



PART - A

Date: < _____ >

Name of Policyholder:

Address of Policyholder:

Contact Number/(s) of Policyholder:

Dear <Policyholder Name>,

Sub.: Your Policy No. << _____ >> - Edelweiss Tokio Life – HealthShield+ (Non-Linked, Non-Participating Fixed Benefit Health Insurance Plan)

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

We are confident that the product chosen by you will suit your needs.

Policy Document:

We have prepared your Policy on the basis of the Proposal Form submitted by you. We request you to go through your Policy Document in detail and check for the accuracy of information. A copy of your Proposal Form, First Premium Receipt and other related documents, if any, are also enclosed along with this Policy Document for your information and records.

Please preserve this Policy Document safely and inform your Nominee about the same.

For your reference, we are sharing results of your medical examination (if applicable) which was obtained for assessment of your health condition relevant to take a decision on the Proposal for insurance. The report is only indicative in nature and we do not express any opinion on the matter contained in the medical examination report.

In case you are keen to know more about your Policy or you need further assistance, you may contact your sales person who has advised you while purchasing this Policy at the below details:

Name of the PFA / Corporate Agent/ Relationship Manager/ Broker	Code/License No.	Contact Nos.

Alternatively, you may contact our Service Expert at 1800 2121 212 or email us at care@edelweisstokio.in

Cancellation in the Free Look Period:

In case you do not agree with any of the provisions stated in the Policy Document, you have the option to return the Policy Document to us stating the reasons thereof in writing, within fifteen (15) days* from the date of receipt of the Policy Document. On receipt of your letter along with the original Policy Document, we shall refund an amount as mentioned in the Free Look Clause of the Policy Terms and Conditions. The Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

*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).

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

Please note that if the 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 (eIA): 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(eIA) 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.

We look forward to serve you.

Regards,

For Edelweiss Tokio Life Insurance Company Limited

Authorised Signatory

Registered Office Address: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai 400070

Corporate Office Address: 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai 400070

Edelweiss Tokio Life Insurance Company Limited
Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai 400070
Corporate Office: 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road, Kurla (W), Mumbai 400070

POLICY DOCUMENT - Edelweiss Tokio Life – HealthShield+
Non-Linked, Non-Participating Fixed Benefit Health Insurance Plan
UIN: 147N041V01

POLICY PREAMBLE

This Policy is a non-linked, non-participating health insurance plan. This document is the evidence of a contract of insurance between Edelweiss Tokio Life Insurance Company Limited ('the Company') and the Policyholder as described in the Policy Schedule given below. This Policy is based on the proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, applicable medical evidence and other information received by the Company from the Policyholder, Life Insured or on behalf of the Policyholder ('Proposal'). This Policy is effective upon receipt and realisation, by the Company, of the consideration payable under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and Benefits are expressed and payable in Indian Rupees.

POLICY SCHEDULE

Policy Number	Plan Name and UIN
	Edelweiss Tokio Life – HealthShield+ (UIN: 147N041V01)

Details of the Policyholder:

Name	Date of Birth	Age	Gender

Address

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Details of the Life Insured:

Name	Date of Birth	Age	Gender

Policy Details

Policy Commencement Date	<<dd/mm/yyyy>>
Risk Commencement Date	<<dd/mm/yyyy>>
Plan Option	<< Option A – Cancer Cover / Option B – Heart Cover / Option C – Cancer & Heart Cover >>
Term Trigger Benefit	<< Yes / No >> (available only with Option A)
Policy Term	<< _ years >>
Premium Payment Term	<< _ years >>
Premium Paying Frequency	<<Annual / Semi-Annually / Quarterly / Monthly>>
Return of Premium Benefit	<< Yes / No >>
Annualised Premium	Rs.
Modal Premium	Rs. << amount >>
Modal Premium plus Applicable Taxes	Rs. << amount >>
Premium Paying Due Date	<< Date & Month of every year / Date of every month >>
Last Premium Due Date	<<dd/mm/yyyy>>
Maturity Date	<<dd/mm/yyyy>>

Note:

- Once chosen, these options can't be changed during the Policy Term.

BENEFIT INFORMATION

Death Benefit	: Rs. (applicable only if Term Trigger Benefit is selected)
Critical Illness Sum Assured	: Rs.
Maturity Benefit	: Rs. (applicable only if Return of Premium Benefit is selected)

Name of the Nominee (s)	<Nominee 1>	<Nominee 2>	<Nominee 3>
Age of the Nominee (s)			
Nomination Percentage			
Relationship with Life Insured			
Name of the Appointee (if Nominee is a minor)	<Appointee 1>	< Appointee 2>	< Appointee 3>

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 Limited

Authorised Signatory

This Policy Document is signed using a digital signature for and on behalf of Edelweiss Tokio Life Insurance Company Limited.

We request you to go through the Policy in detail and check for the accuracy of information provided therein. In case you notice any mistake you may return the Policy to us for necessary correction.

PART – B

DEFINITIONS

Defined Term	Meaning
Age:	means the age (last birthday) of the Life Insured in completed years as on Policy Commencement Date.
Annualised Premium	means an amount stated in the Policy Schedule paid by you to us to secure the benefits under this Policy, excluding the underwriting extra premiums, loadings for modal premiums and applicable taxes.
Appointee:	means the person registered with us and mentioned in the Policy Schedule who is authorised to receive and hold in trust the benefits under this Policy on behalf of the Nominee/(s), if the Nominee/(s) is/are less than Age 18 on the date of payment.
Assignee:	means the person to whom the rights and benefits under this Policy are transferred by virtue of assignment under section 38 of the Insurance Act, 1938 as amended from time to time.
Covered Critical Illness:	means all the critical illness conditions as mentioned in Clause I of Part C.
Critical Illness Sum Assured:	means an amount stated in the Policy Schedule.
Death Benefit:	means the benefit which is payable by us on death of the Life Insured as per Clause III of Part C.
Grace Period:	means the specified period of time immediately following the premium Paying Due Date during which a payment can be made to renew or continue a Policy In-Force without loss of continuity benefits such as Waiting Period and coverage of Pre-Existing Diseases. During this period, Policy is considered to be In-Force with the risk cover.
IRDAI / Authority:	means the Insurance Regulatory and Development Authority of India established under the Insurance Regulatory and Development Authority Act, 1999.
In-Force:	means the status of the policy during the Policy Term when all the due Premiums have been paid or the policy is not in a state of discontinuance
Insurance Act:	means IRDAI Act, 1999, The Insurance Act, 1938 as amended from time to time
Life Insured:	means the person named in the Policy Schedule whose life is insured under this Policy.
Major Conditions:	means Covered Critical Illness conditions as mentioned in Clause I of Part C
Maturity Date:	means the date specified in the Policy Schedule, on which the insurance cover expires.
Medical Practitioner:	means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. Medical practitioner here excludes relatives.
Minor Conditions:	means Covered Critical Illness conditions as mentioned in Clause I of Part C
Modal Premium/Premium:	means an amount stated in the Policy Schedule payable by you to us by the due dates, at the Premium Frequency, in the manner specified in the Policy Schedule, to secure the benefits under this Policy.
Nominee:	means the person/(s) named by you and registered with us as Nominee(s) in the Policy Schedule who is authorised to receive the benefits under the Policy.
Policy:	means the contract of insurance as evidenced by this 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.
Policyholder/You/you/Your/your:	means or refers to the Policyholder stated in the Policy Schedule.
Policy Anniversary:	means the date in every year of the Policy Term corresponding with the Policy Commencement Date as specified in the Policy Schedule. If the said corresponding date is not available in the calendar year then the last day of that calendar month will be taken for this

	purpose.
Policy Commencement Date:	means the date as shown in the Policy Schedule from which the Policy commences.
Policy Document	means this entire document from Part A to Part G.
Policy Term:	means the term of the Policy as specified in the Policy Schedule and is the time period between the Policy Commencement Date and the Maturity Date, during which the Premiums are payable by you to us under this Policy.
Policy Year:	means a period of twelve consecutive months starting from Policy Commencement Date as stated in the Policy Schedule and ending on the day immediately preceding the following Policy Anniversary date and each subsequent period of twelve consecutive months thereafter.
Policy Schedule:	means the Schedule and any endorsements attached to and forming part of this Policy and if any updated Schedule is issued, then, the Schedule latest in time.
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 to prior to the first policy issued by the insurer and renewed continuously thereafter.
Proposal Form:	means the signed and dated form and any accompanying declarations or statements submitted to us by the Policyholder and/or Life Insured as applicable for the purpose of obtaining this Policy.
Regulations:	means the IRDAI (Non-Linked Insurance Products) Regulations, 2013, IRDAI (Health Insurance) Regulations, 2016 and any other applicable laws issued and as may be amended from time to time.
Revival:	means the restoration of this Policy (discontinued due to the non-payment of premiums by you), upon receipt of all due premiums and other charges, if any, as per the terms and conditions of this Policy.
Risk Commencement Date:	means the date as stated in the Policy Schedule on which your risk cover under this Policy commences.
Surrender:	means the complete withdrawal or termination of the Policy by you.
Surrender Value:	means an amount payable on Surrender of this Policy as per Clause 1 of Part D of this Policy.
Waiting Period:	means the period of 180 calendar days from the Risk Commencement Date or the date of Revival of the Policy during which the Life Insured will not be entitled to the Critical Illness Benefit.
We/we/Our/our/Us/us/ Company:	means Edelweiss Tokio Life Insurance Company Limited.

Interpretation: In this Policy, 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

I. Plan Benefit:

This Policy offers 3 Plan Options:

- Option A – Cancer Cover
- Option B – Heart Cover
- Option C – Cancer & Heart Cover

During the Policy Term and while the Policy is In-Force, if the Life Insured is diagnosed with Covered Critical Illness conditions as defined below in this clause, following benefits are payable subject to the Exclusions as mentioned below in this clause:

Option A – Cancer Cover	<p>Critical Illness Benefit</p> <ul style="list-style-type: none">• Minor Condition: On diagnosis of Early Stage Cancer or Carcinoma in Situ (CiS) during the policy term while the policy is In-Force, 15% of Sum Assured for each Early Stage Cancer/CiS claim is payable. A maximum of 2 Early Stage Cancer/CiS claims shall be payable during the policy term provided both claims are from different sites and/or organs subject to the cooling-off period of 180 days. In addition, the future premiums for the next 5 years from the date of most recent early stage claim will be waived off and the policy will continue. This benefit is available only on first and second valid Minor Condition claim. On completion of the 5 Years for which premiums have been waived, premium shall become payable by you on the due dates for the remaining Policy Term.• Major Condition: On diagnosis of Major Stage Cancer during the policy term while the policy is In-Force, 100% of Sum Assured less Early Stage Cancer/CiS claim(s) paid, if any, will be payable and the policy will terminate if Term Trigger Benefit is not selected <p>Optional benefit</p> <ul style="list-style-type: none">• Death Benefit: This benefit will be applicable only if Term Trigger Benefit is selected. In case of death of the Life Insured after 365 days of survival from the date of diagnosis of any Major Condition, while the Policy is In-Force, we shall pay an amount as specified in the Policy Schedule. No Death Benefit will be paid if the death of the Life Insured happens before the expiry of 365 days from the date of diagnosis of any Major Condition. If this option is selected, then, on the diagnosis of Major Condition, all the future premiums will be waived. <p>Date of Diagnosis of cancer is defined as the date on which Major stage cancer is unequivocally proven and qualifies the definition of Major stage cancer as per the definitions of covered Critical Illnesses mentioned later in the document. In case of histopathological evidence, it shall be the date of 1st such report confirming the diagnosis of Major stage cancer</p> <ul style="list-style-type: none">• Maturity Benefit: This benefit will be applicable only if the Return of Premium Benefit is selected. If the Life Insured survives till the Maturity Date while the Policy is In-Force, we shall pay an amount as specified in Policy Schedule after deducting any amount paid towards claim(s), if any <p>If Option A is opted with Term Trigger benefit then Return of Premium benefit is not available. Similarly, if Option A is opted with Return of Premium benefit, then Term Trigger benefit is not available.</p>
Option B – Heart Cover	<p>Critical Illness Benefit</p> <ul style="list-style-type: none">• Minor Condition: On diagnosis of Minor Heart Condition during the policy term while the policy is In-Force, 15% of Sum Assured for each Minor Heart

	<p>Condition is payable. A maximum of 2 Minor Heart Condition claims shall be payable during the policy term subject to the cooling-off period of 180 days. However the second Minor Heart Condition claim is not permissible if it occurs due to the same condition as the first Minor Heart claim. In addition, the future premiums for the next 5 years from the date of most recent Minor Heart Condition claim will be waived off and the policy will continue. This benefit is available only on first and second valid Minor Condition claim. On completion of the 5 Years for which premiums have been waived, premium shall become payable by you on the due dates for the remaining Policy Term.</p> <ul style="list-style-type: none"> • Major Condition: On diagnosis of Major Heart Condition during the policy term while the policy is In-Force, 100% of Sum Assured less Minor Heart Condition claim(s) paid, if any, will be payable and the policy will terminate
<p>Option C – Cancer & Heart Cover</p>	<p>Critical Illness Benefit</p> <ul style="list-style-type: none"> • Minor Condition: On diagnosis of Early Stage Cancer/(CiS) or Minor Heart Condition during the policy term while the policy is In-Force, 15% of Sum Assured for each Early Stage Cancer/(CiS) or Minor Heart Condition is payable. A maximum of 2 (either two Early Stage Cancer or two Minor Heart Condition or one each of Early Stage Cancer and Minor Heart Condition) claims shall be payable during the policy term subject to the cooling-off period of 180 days (no cooling off period is applicable where the first claim is related to Early Stage Cancer/CiS and the second claim is related to Minor Heart Condition or vice versa) and the following conditions: <ul style="list-style-type: none"> ○ Second Early Stage Cancer/CiS claim shall be payable during the policy term provided the second Early Stage Cancer/CiS is from different sites and/or organs ○ Second Minor Heart Condition claim is not permissible if it occurs due to the same condition as the first Minor Heart claim <p>In addition, the future premiums for the next 5 years from the date of most recent Minor Heart Condition/ Early Stage Cancer claim will be waived off and the policy will continue. This benefit is available only on first and second valid Minor Condition claim. On completion of the 5 Years for which premiums have been waived, premium shall become payable by you on the due dates for the remaining Policy Term.</p> • Major Condition: On diagnosis of either Major Stage Cancer or Major Heart Condition whichever is diagnosed first during the policy term while the policy is In-Force, 100% of Sum Assured less Early Stage Cancer/CiS/Minor Heart Condition claim(s) paid, if any, will be payable and the policy will terminate

Note:

1. No Minor Condition claim shall be paid after the date of diagnosis of a Major Condition
2. No claim will be paid towards the diagnosis of Minor Condition during the cooling off period

Survival Period

- a) Claim for any heart related condition under this Policy shall be admissible if the Life Insured has survived for more than 30 days following the date of diagnosis by the Medical Practitioner.
- b) Claim for any cancer related condition under this Policy shall be admissible if the Life Insured has survived for more than 7 days following the date of diagnosis by the Medical Practitioner.

Below mentioned Covered Critical Illness conditions are covered under this benefit:

- **Option A**
 - **Minor Conditions** – Early Stage Cancer or Carcinoma-in-situ (CIS)
 - **Major Condition** – Major Stage Cancer
- **Option B**
 - **Minor Conditions** -
 - Angioplasty

- Balloon Valvotomy or Valvuloplasty
 - Carotid Artery Surgery
 - Implantable Cardioverter Defibrillator
 - Implantation of Pacemaker of Heart
 - Infective Endocarditis
 - Minimally Invasive Surgery of aorta
 - Pericardectomy
 - Surgery for Cardiac Arrhythmia
 - Surgery to Place Ventricular Assist Devices or Total Artificial Hearts
- **Major Conditions –**
 - Cardiomyopathy
 - First Heart Attack of Specified Severity (Myocardial Infarction)
 - Heart Transplant
 - Major Surgery of aorta
 - Open Chest CABG
 - Open Heart replacement or Repair of Heart Valve
 - Primary (Idiopathic) Pulmonary Hypertension
- **Option C**
 - **Minor Conditions –**
 - **Cancer related** - Same as minor conditions under Option A
 - **Heart related** - Same as minor conditions under Option B
 - **Major Conditions –**
 - **Cancer related** – Same as major conditions under Option A
 - **Heart related** - Same as major conditions under Option B

Definitions and Exclusions of Covered Critical Illnesses under Critical Illness Benefit:

Minor Conditions

Cancer Related

a) Early Stage Cancer

Early Stage Cancer shall mean the presence of one of the following malignant conditions:

- a. Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0
- b. Prostate cancer stage T1N0M0 OR Gleason score 2-6.
- c. Chronic lymphocytic Leukemia stage I & II (according to the Rai classification system)
- d. Any carcinomas of the skin (size no less than 2mm) except Malignant melanoma and metastatic carcinoma.
- e. Hodgkin's Disease, stage 1 (according to the Ann-Arbor classification system).
- f. Micro carcinoma of the bladder stage Tis or pTa.

The diagnosis must be based on histopathological features and confirmed by a specialist. Pre-malignant lesions and conditions, unless listed above, are excluded. The insured shall have received appropriate and necessary treatment

b) Carcinoma-in-situ (CIS)

Tis according to the AJCC 7th Edition TNM classification. Carcinoma-in-situ is defined as a focal autonomous new group of carcinomatous cells which has not yet resulted in the invasion of normal tissue. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane in any one of the following organ groups.

- a. Breast where the tumour is classified as Tis according to the TNM Staging method

- b. Corpus uteri, cervix uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method.
- c. Ovary -include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0,T1bN0M0 (TNM Staging) or FIGO 1A,FIGO 1B
- d. Colon and rectum
- e. Penis
- f. Testis
- g. Lung
- h. Liver
- i. Stomach, duodenum and Oesophagus
- j. Kidney
- k. Carcinoma ENT (ear, nose, throat)

For purpose of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

**FIGO refers to the staging method of the federation Internationale de Gynecologie et d'Obstetrique.*

Exclusions:

- a. Pre-malignant lesions (including cervical dysplasia CIN-1,CIN-2,CIN-3) and Carcinoma-in-situ of any organ unless listed above are excluded
- b. All tumours in the presence of HIV infection are excluded

Heart Related

a) Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

b) Balloon Valvotomy or Valvuloplasty

The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available.

c) Carotid Artery Surgery

The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria (a) and (b) below must be met:

(a) Either:

Actual undergoing of endarterectomy to alleviate the symptoms; or

Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and

(b) The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

d) Implantable Cardioverter Defibrillator (ICD)

Insertion of a permanent cardiac defibrillator as a result of serious (Life threatening) cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be medically necessary by a specialist in the relevant field.

Documentary evidence of cardiac arrhythmia must be provided. Cardiac arrhythmias to be evidenced by 24 hour Holter monitoring report or any such other established diagnostic reports.

e) Implantation of Pacemaker of Heart

Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia evidenced by 24 Holter monitoring report which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a specialist in the relevant field.

f) Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s)
- Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a cardiologist.

g) Minimally Invasive surgery of Aorta

The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

h) Pericardectomy

The undergoing of a pericardectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist.

The following are excluded:

Other procedures on the pericardium including pericardial biopsies and pericardial drainage procedures by needle aspiration.

i) Surgery for Cardiac Arrhythmia

Procedures like Maze surgery, RF Ablation therapy or any relevant procedure/surgery deemed absolutely necessary by a cardiologist to treat life threatening arrhythmias. Diagnosis must be evidenced by monitoring through a Holter monitor, event monitor or loop recorder and should be confirmed by a consultant cardiologist.

The following are excluded:

Cardio version and any other form of non-surgical treatments

j) Surgery to place Ventricular Assist Devices or Total Artificial Hearts

The actual undergoing of open heart surgery to place a Ventricular Assist Device or Total Artificial Heart medically necessitated by severe ventricular dysfunction or severe heart failure, with cardiac echocardiographic evidence of reduced left ventricular ejection fraction of less than 30%.

The following are excluded:

Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

Major Conditions

Cancer Related – Major Stage Cancer

A malignant tumor characterized 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. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- a) 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.
- b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- c) Malignant melanoma that has not caused invasion beyond the epidermis;
- d) 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
- e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f) Chronic lymphocytic leukaemia less than RAI stage 3

- g) Non-invasive papillary cancer of the bladder histologically described as TaNOM0 or of a lesser classification,
- h) All Gastro-Intestinal Stromal Tumors histologically classified as T1NOM0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- i) All tumors in the presence of HIV infection.

Heart Related

a) Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- a. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and
- b. Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

The following is excluded: Cardiomyopathy directly related to alcohol or drug abuse.

b) First Heart Attack of specified severity (Myocardial Infarction)

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:

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (for e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

c) Heart Transplant

The actual undergoing of a transplant of human heart that resulted from irreversible end stage heart failure. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner.

d) Major Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a Consultant Cardiologist / Surgeon and supported by imaging findings.

The following are excluded:

Surgery performed using only minimally invasive or intra-arterial techniques.

e) Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

Angioplasty and/or any other intra-arterial procedures

f) 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.

g) Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

Exclusions for the Critical Illness Benefit

Critical Illness Benefit shall not be paid in case of claims arising as a result of any of the following:

- a) Diseases in the presence of an HIV infection.
- b) No benefit will be payable and coverage shall terminate for Diagnosis and/or hospitalization and / or treatment (availed or advised) within the Waiting Period for the respective covered benefit. The plan will be terminated without any value or refund of premium paid.
- c) Any external congenital condition / disease/ disorder which is not as a consequence of Genetic disorder.
- d) Any Pre-Existing Disease
 - a. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.
 - b. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later and the company has accepted the same.
- e) Intentional self-inflicted injury, attempted suicide, while sane or insane.
- f) Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- g) 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.
- h) Participation by the insured person in a criminal or unlawful act with illegal or criminal intent.
- i) Nuclear Contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- j) Diagnosis and treatment outside India.

II. Payment Of Premium & Discontinuance Of Premium Payment:

a)	Payment of Premium:
	You shall pay Premium for the entire Policy Term. The amount of Premium payable, the frequency at which it must be paid, the Policy Term and the Premium Paying Due Date are stated in the Policy Schedule. If agreed by us, you may change your Premium Paying Frequency during the Policy Term, to any other Premium Paying Frequency as allowed under the plan. For Premium Paying Frequencies other than annual mode, additional loadings as applicable will be applied on the Annualised Premium.
b)	Grace Period:
	If We do not receive the Premium in full by the Premium Paying Due Date, then: (i) We will allow a Grace Period of 30 days during which you must pay the Premium due in full. (ii) All the benefits under the Policy, if any will continue to apply during the Grace Period subject to the deduction

	of the due premiums from the benefits.
c)	(i) Premium Discontinuance (If Return of Premium Benefit is selected):
	<p>If all the Premiums for at least first three Policy Years have not been paid in full within the Grace Period, the Policy shall immediately and automatically lapse and no Surrender Value shall be payable by us under the Policy.</p> <p>If all the Premiums for at least first three Policy Years have been paid in full, and if we do not receive subsequent Premiums within the Grace Period, the Policy will be eligible for Surrender Benefits as mentioned in Clause I of Part D.</p> <p>You will be given two years from the date of first unpaid Premium to revive the Policy.</p>
	(ii) Premium Discontinuance (If Return of Premium Benefit is not selected):
	If any Premium remains unpaid at the end of the Grace Period, the Policy shall lapse and no benefits shall be payable.

Note:

Premium payable for Option A is guaranteed for the first five years and reviewable thereafter subject to approval from IRDAI. Premium payable for Option B & C is guaranteed for the first three years and reviewable thereafter subject to approval from IRDAI.

SAMPLE

PART – D

I. Surrender Benefit:

Conditions for Surrender of the Policy
If Return of Premium Benefit is selected: The Policy will acquire Surrender Value only from 3 rd Policy Year provided we have received full Premiums for at least first three Policy Years. On surrender, the Surrender Value, if any, will be immediately paid, the Policy shall be terminated and all the benefits under the Policy shall cease to apply.
If Return of Premium Benefit is not selected: The Policy shall not acquire any Surrender Value any time during the Policy Term.
Amount Payable on Surrender
On receipt of a written request for Surrender from you or at the end of Revival period, whichever is earlier, we will pay the higher of Guaranteed Surrender Value ('GSV') or Special Surrender Value ('SSV').
<u>Guaranteed Surrender Value ('GSV')–</u> Guaranteed Surrender Value = GSV factor x Total Premiums paid under the base policy (excluding taxes, modal loadings and extra underwriting premiums, if any) less any claims already paid. GSV factors are given in Annexure - 4.
<u>Special Surrender Value ('SSV') -</u> 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.

II. Loan

Loan is not available under the Policy.

III. Revival

If due Premiums are not paid within the Grace Period, the Policy shall lapse or become eligible for Surrender Benefit as the case may be. Any such Policy may be revived within two years from the due date of the first unpaid Premium by giving us a written intimation to revive the Policy and payment of all overdue Premiums with interest, as may be declared by the Company from time to time, for every completed month from the due date of each unpaid Premium.

The Revival will be effected subject to the receipt of the proof of continued insurability of the Life Insured and the acceptance of the risk by the Underwriter. Cost for the medical examination, if applicable shall be borne by the Policyholder. The effective date of Revival is when these requirements are met and approved by us.

Revival would be as per the Board approved underwriting guidelines of the Company.

IV. Free Look Period:

You may return this Policy to us within 15 days* of receipt of the Policy 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 stamp duty charges, proportionate risk premium for the period of cover 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).

Computation of Free Look Period for e-Insurance Account:

If the 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.

V. Termination of Policy

The Policy will terminate at the earliest of:

- i. The date of processing the Free Look cancellation request; or
- ii. The Maturity Date; or
- iii. The date of payment of Critical Illness Benefit on diagnosis of any major condition as mentioned in Clause I of Part C, if Term Trigger Benefit is not selected ; or
- iv. The date of intimation of the death of the Life Insured if Term Trigger Benefit is selected; or
- v. The date of payment of Surrender Value of the Policy; or
- vi. The date on which the revival period ends after the Policy has lapsed as per clause V of Part C on Premium Discontinuance.

Upon termination, all the benefits under the Policy shall cease to apply.

PART – E

Not Applicable.

SAMPLE

PART – F

GENERAL TERMS AND CONDITIONS

1.	Maturity Claim Procedure
	<p>In case of Maturity Claims: We shall be given the following documents for us to process the claim:</p> <ol style="list-style-type: none">i. The original Policy document;ii. The maturity claim form, duly completed; <p>The claim intimation can be sent to any of our branch offices or to our Corporate office address mentioned below.</p> <p>Claims Officer Edelweiss Tokio Life Insurance Company Ltd. 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisstokio.in _ Phone no: 1800 2121 212</p> <p>Receipt of the claim intimation does not amount to acceptance of claim by the Company under the Policy and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.</p>
2.	Critical Illness Claim Procedure
	<p>We shall be given written intimation of the Life Insured's Critical Illness immediately and in any event within 90 days from the date of diagnosis of the Covered Critical Illness. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant. We shall be provided with the following documents for Us to assess the claim:</p> <ol 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;v) Evidence of date of birth if We have not admitted age;vi) A copy of the Life Insured's photo identification proof, address proof and bank account details with a copy of the cancelled cheque;vii) Treating doctor certificate filled by the doctor treating the Life Insured for the diagnosed ailment;viii) Hospital certificate duly filled in by the hospital where the Life Insured was admitted;ix) Any other information or documentation that We request. <p>The claim intimation can be sent to any of our branch offices or to our Corporate office address mentioned below.</p> <p>Claims Officer Edelweiss Tokio Life Insurance Company Ltd. 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisstokio.in _ Phone no: 1800 2121 212</p> <p>Receipt of the claim intimation does not amount to acceptance of claim by the Company under the Policy and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.</p> <p>The Company shall settle the eligible claims, within 30 days of the receipt of the last necessary document/s, failing which, We shall pay interest on the claim amount at the rate of 2% higher than the prevailing bank rate prevalent at the beginning of the financial year in which the claim has been reviewed by Us.</p>
3.	Death Claim Procedure:
	<p>In case of death claims: We shall be given a written intimation of the Life Insured's death and, shall be provided with the following documents for us to assess the claim:</p>

	<ul style="list-style-type: none"> i. The claim form, duly completed; ii. The original or an attested copy of the death certificate; iii. The original Policy document; iv. Documents to establish right of the claimant in the absence of valid nomination. v. Any other information or documentation that we request. <p>In case of death due to accident and unnatural death, the following additional documents are required:</p> <ul style="list-style-type: none"> i. Copy of FIR and Panchnama ii. Copy of the Post Mortem report iii. Copy of Newspaper clipping if any iv. Copy of the Final police investigation report v. Copy of the Charge sheet in case of Murder <p>The claim intimation can be sent to any of our branch offices or to our Corporate office address mentioned below.</p> <p>Claims Officer Edelweiss Tokio Life Insurance Company Ltd. 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>Receipt of the claim intimation does not amount to acceptance of claim by the Company under the Policy and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.</p> <p>The Company shall settle the eligible claims, within 30 days of the receipt of the last necessary document/s, failing which, We shall pay interest on the claim amount at the rate of 2% higher than the prevailing bank rate prevalent at the beginning of the financial year in which the claim has been reviewed by Us.</p>
4.	Nomination:
	<p>Nomination should be in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.</p> <p><i>[A Leaflet containing the simplified version of the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure - (1) for reference].</i></p>
5.	Assignment:
	<p>Assignment should be in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.</p> <p><i>[A Leaflet containing the simplified version of the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (2) for reference].</i></p>
6.	Validity/ Non-Disclosure:
	<ul style="list-style-type: none"> (i) If you or anyone acting on your behalf makes, fraudulent, misleading or dishonest representation in any respect, then this Policy shall be dealt with in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time (ii) <u>Mis-statement of Age</u> If the date of birth of the Life Insured has been misstated, any amount payable shall be increased or decreased to the amount that would have been provided, as determined by us, given the correct age. <p>If at the correct age, the Life Insured was not insurable under this Policy according to our requirements, We reserve the right to terminate the Policy and pay the Premiums paid till date if any, shall be payable (subject to Section 45 of the Insurance Act, 1938 as amended from time to time).</p>

	<p>(iii) Section 41: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property 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 such rebate as may be allowed in accordance with the published prospectuses or tables or the insurer.</p> <p>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.</p> <p>(iv) Section 45: Fraud and Misrepresentation shall be dealt with in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.</p> <p><i>[A Leaflet containing the simplified version of the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (3) for reference].</i></p>
7.	Currency, Governing Law & Jurisdiction
	<p>(i) The Premiums and benefits payable under the Policy shall be payable in India and in Indian Rupees.</p> <p>(ii) The Policy and any disputes or differences arising under or in relation to the Policy shall be construed in accordance with Indian law and by the Indian courts.</p>
8.	Taxation
	<p>The tax benefits under this Policy would be as per the prevailing Income Tax laws in India and any amendment(s) made thereto from time to time.</p> <p>We reserve the right to recover from Policyholder all levies including but not limited to Service Tax levied by the authorities on insurance transactions from time to time.</p>
9.	Duplicate Policy Document
	<p>If you lose or misplace the Policy Document then you may request us to issue you a duplicate Policy Document by giving us written intimation and making payment of fee prescribed from time to time.</p> <p>On issue of the duplicate Policy Document, the original shall automatically cease to have any legal effect.</p>
10.	Intimation and Notices
	<p>All intimation meant for us shall be given to us at our address specified in the Policy document or at any of our branch offices.</p> <p>All notices meant for you will be sent to your address specified in the Policy Schedule. If you do not notify us of any changes to your address, then notices or correspondence sent by us to the last recorded address shall be valid and legally effective.</p> <p>You would need to intimate us of any change in your address to enable us to provide important information pertaining to your Policy.</p>
11.	Entire Contract
	<p>(i) The Policy comprises the entire contract of insurance between you and us. We shall not be bound or be deemed to be bound by any alterations or changes, unless such changes are made by us in writing through an endorsement.</p> <p>(ii) Notwithstanding anything contained in this Policy Document, the provisions herein shall stand altered or superseded to such extent and in such manner as may be required by any change in applicable law including but not limited to any Regulations made or circulars / guidelines issued by IRDAI.</p>

12.	Vesting of Ownership
	<p>In case the Life Insured is a minor, the ownership of Policy will automatically vest on the Life Insured on attainment of majority.</p> <p>In case of death of the Policyholder while the Life Insured is a minor, surrender and any other options available under the Policy cannot be exercised during the period of minority of the Life Insured.</p>

SAMPLE

PART - G

Grievance Redressal Mechanism: We have established a Grievance Redressal Mechanism to assist in the resolution of any complaint, grievance or dispute in respect of the Policy. Senior citizens will be given priority at all service points. You are requested to submit your written complaint at any of the below mentioned touch points:

Step 1:

- Toll free customer care number: 1-800-2121-212 (24 hours a day, 7 days a week).
- Email us at: complaints@edelweisstokio.in / care@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai – 400070.

Step 2:

If you do not receive any resolution to your complaint within a period of 2 weeks or if the response is not as per your expectations, please feel free to contact our Grievance Redressal Officer, at any of the below touch points:

- +91-22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays).
- GRO@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Limited, 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070.

Step 3:

If you are not satisfied with the response of the GRO, you may write to the Chief Grievance Redressal Officer at cgro@edelweisstokio.in or send a communication to:

Chief Grievance Redressal Officer
Edelweiss Tokio Life Insurance Company Limited
4th Floor, Tower 3, Wing 'B',
Kohinoor City, Kirol Road, Kurla (W)
Mumbai - 400070.

If You are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of 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
- Register 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
Sy. No. 115/1
Financial District
Nanakramguda
Gachibowli

Hyderabad – 500 032, Telangana
Fax No: 91- 40 – 20204000

If the complaint/grievance has still not been resolved You may at any time approach the Office of the Insurance Ombudsman established by the Central Government of India as per Rule 13 and 14 of the Insurance Ombudsman Rules, 2017 ('Insurance Ombudsman Rules').

Powers of Insurance Ombudsman under Rule 13 of the Insurance Ombudsman Rules:

The Ombudsman shall receive and consider the following complaints or disputes relating to:

- a. delay in settlement of claims, beyond the time specified in the Regulations, framed under the 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;
- 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
- (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;

(b) The complaint is made within one year—

- (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.

(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.

(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.

The list of the Ombudsman with their addresses is given below:

<p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD-380 001. Tel.: 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, BHOPAL-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674-2596455/2596461 Fax: 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.: 0172-2706196/2706468 Fax : 0172-2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668/24335284 Fax: 044-24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361-2132204/05 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel: 0484-2358759/2359338 Fax.: 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700072 Tel: 033-22124339/22124340 Fax: 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel: 022-26106960/26106552 Fax: 022-26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, JAIPUR – 302005. Tel: 0141-2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth PUNE - 411030. Tel: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, BENGALURU – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road Naya Bans, Sector 15, Distt: Gautam Buddh Nagar NOIDA – 201301. Tel: 0120-2514250/52/53 Email: bimalokpal.noida@ecoi.co.in</p>

Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006 Tel No: 0612-2680952 Email id : bimalokpal.patna@ecoi.co.in	
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You may refer to the list of Ombudsman with their addresses on <http://www.ecoi.co.in/ombudsman.html>

SAMPLE

Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his:
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them- the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all policies maturing for payment on the commencement of The Insurance Act, 1938 as amended from time to time.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of this Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 ('MWP Act') applies or has at any time applied except where, a

nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is a simplified version of Section 39 of the Insurance Act, 1938 as amended from time to time. The Policyholders are advised to refer to the Insurance Act, 1938 as amended from time to time for complete and accurate details.]

SAMPLE

Section 38 - Assignment and Transfer of Insurance Policies

Assignment or Transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. This policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment; OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the policy
 - c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

[Disclaimer: This is a simplified version of Section 38 of the Insurance Act, 1938 as amended from time to time. The Policyholders are advised to refer to the Insurance Act, 1938 as amended from time to time for complete and accurate details.]

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Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938 as amended from time to time are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 years from

- a. the date of issuance of policy; or
- b. the date of commencement of risk; or
- c. the date of revival of policy; or
- d. the date of rider to the policy

- whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

- whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

09. The insurer can call 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 are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is a simplified version of Section 45 of the Insurance Act, 1938 as amended from time to time. The Policyholders are advised to refer to the Insurance Act, 1938 as amended from time to time for complete and accurate details.]

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GSV rates for each Policy Year of respective to Policy Term is given below:

Policy Year / Policy Term	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	60%	60%	58%	57%	56%	55%	55%	55%	54%	54%	54%	53%	53%	52%	52%	52%	52%	52%	51%	51%	51%	51%	51%	51%	51%	51%	51%
9	75%	65%	63%	62%	62%	61%	61%	61%	60%	60%	60%	59%	59%	58%	58%	58%	57%	57%	57%	56%	56%	56%	55%	55%	55%	55%	55%
10	90%	75%	72%	70%	68%	66%	66%	64%	64%	64%	62%	62%	60%	60%	60%	59%	59%	59%	58%	58%	58%	57%	57%	57%	57%	56%	56%
11	NA	90%	80%	76%	74%	74%	74%	73%	73%	72%	70%	70%	68%	67%	66%	66%	64%	64%	63%	63%	62%	62%	61%	61%	60%	60%	60%
12	NA	NA	90%	80%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	63%	62%
13	NA	NA	NA	90%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%
14	NA	NA	NA	NA	90%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	64%
15	NA	NA	NA	NA	NA	90%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%
16	NA	NA	NA	NA	NA	NA	90%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	67%
17	NA	NA	NA	NA	NA	NA	NA	90%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	68%
18	NA	NA	NA	NA	NA	NA	NA	NA	90%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	69%
19	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	70%
20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	71%
21	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	72%
22	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	73%
23	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	74%
24	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%
25	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	75%
26	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	87%	86%	85%	84%	83%	82%	79%	78%	76%	76%
27	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	88%	87%	86%	85%	84%	83%	82%	79%	79%
28	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	88%	87%	86%	85%	84%	83%	82%	82%
29	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	88%	87%	86%	85%	84%	83%	83%
30	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	88%	87%	86%	85%	84%	84%
31	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	88%	87%	86%	85%	85%
32	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	88%	88%	87%	87%
33	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	88%	88%	88%
34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	88%	88%
35	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	90%

Policy Year / Policy Term	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
9	54%	54%	54%	54%	53%	53%	53%	53%	52%	52%	52%	52%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
10	56%	56%	55%	55%	55%	54%	54%	54%	53%	53%	53%	52%	52%	52%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
11	60%	59%	59%	58%	58%	57%	57%	56%	56%	55%	55%	55%	54%	54%	54%	53%	53%	53%	52%	52%	52%	52%	51%	51%	51%	51%
12	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%	56%	56%	56%	55%	55%	55%	54%	54%	53%	53%	53%	52%	52%	52%	52%
13	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%	56%	56%	56%	55%	55%	55%	54%	54%	53%	53%	53%	52%	52%
14	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%	56%	56%	56%	55%	55%	55%	54%	54%	53%	53%	53%
15	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%	56%	56%	56%	55%	55%	55%	54%	54%	54%
16	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%	56%	56%	56%	55%	55%	55%	55%
17	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%	56%	56%	56%	55%	55%
18	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%	56%	56%	56%
19	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%	56%	56%
20	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%	57%
21	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	57%	57%
22	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%	58%
23	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	58%	58%
24	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	59%
25	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%
26	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%	60%	60%
27	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	60%	60%
28	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%	61%
29	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	61%	61%
30	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	62%	62%
31	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%	63%	63%
32	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	63%	63%
33	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	64%	64%
34	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%	65%
35	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%

Table continued...

Policy Year / Policy Term	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
35	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%
36	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%
37	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%
38	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%	67%
39	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%	68%
40	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%	68%
41	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%	69%
42	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%	70%
43	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%	71%
44	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%	72%
45	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%	73%
46	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%	74%
47	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%	74%
48	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%	75%
49	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%	76%
50	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%	78%
51	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%	79%
52	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%	82%
53	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%	83%
54	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%	84%
55	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%	85%
56	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%	86%
57	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%	87%
58	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%	88%
59	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	89%
60	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%

