

Date:

**PART - A**

Name of the customer:

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

Address:

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

We have prepared your 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 policy document.

Our Service Expert from the customer care unit will be calling you shortly to guide you through your 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](mailto:care@edelweisstokio.in)

**Free Look Provision:** We request you to go through your 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 policy is provided to you to review the terms and conditions of the policy. You may return the policy document to us within 15\* days from the date 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 an amount as mentioned in the Free Look Clause of the 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).

We look forward to servicing you during your policy term and request you to keep the policy document safely for future reference.

Regards,

**For Edelweiss Tokio Life Insurance Company Limited**

**Authorised Signatory**

**Edelweiss Tokio Life Insurance Company Limited**  
**Edelweiss House, Off. C. S. T. Road, Kalina, Mumbai – 400 098**

**Edelweiss Tokio Life – MyLife+**  
**(Non-Participating Term Assurance Plan)**  
**UIN NO: 147N027V01**

**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 Policy with You which is the legal contract between You and the Company and is subject to the Terms & Conditions as stated in this Policy.

SAMPLE

## POLICY SCHEDULE

Policy Number	Plan 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(s)	Name of the Appointee (in case nominee is a minor)

Policy Details	
Risk Commencement Date	
Policy Commencement Date	
Policy Term	
Premium Frequency	Annual
Modal Premium	Rs.
Total Modal Premium (plus Service Tax & Educational Cess)	Rs.
Annualized Premium	Rs.
Premium Due Date(s)	Date/month
Last Premium Due Date	
Policy Maturity Date	

### BENEFIT INFORMATION

Base Plan Sum Assured

1. Lump-sum benefit option: Rs. Sum Assured
2. Income benefit option: Rs. Sum Assured

Base Plan/ Rider Name	UIN No.	Sum Assured	Modal Premium plus taxes and cess	Term (years)	PPT (years)
Edelweiss Tokio Life – MyLife+					
Accidental Total and Permanent Disability Rider					
Accidental Death Benefit Rider					
Waiver of Premium Rider					
<b>Total</b>					

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

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

**PART – B**  
**DEFINITIONS**

Defined Term	Meaning
<b>Age:</b>	age of the Life Insured at last birthday.
<b>Appointee:</b>	the person named in the Schedule who will accept and hold in trust all amounts payable under the Policy on behalf of the Nominee if the Nominee is less than Age 18 on the date of payment.
<b>Death Benefit:</b>	means the benefit, agreed at the inception of the Policy, which is payable on death of the Life Insured.
<b>Grace Period:</b>	a period of 30 days from the due date of premium specified in the Schedule for the payment of premium without any penalty/late fee during which the Policy is considered to be in-force with the risk cover.
<b>IRDA:</b>	Insurance Regulatory and Development Authority.
<b>Life Insured:</b>	the person named in the Schedule whose life is insured under this Policy.
<b>Maturity Date:</b>	the date specified in the Schedule on which the Policy matures.
<b>Nominee:</b>	the person specified in the Schedule nominated in accordance with the Section 38 of the Insurance Act, 1938.
<b>Policy:</b>	the Proposal Form, the Policy document, the Policy Schedule and any other document attached or annexed including any endorsement attached to the Policy issued by Us.
<b>Policy Term:</b>	the term in years between the Policy Commencement Date and the Maturity Date.
<b>Policy Anniversary:</b>	the date corresponding with the Policy Commencement Date specified in the Schedule in every calendar year.
<b>Policy Year:</b>	a period of one year between any of the two consecutive Policy Anniversary.
<b>Policy Commencement Date:</b>	the date as shown in the Policy Schedule from which the Policy Anniversaries, Policy Term, Policy Years, and Premium Due Dates are determined.
<b>Policyholder:</b>	the person who is the owner of the Policy and is referred to as the Proposer in the Proposal Form.
<b>Premium Paying Term:</b>	the term in years during which the Premiums are required to be paid under the Policy.
<b>Proposal Form:</b>	the signed, dated application form and any accompanying declarations or statements submitted to Us.
<b>Risk Commencement Date:</b>	the date on which Your rights, benefits and risk cover begin, as shown in the Policy Schedule.
<b>Revival:</b>	means restoration of the policy by Us which was discontinued due to the non-payment of premium, with all the benefits, upon receipt of all due premiums and other charges, if any as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the Life Insured on the basis of information, documents and reports furnished by the Policyholder, in accordance with the Board approved underwriting guidelines.
<b>Revival Period:</b>	the period of two consecutive years from the date of discontinuance of the Policy, during which You are entitled to revive the Policy which was discontinued due to non payment of Premium.
<b>Surrender:</b>	complete withdrawal or termination of the entire Policy.
<b>We/Our/Us/Company:</b>	Edelweiss Tokio Life Insurance Company Limited.
<b>You/ Your:</b>	the policyholder named in the Policy Schedule.

**Interpretation:** In this 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**

a) **Death Benefit:**

	<b>When Payable</b>	<b>Amount Payable</b>
(i)	If the Life Insured dies before the Maturity Date and while the Policy is In Force, We will pay:	<p>1. Under the Lump-sum benefit option, if chosen: 100% of Sum Assured (as mentioned in Policy Schedule) in lump sum.</p> <p>2. Under the Income benefit option, if chosen: 1% of Sum Assured (as mentioned in Policy Schedule) every month for next 130 months starting from the next monthiversary from the date of death.</p> <p>During the payout period, if the nominee wants lump-sum instead of staggered benefit then the remaining future monthly payouts, discounted at the rate of 5.25% per annum, will be paid as lumpsum immediately.</p> <p>Sum Assured at any time during the policy term will be higher than:</p> <ul style="list-style-type: none"><li>• 10 times the annualized premium or</li><li>• 105% of annualized premiums paid till date of death.</li></ul> <p><i>Annualized premium is the premium payable in a year, excluding the underwriting extra premiums and loadings for modal premiums, if any.</i></p>
(ii)	If the Life Insured (whether sane or not) commits suicide within one year from the date of inception/date of revival of the Policy while the Policy is in force, then:	The Policy shall be void and We will pay 80% of the Premium received (excluding extra mortality premium).

b) **Maturity Benefit:**

	<b>When Payable</b>	<b>Amount Payable</b>
(i)	If the Insured survives as on the date of Maturity:	No amount becomes payable.

### **PAYMENT OF PREMIUM & DISCONTINUANCE OF PREMIUM PAYMENT**

<b>a)</b>	<b>Payment of Premium:</b> You shall pay Premium for the Premium Paying Term. The amount of Premium payable, the frequency at which it must be paid and the due dates for each instalment of Premium are stated in the Policy Schedule.
<b>b)</b>	<b>Grace Period:</b> If We do not receive the Premium in full by the premium due date, then:  (i) We will allow a Grace Period of 30 days during which You must pay the Premium due in full.  (ii) The benefits under the Policy and the Rider if any will continue to apply, during the Grace Period subject to the deduction of the due premium.
<b>c)</b>	<b>Lapsation:</b> The policy would stand lapsed if the due premiums are not paid within the grace period and the death benefit under the policy shall cease to apply.
<b>d)</b>	<b>Revival norms:</b>

The Policy (and any applicable Riders) may be revived within two years from the due date of the first unpaid Premium by giving Us a written notice to revive the Policy and Payment of all overdue premiums with simple interest, as declared by Company from time to time, for every completed month from the date of first unpaid premium.

The revival will be effected on receipt of the proof of continued insurability and subject to medical examination if required (cost to be borne by the policyholder). On interpretation of the results if the Life is accepted by the Underwriter, only then the policy would be allowed to revive. The effective date of revival is when these requirements are met and approved by Us.

The policyholder may choose to discontinue the rider premium even though he is paying the premium pertaining to the underlying base product to which the rider is attached. In such a case of rider premium discontinuance, the rider is not allowed to be revived in future. Revival would be as per Board approved underwriting guidelines. However, in case the entire policy premium (the base product and the rider) has been discontinued and the policyholder wants to revive the same then he would be allowed to revive within two years from the date of the first unpaid premium as mentioned above.

SAMPLE

## **PART – D**

**1) Surrender Benefit:**

On surrender, the Policy shall be terminated and the benefits under the Policy shall cease to apply. There is no surrender benefit payable under the Policy.

**2) Loan under the Policy:**

Loans are not allowed under the Policy.

**3) 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 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).

SAMPLE

**PART – E**

Not Applicable.

SAMPLE



**PART – F**

**GENERAL TERMS AND CONDITIONS**

<b>a)</b>	<b>Claim Procedure:</b>
	<p>We shall be given written notice 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"><li>(i) Our claim form which must be duly completed;</li><li>(ii) The original or a attested copy of the death certificate;</li><li>(iii) The original Policy document;</li><li>(iv) Documents to establish right of the claimant in the absence of valid nomination</li><li>(v) Any other information or documentation that We request.</li></ul> <p>You are requested to send intimation of the claim to any of Our branch offices or to Our Registered office mentioned below.</p> <p>Claims Officer Edelweiss Tokio Life Insurance Company Ltd. Edelweiss House, Off. C. S. T. Road, Kalina, Mumbai – 400 098 Email Id: <a href="mailto:claims@edelweisstokio.in">claims@edelweisstokio.in</a> Phone no: 1800 2121 212</p>
<b>b)</b>	<b>Nomination as per Section 39 of the Insurance Act 1938:</b>
	<p>Where the policyholder is also the Life Insured, You may at any time during the Policy Term nominate a Nominee to receive the Death Benefit under the Policy in the event of the Life Insured's death. Where the Nominee is a minor shall also appoint any person as Appointee to receive the money during the minority of the Nominee. We will not recognize a nomination or change in nomination until we receive Your notice in writing in the Prescribed format and it will be effective only upon registering by Us. We do not accept any responsibility or express any opinion as to the validity or legality of a nomination, when recording a nomination. These nomination provisions shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874 (3 of 1874) applies or has at any time applied.</p>
<b>c)</b>	<b>Assignment as per Section 38 of the Insurance Act 1938:</b>
	<p>You may assign the Policy to any Party by an endorsement upon the Policy document itself or by a separate instrument signed by the assignor specifically stating the fact of assignment and duly attested. Such assignment shall be effective as against the Company from and upon the service of written notice upon the Company and the Company recording the assignment in its records. Only the entire Policy can be assigned. An assignment will automatically cancel all nominations and the assignee would be sole owner of the Policy and the assignor would cease to have any rights under the Policy in all cases except assignment in our favour. We do not accept any responsibility or express any opinion as to the validity or legality of an assignment, when recording an assignment. Assignment will not be permitted when the Policy is issued under the Married Women's Property Act, 1874.</p>
<b>d)</b>	<b>Validity/ Non Disclosure:</b>
	<ul style="list-style-type: none"><li>(i) If You or anyone acting on Your behalf makes, fraudulent, misleading or dishonest representation in any respect, then this Policy shall be cancelled and Surrender Value if any, shall be payable (subject to Section 45 of the Insurance Act).</li><li>(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.  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 surrender value if any, shall be payable (subject to Section 45 of the Insurance Act).</li><li>(iii) <u>Section 41 of the Insurance Act, 1938:</u> 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</li></ul>

	<p>prospectuses or tables or the insurer.</p> <p>Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Rs. Five hundred rupees.</p> <p>(iv) <u>Section 45 of the Insurance Act, 1938:</u>  No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.</p> <p>Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.</p>
<b>e)</b>	<b>Currency, Governing Law &amp; Jurisdiction</b>
	<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>
<b>f)</b>	<b>Taxation</b>
	<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 as applicable from time to time.</p>
<b>g)</b>	<b>Duplicate Policy Document</b>
	<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 notice 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>
<b>h)</b>	<b>Notices</b>
	<p>(i) All notices meant for Us shall be given to Us at Our address specified in the Policy Contract or at any of Our branch offices.</p> <p>(ii) All notices meant for You will be sent to Your address specified in the 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>
<b>i)</b>	<b>Entire Contract</b>
	<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, circulars or guidelines issued by IRDA.</p>

## 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](mailto:care@edelweisstokio.in)
- Write to us at Customer Care, Edelweiss Tokio Life Insurance Company Ltd, Edelweiss House, Off CST Road, Kalina, Santacruz (E), Mumbai – 400098

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](mailto:complaints@edelweisstokio.in)

To further escalate the matter you may write to the Chief Grievance Redressal Officer at [cgro@edelweisstokio.in](mailto:cgro@edelweisstokio.in)

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

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
<b>AHMEDABAD</b>	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, <b>Ahmedabad – 380 014</b> Tel.:- 079-27546150/139 Fax:- 079-27546142 E-mail: <a href="mailto:ins.omb@rediffmail.com">ins.omb@rediffmail.com</a>	Gujarat , Union Territories of Dadra & Nagar Haveli, Daman and Diu
<b>BHOPAL</b>	Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, <b>Bhopal – 462 011</b> Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 E-mail: <a href="mailto:bimalokpalbhopal@gmail.com">bimalokpalbhopal@gmail.com</a>	Madhya Pradesh & Chhattisgarh
<b>BHUBANESHWAR</b>	Office of the Insurance Ombudsman, 62, Forest park, <b>Bhubaneswar – 751 009</b> Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 E-mail: <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>	Orissa
<b>CHANDIGARH</b>	Office of the Insurance Ombudsman S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, <b>Chandigarh – 160 017</b> Tel.:- 0172-2706196/5861/6468 Fax:- 0172-2708274 E-mail: <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , Union Territory of Chandigarh
<b>CHENNAI</b>	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b>Chennai – 600 018</b> Tel.:- 044-24333678/664/668 Fax:- 044-24333664	Tamil Nadu, Union Territories of Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)

	E-mail: <a href="mailto:chennaiinsuranceombudsman@gmail.com">chennaiinsuranceombudsman@gmail.com</a>	
<b>KOCHI</b>	Office of the Insurance Ombudsman 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358734/759/9338 Fax:- 0484-2359336 E-mail: <a href="mailto:iokochi@asianetindia.com">iokochi@asianetindia.com</a>	Kerala , Union Territory of (a) Lakshadweep , (b) Mahe - a part of UT of Pondicherry
<b>GUWAHATI</b>	Office of the Insurance Ombudsman 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, <b>Guwahati – 781001 (ASSAM)</b> Tel.:- 0361-2132204/2131307/2132205 Fax:- 0361-2732937 E-mail: <a href="mailto:ombudsmanghy@rediffmail.com">ombudsmanghy@rediffmail.com</a>	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD</b>	Office of the Insurance Ombudsman 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <b>Hyderabad - 500 004</b> Tel.:- 040-23325325/23312122 Fax:- 040-23376599 E-mail: <a href="mailto:insombudhyd@gmail.in">insombudhyd@gmail.in</a>	Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry
<b>KOLKATA</b>	Office of the Insurance Ombudsman Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, <b>Kolkata - 700 072</b> TEL : 033-22124346/22124339 Fax : 033-22124341 E-mail : <a href="mailto:insombudsmankolkata@gmail.com">insombudsmankolkata@gmail.com</a>	West Bengal , Bihar , Sikkim, Jharkhand and Union Territories of Andaman & Nicobar Islands
<b>LUCKNOW</b>	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, <b>Lucknow-226 001</b> Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310 E-mail: <a href="mailto:insombudsman@rediffmail.com">insombudsman@rediffmail.com</a>	Uttar Pradesh and Uttaranchal
<b>MUMBAI</b>	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), <b>Mumbai - 400 054</b> Tel.:- 022-26106928/360/6552/6960 Fax:- 022-26106052 E-mail: <a href="mailto:ombudsmanmumbai@gmail.com">ombudsmanmumbai@gmail.com</a>	Maharashtra , Goa
<b>NEW DELHI</b>	Office of the Insurance Ombudsman 2/2A, Universal Insurance Building, Asaf Ali Road <b>New Delhi - 110 002</b> Tel. 011-23239611/7539/7532 Fax: 011-23230858 E-mail: <a href="mailto:jobdelraj@rediffmail.com">jobdelraj@rediffmail.com</a>	Delhi & Rajasthan