery:	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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
Surrender:	means complete withdrawal or termination of the Policy.
Surrender Value:	means an amount, if any, that becomes payable in case of surrender of the Policy.
We/Our/Us/Company:	means Edelweiss Tokio Life Insurance Company Limited.
You/ Your:	means the policyholder named in the Schedule.

Definition of Critical Illnesses:

Critical Illness	Description & Conditions for applicability
Cancer of Specified Severity	<p>A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p><u>Exclusions</u> The following cancers are excluded -</p> <ol style="list-style-type: none"> 1. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3. 2. Any skin cancer other than invasive malignant melanoma 3. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter 5. Chronic lymphocytic leukaemia less than RAI stage 3 6. Microcarcinoma of the bladder 7. All tumours in the presence of HIV infection.
Open Chest CABG	<p>The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.</p> <p><u>Exclusions</u> The following are excluded:</p> <ol style="list-style-type: none"> i. Angioplasty and/or any other intra-arterial procedures ii. any key-hole or laser surgery.

First Heart Attack - of Specified Severity	<p>The first occurrence of 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 this will be evidenced by all of the following criteria:</p> <ol style="list-style-type: none"> 1. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) 2. new characteristic electrocardiogram changes 3. elevation of infarction specific enzymes, Troponins or other specific biochemical markers. <p>Exclusions: The following are excluded:</p> <ol style="list-style-type: none"> i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T ii. Other acute Coronary Syndromes iii. Any type of angina pectoris.
Open Heart Replacement OR Repair of Heart Valves	<p>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.</p> <p>Exclusions: Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.</p>
Kidney Failure Requiring Regular Dialysis	<p>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.</p>
Major Burns	<p>There must be third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis and the total area involved using standardized, clinically accepted, body surface area charts.</p>
Major Organ / Bone Marrow Transplant	<p>The actual undergoing of a transplant of:</p> <ol style="list-style-type: none"> 1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or 2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. <p>Exclusions: The following are excluded:</p> <ol style="list-style-type: none"> i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted
Permanent Paralysis of Limbs	<p>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.</p>

Stroke Resulting in Permanent Symptoms	<p>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.</p> <p>Exclusions: The following are excluded: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.</p>
Aorta Surgery	<p>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.</p> <p>Exclusion: Surgery performed using only minimally invasive or intra arterial techniques such as percutaneous endovascular aneurysm repair are excluded.</p>
Coma of Specified Severity	<p>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:</p> <ol style="list-style-type: none"> 1. no response to external stimuli continuously for at least 96 hours; 2. life support measures are necessary to sustain life; and 3. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.</p>
Total Blindness	<p>Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The diagnosis must be clinically confirmed by an appropriate consultant. The blindness must not be correctable by aides or surgical procedures.</p>

Interpretation: In this Rider Policy Document, where appropriate, references to the singular will include references to the plural and references to one gender will include references to the other.

PART – C

BENEFITS

1. Waiver of Premium Benefit:

When waived	Amount waived
If the Life Insured suffers from Total and Permanent Disability solely and directly due to an Accident occurring during the Policy Term of Rider and when the Base Plan and this Rider Policy are in force, then:	All future premiums under the Base Plan that would have been payable for the Policy Term of Rider or death of the Life Insured, whichever is earlier, will be waived off by the Company.
If the Life Insured is diagnosed to be suffering from the 12 Critical Illnesses when the Base Plan and this Rider Policy are in force and the Life Insured survives for at least 30 days following the confirmed date of diagnosis, provided the Critical Illness occurred after 90 days from the date of issuance/revival of this Rider, then:	

Note:

- a. The Waiver of Premium will be triggered only once on the first diagnosis of Critical Illness or Accidental Total and Permanent Disability during the Policy Term of Rider, and will be applicable only for the Base Plan.
- b. Prior to payment of any benefits on the Life Insured suffering from Accidental Total and Permanent Disability, the Company reserves the right to call for medical examination as it may deem fit in this regard. Life Insured/ beneficiary/ Company will not have opportunity to differ with the opinion given by independent Medical Practitioner appointed by the Company.
- c. On the application of the Critical Illness benefit under this Rider Policy, if the premium is due and paid before completion of 30 days from the date of confirmed diagnosis, such amount of premium paid will be refunded to You.
- d. 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.

2. Death Benefit:

When payable	Amount Payable
On the death of the Life Insured when the Base Plan and this Rider Policy are in force, then:	No amount is payable

Claim due to Suicide:	
When payable	Amount Payable
If You, whether sane or insane, commit suicide within one year from the date of inception of the Rider Policy:	This Rider Policy shall be void and We will pay 80% of the premiums received (excluding extra mortality premium, if any).
If You, whether sane or insane, commit suicide within one year from the date of revival/reinstatement of the Rider Policy:	This Rider Policy shall be void and We will pay 80% of the Premium received till the date of death” OR “Surrender Value available as on the date of death.

3. Survival Benefit:

When payable	Amount Payable
On the Life Insured surviving the Term of the Rider, then:	No amount is payable

SAMPLE

Specific Rider Terms & Conditions:

1. The Benefits under the in force Rider Policy shall be available only during the Term of the Rider Policy.
2. If You opt for the Rider on the Policy Anniversary of the Base Plan subsequent to the Risk Commencement Date of the Base Plan, the Term of the Rider Policy would be equal to the remaining Premium Paying Term of the Base Plan and the Rider Premium Payment Term will be equal to the remaining Premium Paying Term of the Base Plan.
3. Termination of the Rider: The Rider Policy shall terminate immediately and automatically on the occurrence of the earliest of the following:
 - (1) The Life Insured's death;
 - (2) The expiry of the Term of the Rider Policy;
 - (3) The Base Plan being terminated or discontinued or becoming paid-up;
 - (4) The Rider Policy being terminated and discontinued separately.
 - (5) On the Premiums under the Base Plan being waived by the application of this Rider.

Grace Period:

If We do not receive the Premium in full by the premium due date under this Rider Policy, then We will allow a Grace Period which is same as that allowed under the Base Plan to which this Rider is appended to, during which You must pay the Premium due in full. The Benefit will not be available for the period for which no premium is received by the Company.

Exclusions:**1. Critical Illness**

We will not be liable to make any payment under this Rider if the Critical Illness suffered by You is caused due to the following:

- Diseases in the presence of an HIV infection;
- Any pre-existing or recurring disease which is diagnosed or which the life insured contracted prior to the issue date or the revival date of the Rider Policy, whichever is later;
- Any disease covered under Critical Illness occurring within 90 days of the start of Rider Policy (i.e. during the waiting period);
- No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy; Date of occurrence of critical illness will be reckoned for the above purpose and for the purpose of evaluating waiting/ survival period as the date of diagnosis of the illness/condition. It will be the date on which the medical examiner first examines the Life Insured and certifies the diagnosis of any of the illness/ conditions.
- Any congenital condition.
- 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 Life Insured 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 Life Insured 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

2. Total and Permanent Disability

We will not be liable to make any payment under this Rider Policy if Your disability is 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 life assured 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 Life Insured 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.

PART D

Surrender Benefit:

When payable	Amount Payable
On surrender of the Rider Policy	Nil

Revival:

If You have discontinued paying the Premium under the Base Plan and the Rider Policy, then the Rider Policy will automatically lapse along with the Base Plan and it can be revived only in accordance with the terms of the Base Plan.

If you have discontinued paying only the Rider Premium, the Rider Policy will automatically lapse and cannot be revived thereafter. Any revival of the Rider Policy will be considered along with the revival of the Base Plan and not in isolation.

Free look Period:

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 for the period of cover, stamp duty charges and medical expenses (if any).

*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).

Loan under the Policy:

Loan is not allowed under this Rider Policy.

PART E

Not Applicable

SAMPLE

PART – F

GENERAL TERMS AND CONDITIONS

All the general Terms and conditions like Claim Procedure, Nomination, Assignment, Validity/ Non-disclosure, etc will be the same as mentioned in the policy contract of Base Plan to which this Rider is appended to.

SAMPLE

PART - G

Grievance Redressal Mechanism: Grievance Redressal Mechanism has been set up by Us for the resolution of any dispute or grievances/ complaints in respect of the Policy. You are requested to submit Your written complaint at any of the below mentioned touch points:

- Toll free customer care number 1-800-2121-212 between 8 am to 8 pm on Monday to Saturday, except public holidays.
- Email us at care@edelweisstokio.in
- Write to us at Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City Mall, Kohinoor City, Kirool Road, Kurla (W), Mumbai – 400070

If you are not satisfied with the response provided by any of the above touch points you may write to the Grievance Redressal Officer at complaints@edelweisstokio.in or send a communication at Grievance Redressal Officer, Edelweiss Tokio Life Insurance Company Limited, 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City Mall, Kohinoor City, Kirool Road, Kurla (W), Mumbai – 400070.

To further escalate the matter you may write to the Chief Grievance Redressal Officer at cgro@edelweisstokio.in or send a communication at Chief Grievance Redressal Officer, Edelweiss Tokio Life Insurance Company Ltd, 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City Mall, Kohinoor City, Kirool Road, Kurla (W), Mumbai – 400070.

If You are not satisfactory with the response or do not receive a response from Us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) **TOLL FREE NO: 155255**
Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India
9th floor, United India Towers, Basheerbagh
Hyderabad – 500 029, Andhra Pradesh
Fax No: 91- 40 – 6678 9768

If the complaint/grievance has still not been resolved You may any time approach the office of the Insurance Ombudsman established by the Central Government of India as per Rule 12 (1) and Rule 13 of the Redressal of Public Grievances Rules, 1998 ('RPG Rules').

Powers of Insurance Ombudsman under Rule 12(1) of RPG Rules:-

The Ombudsman may receive and consider the following complaints:

- (a) Complaints under Rule 13 (as mentioned below);
- (b) Any partial or total repudiation of claims by an insurer;
- (c) Any dispute in regard to premium paid or payable in terms of the policy;
- (d) Any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- (e) Delay in settlement of claims;
- (f) Non-issue of any insurance document to customers after receipt of premium.

Manner in which complaint is to be made Rule 13 of RPG 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 jurisdiction the branch or office of the Company, complaint against is located.

2. The complaint shall be in writing duly signed by the complainant or through his legal heirs 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, if any, relied on by the complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.
3. No complaint to the Ombudsman shall lie unless:
 - (a) the complainant had before making a complaint to the Ombudsman, made a written representation to the Company/insurer named in the complaint and either insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer concerned received his representation or the complainant is not satisfied with the reply given to him by the insurer.
 - (b) the complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant; and
 - (c) the complaint is not on the same subject matter for which any proceedings before any court or Consumer Forum or arbitrator is pending or were so earlier.

The list of the Ombudsman with their addresses has been given below:

<p>Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Ashram Rd, <u>AHMEDABAD-380 014.</u> Tel.:- 079-27545441/27546840 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, <u>BHOPAL-462 003.</u> Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.:- 011-23234057/23232037 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, <u>GUWAHATI-781 001.</u> Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, <u>ERNAKULAM-682 015.</u> Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, <u>KOLKATA - 700072</u> Tel No: 033-22124339/22124346 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in</p>

<p>Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001.</u> Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u> Tel : 022-26106960/26106552 Fax : 022- 26106052 Email: bimalokpal.mumbai@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, <u>JAIPUR – 302005.</u> Tel: 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet. <u>PUNE – 411030.</u> Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor <u>BENGALURU – 560025.</u> Tel No: 080-26652049/26652048 Email: bimalokpal.bengaluru@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, <u>NOIDA – 201301.</u> Tel: 0120-2514250/51/53 Email: bimalokpal.noida@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <u>PATNA – 800006</u> Tel No: 0612-2680952 Email: bimalokpal.patna@gbic.co.in</p>	

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