Edelweiss | GENERAL INSURANCE

LOAN CARE

POLICY WORDING

YOUR POLICY IN DETAIL

LOAN CARE POLICY
Part II of the Schedule

I Preface:-

This is a contract of insurance between the Company and the Policyholder which is subject to the realization of the full premium in advance and the terms, conditions and exclusions to this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by Policyholder in respect of the Insured Persons in the Proposal and the Policy Schedule.

Please inform the Company immediately of any change in the address, state of health or any other changes affecting the Policyholder or any Insured Person.

(Kindly refer policy Schedule as Part I).

II) Definitions:-

The terms defined below have the meanings ascribed to them wherever they appear in this policy and where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy
3. **Any one Illness** would mean the continuous period of illness, including relapse within a period of 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. **Bank** means a banking company which transacts the business of banking in India or abroad.
5. **Beneficiary:** in case of death of the insured person, the beneficiary means, unless stipulated otherwise by the insured person, the surviving spouse or immediate blood relative of the insured person, mentally capable and not divorced, followed by the children natural or adopted, followed by the insured person's legal heirs. For all other benefits, the beneficiary means the insured person himself unless stipulated otherwise.
6. **Commencement date** means the commencement date of this policy as specified in the schedule
7. **Condition precedent** shall mean a policy term or condition upon which our liability under the policy is conditional upon.
8. **Civil war** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, coup d'état, and the consequences of Martial Law.
9. **Critical illness (Major Medical Illness and Procedures),** an illness, medical event or surgical procedure specifically defined in the scope of cover under the Policy.
10. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal congenital anomaly which is not in the visible and accessible parts of the body.

b. External congenital anomaly which is in the visible and accessible parts of the body.

11. **Common Carrier / Public Carrier** means any civilian Scheduled Railways or Scheduled Aircraft or any public service vehicle as per Motor vehicle Act and in each case operated under a valid license for the transportation of passengers for hire.
12. **Company** means Edelweiss General Insurance Company Limited.
13. **Disclosure to information norm** means the policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact
14. **Diagnostic Centre/ Laboratory** means the diagnostic centres which have been empanelled by Insurer or our Third Party Administrator as per the latest version of the Schedule of diagnostic centres maintained by Insurer or our Third Party Administrator, which is available to Insured on request.
15. **Dependent child** means an unmarried dependent child ordinarily residing with the insured person between the ages of three (3) months and up to and including the age of twenty one (21) years, or up to and including the age of twenty - three (23) years if in full time education at an accredited tertiary institution at the time of the date of loss, including legally adopted and step-children, of an insured person or the spouse of an insured person.

16. Doctor / 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, and other than

a) An insured person under this policy;

b) An immediate family of the insured person. For purposes of this definition only, the term immediate family member shall not be limited to natural persons resident in the same country as the insured person

17. EMI or EMI amount means and includes the amount of monthly payment required to repay the principal amount of loan and interest by the insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the bank/financial institution and the insured prior to the date of occurrence of the insured event under this policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the insured prior to the occurrence of the insured event will not be considered for the purpose of this policy and shall be deemed as paid by the insured.

18. Financial institution shall have the same meaning assigned to the term under section 45 I of the Reserve Bank Of India act, 1934 and shall include a non-banking financial company as defined under section 45 I of the Reserve Bank of India act, 1934

19. Fees mean only "tuition fees" payable only on **reimbursement basis (on production of original fee receipt)**, upto the amount stated in the policy schedule, **the limit being for 24 months** to the surviving dependent child of the insured person who must be in full time education at an accredited educational institution, **and only up to any two children are eligible.** This would be a one-time payment.

20. Foreign war means armed opposition, whether declared or not between two countries

21. Grace period: means the specified period of time immediately following the premium 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 periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

22. Adventurous Sports / Hazardous Sports: Adventure sports consist of activities having a high level of danger. These activities normally consist of speed, height, elevated levels of physical exertion, combined with highly specialized gear or spectacular stunts.

Racing on wheels, horseback, base jumping, biathlon, big game hunting, black water rafting, bmx stunt/ obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, climbing/ trekking , cycle racing, cyclo cross, drag racing, endurance testing, hang gliding, harness racing, hell skiing, high diving , hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, luging, manual labour, marathon running, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, mountaineering/ rock climbing, parachuting, paragliding/ parapenting, piloting aircraft, polo, powerlifting, power boat racing, quad biking, river boarding, river boardings, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting, wrestling, mountaineering, winter sports, Skydiving, Scuba Diving, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters

23. Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities, under the clinical establishments (registration and regulation) act, 2010 or under enactments specified under the schedule of section 56(1)of the said act or complies with all minimum criteria as under:

- Has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- Has qualified nursing staff under its employment round the clock,
- Has qualified medical practitioner(s) in charge round the clock,
- Has a fully equipped operation theatre of its own where surgical procedures are carried out,
- Maintains daily records of patients and will make these accessible to our authorized personnel.

24. Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

25. Illness means sickness or disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition –

Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.

(b) Chronic condition –

A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- It needs ongoing or long-term control or relief of symptoms

• It requires rehabilitation for the patient or for the patient to be specially trained to cope with it.
• It continues indefinitely.
• It recurs or is likely to recur.

26. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a medical practitioner

27. **Insured** means the individual(s) whose name(s) are specifically appearing as such in Section 1 of the Policy schedule to this policy. For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the insured may present a claim on behalf of the insured to the company.

28. **Insured event** means any event specifically mentioned as covered under this policy.

29. **Loan** means the sum of money lent at interest or otherwise to the insured for property located in India by any bank/financial institution as identified by the loan account number referred to in policy schedule.

30. **Material facts** for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk

31. **Nominee** means the person(s) nominated by the insured to receive the insurance benefits under this policy payable on the death of the insured. For the purpose of avoidance of doubt it is clarified that if the insured is a minor, his guardian shall appoint the nominee.

32. **Policy period / period of insurance** means the period commencing from policy start date and hour as specified in the schedule and terminating at midnight on the policy end date as specified in of the schedule to this policy or the date of cancellation of this policy, whichever is earlier.

33. **Permanent total disability (PTD) means** Disability, as the result of a bodily injury, which:

(a) Continues for a period of twelve (12) consecutive months, and

(b) Is confirmed as total, continuous and permanent by a physician after the twelve (12) consecutive months, and

(c) Entirely prevents an insured person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.

34. **Permanent partial disability (PPD)** - means the insured person has suffered a permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis by a physician.

35. **Physical separation** means

1. As regards the hand actual separation at or above the wrists, and
2. As regards the foot means actual separation at or above the ankle.

36. **Policy** means our contract of insurance with the policy holder providing cover as detailed in this policy terms and condition, the proposal form, policy schedule, endorsement/s, if any, and annexure, which forms part of the contract and must be read together

37. **Policyholder** means the entity or person named as such in the schedule

38. **Public authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.

39. **Principal outstanding** means the principal amount of the loan outstanding as on the date of occurrence of insured event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the insured event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the bank prior to the occurrence of the insured event will not be considered for the purpose of this policy and shall be deemed as paid by the insured.

40. **Professional sports** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

41. **Pre-Existing Disease** means any condition, ailment, injury or disease:

That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

or

b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by insurer or its reinstatement

42. **Portability:** Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/ she choose to switch from one insurance company to another.

43. **Schedule** means this schedule and parts thereof, and any other annexure(s) appended, attached and / or forming part of this policy.

44. **Specific definitions** for all Table of benefits for Permanent Total Disability.

1) Limb means the hand above the wrist joint or foot above the ankle joint.

2) Loss of hearing means the total and irrecoverable loss of hearing.

3) Loss of sight means the total and irrecoverable loss of sight. This is considered to have occurred if the degree of sight remaining after correction is 3 /60 or less on the Snellen Scale.
4) Loss of speech means the total and irrecoverable loss of speech.
45. Spouse means an insured person's husband or wife who is recognized as such by the laws of the jurisdiction in which they reside
46. Sum insured means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum , total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year
Reducing sum insured covers:-
Notwithstanding anything contrary stated in the policy, the sum insured under the policy on the date of the insured event covered under sections for the purpose of calculation of claim shall be the least of the following:
The Principal Outstanding in the books of the bank/financial institution as on the date of occurrence of the insured event; or the principal outstanding as per the amortization schedule prepared by bank/financial institution. In the event the sum insured as appearing against Section II of the schedule of the policy is less than the total of the actual loan disbursed up to the date of the occurrence of the insured event, then the amortization schedule shall be calculated as if the actual loan disbursed was equivalent to the sum insured; or The sum insured as appearing against Section II of the schedule.
47. Scheduled airline means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier and is flown by authorized licensed pilot.
48. Terrorism means activities against persons, organizations or property of any nature:
That involve the following or preparation for the following:
a) Use or threat of force or violence; or
b) Commission or threat of a dangerous act; or
c) Commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
d) When one or both of the following applies:
i) The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
ii) It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
49. Third party administrator or TPA means any person who is licensed under the IRDAI (Third Party Administrators–Health Services) regulations,2001 by the authority, and is engaged for fee or remuneration by us, for the purpose of providing health services
50. Waiting period is the period where we will not be liable for specified number of days and which will apply before any benefits are payable by us. The waiting period will be computed from the date of commencement of policy period.
51. We/our/us means the Edelweiss General Insurance Company Limited
52. Overriding effect of definitions of the schedule.
The terms and conditions contained herein and in definitions of the schedule shall be deemed to form part of the policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in definitions of the schedule, then the term(s) and condition(s) contained herein shall be read with the necessary changes having been made or once necessary changes have been made with the scope of cover/terms and conditions contained in definitions of the schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

III) Scope of cover
The following benefits are covered under this plan:
• Major Medical Illness and Procedures.
• Personal Accident Cover
• Loss of Job Cover
• Dependent Child Education Benefit Cover.

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Section 1: Definitions, Exclusions, Basis of Settlement and Conditions applicable to Critical Illness cover (Major medical Illnesses and procedures).

A) Definitions Applicable to Major Medical Illness and Procedures

Insured event: For the purposes of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

Benefit structure

- Five plans to cover a maximum of 25 critical illnesses which are as follows:-

Sr. No	Particulars	Plan name				
		Standard	Enhance	Premium	Elite	Ultima
1	Cancer Of Specified Severity	Yes	Yes	Yes	Yes	Yes
2	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes	Yes	Yes
3	Multiple sclerosis With Persisting Symptoms	Yes	Yes	Yes	Yes	Yes
4	Major organ/Bone marrow transplant	Yes	Yes	Yes	Yes	Yes
5	Open heart replacement or repair of heart valves	Yes	Yes	Yes	Yes	Yes
6	Open chest coronary artery bypass graft (CABG)	Yes	Yes	Yes	Yes	Yes
7	Permanent Paralysis of limbs	Yes	Yes	Yes	Yes	Yes
8	Myocardial infarction (First heart attack of specific severity)	Yes	Yes	Yes	Yes	Yes
9	Stroke resulting in permanent symptoms	Yes	Yes	Yes	Yes	Yes
10	Benign brain tumour	×	Yes	Yes	Yes	Yes
11	Motor neuron disease with Permanent Symptoms	×	Yes	Yes	Yes	Yes
12	Coma of specified severity	×	Yes	Yes	Yes	Yes
13	End stage liver failure	×	×	Yes	Yes	Yes
14	Primary (idiopathic) pulmonary hypertension	×	×	Yes	Yes	Yes
15	Surgery of aorta	×	×	Yes	Yes	Yes
16	Third degree burns	×	×	×	Yes	Yes
17	Deafness	×	×	×	Yes	Yes
18	Loss of speech	×	×	×	Yes	Yes
19	Muscular dystrophy	×	×	×	×	Yes
20	Alzheimer's disease	×	×	×	×	Yes
21	Parkinson's disease	×	×	×	×	Yes
22	Pulmonary artery graft surgery	×	×	×	×	Yes
23	Medullary cystic disease	×	×	×	×	Yes
24	Systemic Lupus Erythematous with lupus nephritis	×	×	×	×	Yes
25	Pneumonectomy	×	×	×	×	Yes

The insured event under this section and the conditions applicable to the same are more particularly defined below:-

1. Cancer of Specified Severity:

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:

- All tumors which are histologically described as Carcinoma In Situ, benign, premalignant, 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- 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
- All thyroid cancers histologically classified as T1N0M0 (TNM classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as tan0m0 or of a lesser classification,
- All gastro-intestinal stromal tumors histologically classified as T1N0M0 (TNM classification) or below and with mitotic count of less than or equal to 5/50 hpfs,
- all tumors in the presence of HIV infection.

2. Myocardial Infarction (First Heart Attack Of Specific Severity):

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for myocardial infarction should be evidenced by all of the following criteria:

- 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.

3. 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.

4. 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.

5. Coma Of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in ct scan or mri of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (tia)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ/Bone Marrow Transplant the actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only Islets of Langerhans are transplanted.

9. Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neuron Disease With Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis With Persisting Symptoms

The unequivocal diagnosis of definite multiple sclerosis confirmed and evidenced by all of the following:

- Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

12. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- Permanent neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:
Cysts, granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Deafness
Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an ear, nose and throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

14. End Stage Liver Failure
Permanent and irreversible failure of liver function that has resulted in all three of the following:
- Permanent Jaundice; and
- Ascites; and
- Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

15. Loss Of Speech
Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an ear, nose, and throat (ENT) specialist.
All psychiatric related causes are excluded.

16. 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.

17. Third Degree Burns
There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

18. Alzheimer's Disease
Alzheimer's (Pre-senile Dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive Histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the insured person. The diagnosis must be supported by the clinical confirmation of a neurologist and confirmed by our appointed medical practitioner.
The following conditions are however not covered:
- Non-organic diseases such as neurosis and psychiatric illnesses;
- Alcohol related brain damage; and
- Any other type of irreversible organic disorder/dementia

19. Parkinson's Disease

The unequivocal diagnosis of progressive, degenerative Idiopathic Parkinson's disease by a neurologist acceptable to us.
The diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability of the insured person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

20. Surgery of Aorta

The actual undergoing of major surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "aorta" shall mean the thoracic and abdominal aorta but not its branches.
You understand and agree that we will not cover:

- Surgery performed using only minimally invasive or intra-arterial techniques.
- Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

21. Medullary Cystic disease

Medullary cystic disease where the following criteria are met:
a. The presence in the kidney of multiple cysts in the Renal Medulla accompanied by the presence of Tubular Atrophy and Interstitial Fibrosis;
b. Clinical manifestations of Anaemia, polyuria and progressive deterioration in kidney function; and
c. The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
d. Isolated or benign kidney cysts are specifically excluded from this benefit.

22. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a registered doctor who is a consultant neurologist. The condition must result in the inability of the life insured to perform (whether aided or unaided) at least 3 of the 6 "activities of daily living" for a continuous period of at least 6 months.
Activities of daily living:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

23. Systemic Lupus Erythematous with Lupus Nephritis:-

A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this policy, Systemic Lupus Erythematous will be restricted to those forms of Systemic Lupus Erythematous which involve the kidneys (Class III To Class V Lupus Nephritis, established by renal biopsy, and in accordance with the who classification). The final diagnosis must be confirmed by a registered doctor specializing in Rheumatology and Immunology.

The WHO classification of lupus nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Mesangial Lupus Glomerulonephritis.

Class III Focal Segmental Proliferative Lupus Glomerulonephritis.

Class IV Diffuse Proliferative Lupus Glomerulonephritis.

Class V Membranous Lupus Glomerulonephritis.

24. Pulmonary Artery Graft Surgery

The undergoing of surgery requiring Median Sternotomy on the advice of a cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

25. Pneumonectomy

The undergoing of surgery on the advice of an appropriate medical specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- Removal of a lobe of the lungs (Lobectomy)
- Lung Resection or incision

B) Exclusions applicable to Major Medical Illness and Procedures.

We shall not be liable to make any payment under this policy towards a covered critical illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any illness, sickness or disease other than those specified as critical illnesses under this policy;
2. Any claim with respect to any critical illness diagnosed or which manifested prior to policy inception date.
3. Pre-Existing Diseases - Code- Excl01

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the 48 months of continuous coverage as specified in the policy schedule, after the date of inception of the first policy with insurer.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

4. Any condition directly caused by or associated with any sexually transmitted disease, venereal diseases including genital warts, Syphilis, Gonorrhea, Genital Herpes, Chlamydia, Pubic lice and Trichomoniasis.
5. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication
6. Unproven Treatments: Code- Excl16 Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness;
7. Change – of – Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery: Code- Excl08
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. Obesity/ Weight Control: Code- Excl06
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
Surgery to be conducted is upon the advice of the Doctor
The surgery/Procedure conducted should be supported by clinical protocols
The member has to be 18 years of age or older and
Body Mass Index (BMI);
a) greater than or equal to 40 or
b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
i. Obesity-related cardiomyopathy
ii. Coronary heart disease
iii. Severe Sleep Apnea
iv. Uncontrolled Type2 Diabetes
10. Sterility and Infertility: Code- Excl17
Expenses related to sterility and infertility. This includes:
(i) Any type of contraception, sterilization
(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
(iii) Gestational Surrogacy
(iv) Reversal of sterilization

C) Basis of Settlement applicable to Major Medical Illness and Procedures:-
The benefit payable is amount equivalent to loan amount insured, Subject to the sum insured specified in the policy schedule.

D) Conditions applicable to Major Medical Illness and Procedures:-
1. A waiting period of 90 days is applicable at the commencement of the policy to this section.
2. No survival period is applicable in policy.
3. Claims will be payable only if critical illness claim occurs while the cover is in force. An intimation of critical illness claim should be given within 15 days of incidence of critical illness condition. However if a claim is reported later than that period and if the reason for same is genuine then as per IRDAI guidelines, claim will be honoured.
4. Once a claim has been accepted and paid under this benefit section then the policy will automatically terminate in respect of that insured person.

Section 2: Definitions, Exclusions, Basis of settlement and Conditions applicable to Personal Accident Cover.

A) Definitions Applicable For Personal Accident Cover:-
Personal Accident Benefits i.e., Accidental Death, Permanent Total Disability and Permanent Partial Disability covers the insured/insured person up to the sum insured specified in the policy schedule, towards payment of his / her loan on account of an injury arising out of an accident, sustained during the policy period resulting in death or Permanent Total Disability or Permanent Partial Disability, as the case may be, within 12 months of occurrence of such injury.
a) Accidental injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.
b) Permanent Total Disability – means disability as the result of a bodily injury, which entirely prevents an insured person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life. If at the time of loss you are unemployed, Permanent Total Disability shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.
c) Permanent Partial Disability - means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of

a body part, substantiated by a diagnosis by a Medical Practitioner.

B) Exclusions applicable for Personal Accident benefits:

We shall not be liable to make any payment under this policy for any claim in respect of any insured person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the policy:

1. Pre-Existing Diseases - Code- Excl01

Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the 48 months of continuous coverage as specified in the policy schedule, after the date of inception of the first policy with insurer.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Any payment in case of more than one claim under the policy during any one policy period by which our maximum liability in that period would exceed the sum insured.

3. Certification by a medical practitioner who shares the same residence as the insured person or who is a member of the insured person's family.

4. Benefit under accidental death, permanent total Disability, permanent partial Disability and emergency ambulance cover arising from bacterial infections (except pyogenic infection which occurs through an accidental cut or wound).

5. Benefit under accidental death, permanent total Disability, permanent partial Disability and emergency ambulance cover arising from medical or surgical treatment except as necessary solely and directly as a result of an accident.

6. Any change of profession after inception of the policy which results in the enhancement of our risk under the policy, if not accepted and endorsed by us on the policy schedule.

7. Any physical, medical or condition or treatment or service that is specifically excluded in the policy.

C) Basis of settlement applicable for Personal Accident benefits:-

Subject to the sum insured specified in the policy schedule, coverage under this benefit (Permanent Total Disability) shall be as follows:

• Permanent Total Disability as per table below with benefit amount equivalent to loan amount insured.

Permanent Total Disability – Table of Benefits		
Permanent Total Disability	Percentage of sum insured Payable	Percentage of sum insured in case of claim due to travel in Public carriers*
Permanent total loss of two Limbs (both hands or both feet or one hand and one foot)	100%	200%
Permanent total loss of a limb and an eye	100%	200%
Complete and irrecoverable loss of sight of both eyes	100%	200%
Complete and irrecoverable loss of speech & hearing of both ears	100%	200%
Accidental Death	100%	200%

(*Death or Permanent Total Disability cover due to accident with 200% sum insured, if death or permanent total disability occurs following an accident whilst the insured person is travelling as a fare paying passenger in any of the listed public carriers like bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or aircraft)

a) Loss used with reference to limb means the loss by physical severance or the total and permanent loss of use of such limb. The Disability must be confirmed prior to the expiry of a period of 3 months since occurrence of the Disability.

• Permanent Partial Disability as per table below with benefit amount equivalent to defined percentage of loan amount insured.

Permanent Partial Disability	Percentage of Sum Insured
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot	50%
Use of a hand or a foot without physical separation	50%
Loss of toes – all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger - one phalanx	3%
Loss of metacarpals – first or second (additional) or third, fourth or fifth (additional).	3%
Any other permanent partial Disability	Percentage as assessed by a panel doctor of the company

D) Conditions applicable to Personal Accident cover.

In the event of permanent Disability, the insured will be under obligation to:-

1. Have himself/herself examined by the panel doctors appointed by the Company and the Company will pay the costs involved thereof.
2. Authorize doctors providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the insured. (If the above obligation (1 & 2) is not met with, due to whatsoever reason, the company shall be relieved of its liability to compensate under this benefit).
3. The Disability / death must occur within 12 months of the accident.
4. Provided that, such Disability shall as a direct consequence thereof permanently disable the insured person from resuming his normal occupation.
5. Any payment made under this benefit shall be deducted from any or Accidental Death, Permanent Total Disability, Permanent Partial disability ,Major Medical Illness and Procedures or Loss of Job benefits if available under this Policy.
6. Once a claim has been accepted and paid under this benefit section (Death or Permanent Total Disability cover) then the policy will automatically terminate in respect of that insured person.

Section 3: Definitions, Exclusions, Basis of settlement and Conditions applicable to Loss of Job Cover.

A) Definitions Applicable For Loss of Job Cover:-

For the purposes of loss of job, insured event in relation to insured covered shall mean termination from employment of the insured or his/her dismissal, temporary suspension or retrenchment from employment imposed on him/her by the employer during the policy period as per the employer's rules /regulations or executed/implemented by the employer in compliance of any laws for the time being in-force or any directives by any public authority.

B) Exclusions Applicable For Loss of Job Cover:-

1. No benefit shall be payable under this benefit in the event of termination, dismissal, temporary suspension or retrenchment from employment of the insured being attributed to any dishonesty or fraud or poor performance on the part of the insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the insured by the employer.
2. No benefit shall be payable under this benefit in connection with or in respect of:-
a. Self-employed persons;
b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
c. Any voluntary unemployment;
d. Unemployment at the time of inception of the policy period or arising within the first 90 days of inception of the policy period.
3. No benefit shall be payable due to any unemployment from a job under which no salary or any remuneration is provided to the insured.
4. No benefit shall be payable due to any suspension from employment on account of any pending enquiry being conducted by the employer/public authority.
5. No benefit shall be payable due to any unemployment due to resignation, retirement whether voluntary or otherwise.
6. No benefit shall be payable due to any unemployment due to non-confirmation of employment after or during such period under which the insured was under probation.

C) Basis of settlement and Conditions Applicable For Loss of Job Cover :-

1. The benefit payable is equal to equated monthly instalments (EMIs) falling due in respect of the loan insured (loan account number as stated in the policy schedule) after commencement of the insured event till the reinstatement of employment with the same employer or new employer or expiry of policy period, whichever is earlier, subject to a maximum of three (3) EMIs.
2. Any payment made under Loss of Job section for a valid claim shall be deducted from any sections or Accidental Death, Permanent Total Disability, Permanent Partial disability or Critical Illness benefits if available under this Policy. The total amount payable in respect of more than one event shall not exceed the total sum insured under the policy.
3. A waiting period of 90 days is applicable at the commencement of the policy.
4. A claim under this benefit shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the insured shall not be less than 30 consecutive days ("retrenchment period"). However if a claim is reported later than that period and if the reason for same is genuine then as per IRDAI guidelines, claim will be honored.
5. This benefit is available only for salaried employees.
6. The cover as described under this benefit, for specific insured, shall terminate in the event one or more claim(s) in respect of that insured becoming admissible and accepted by the insurance company under this section and the insurance company admitting liability to the extent of the maximum benefit payable i.e., 3 EMIs.
7. The insured shall intimate the insurance company within thirty (30) days from the date of termination from employment of the insured or his/her dismissal, temporary suspension or retrenchment from employment as the case may be.
8. In case where the loans are prepaid before the end of the policy period, the 3 EMIs in case of Loss of Job claims would be paid as per the original EMI schedule.
9. For Loss of Job claim, 3 EMI's at actuals would be payable. In case of change in Rate of interest the actual EMI being charged by bank at the time of loss would be payable.
10. Loss of JOB's in India only covered under the policy.

Section 4: Definitions, Exclusions, Basis of settlement and Conditions applicable to Dependent child education benefit Cover.

A) Definitions Applicable for Dependent child education benefit:-

Dependent child education benefit: - This shall mean if during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results in death within twelve (12) months of the date of loss, then the company agrees to pay the education fees for the insured person's surviving dependent child up to the amount stated in the schedule per year up to the number of years stated in the schedule.

B) Exclusions applicable to Dependent child education benefit :-

The company shall not be liable under this section for:-

1. Payment of compensation in respect of death arising from or resulting directly from any illness to any insured.

C) Basis of settlement applicable to Dependent child education benefit:-

Table A – Slabs

Dependent Child Education benefit –Slabs

No. Of children	Slab 1	Slab 2	Slab 3	Slab 4	Slab 5	Slab 6
	(Maximum Sum Insured per child) (₹)					
One	25,000	50,000	1,00,000	1,50,000	2,00,000	2,50,000
Two	50,000	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000

Table B –Pay out basis Sum Insured amount

Loan amount		Slab
From	To	
1	5,00,000	Nil
5,00,001	10,00,000	1
10,00,001	20,00,000	2
20,00,001	30,00,000	3
30,00,001	40,00,000	4
40,00,001	50,00,000	5
50,00,001	3,00,00,000	6

The company hereby agrees, subject to the terms, conditions and exclusions applicable to this section and the terms, conditions, general exclusions stated in the policy, to pay the sum insured as stated against the Schedule on occurrence of the insured event as stated above under this section.

D) Conditions applicable to Dependent child education benefit section:-

1. To receive benefits under this section, the dependent child (Any Two Children) must be in full time education at an accredited educational institution.
2. Dependent child education benefit is payable from ₹25,000 per child up to maximum of ₹500,000 (As per the eligibility and mentioned in policy schedule) for any two children on reimbursement basis i.e. on production of original tuition fee receipt from the accredited institution. The company's liability is limited up to the maximum sum insured under the section as stated or actual tuition fee amount whichever is lower. This will help in supporting education for a period of up to 24 months depending on the primary sum insured of the policy under section II of the policy schedule. Maximum up to two dependent children may be covered.
3. Disappearance: in the event of the disappearance of an insured person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such insured person was known to have been traveling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this policy, that such insured person shall have died as the result of an accident. If at any time, after the payment of a benefit under this section, it is discovered that an insured person is still alive; all payments shall be reimbursed in full to the company.
4. Exposure: death as a direct result of exposure to the elements of nature shall be deemed to be bodily injury.
5. This benefits would be payable over and above the sum insured applicable and as per the table A & B appended below as a one-time payment upon insured death only.

6. Benefits payable under this section shall be limited to not more than two (2) dependent children.

IV) General Conditions applicable to all sections

A) Initial Waiting Period

An initial waiting period of 90 days is applicable for all the Major medical illnesses and Procedures and loss of job cover from the date of inception.

Any Pre-Existing Illness- Any Insured Event arising on account of or in connection with any Pre-Existing Illness. Benefits will not be available for any condition(s) as defined in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first Policy with us.

B) Survival period - In respect of all the benefits no survival period is applicable.

C) Minimum and Maximum age:-

Eligible to be covered under the Policy, the Insured should have attained the age of at least 20 years and shall not have completed the age of 65 years as on the date of commencement of the Policy Period as applicable to such Insured unless it is renewal of policy.

Maturity age: 70 years

Age mentioned above to be considered as age last birthday as on the date of commencement of the policy period as applicable to such insured.

D) Alterations in the policy

This policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by us, which approval shall be evidenced by a written endorsement signed and stamped by us. However upon the inception of the policy, the option to modify plan and/ or sum insured shall be available to policyholder only at the time of policy renewal with us

E) Arbitration clause

If any dispute or difference shall arise between the policy holder and us as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of two disinterested persons as arbitrators, who shall together proceed to appoint an umpire. The two arbitrators respectively shall be appointed in writing one each, by us and the policy holder within 30 days after having been required so to do in writing by the other party and the provisions of the arbitration and conciliation act, 1996, as amended from time to time and for the time being in force, shall apply to such arbitration.

In case either we or the policy holder refuses or fails to appoint an arbitrator within 30 days after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole arbitrator.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator, arbitrators or umpire of the amount of the loss or damage shall be first obtained.

The venue of the arbitration proceedings shall be at our corporate office which is currently situated at:-

Company Address:

Edelweiss General Insurance Company Ltd, Edelweiss house ,11th Floor , Off CST Road, Kalina, Mumbai -400 098.

Toll free: 180012000,

Email Id:- support@edelweissinsurance.com

Company website: – www.edelweissinsurance.com

F) Communication

Any communication meant for us must be sent to address shown in the policy schedule or as an electronic mail communication. Any communication meant for the policy holder will be sent by us to his last known address or the address as shown in the policy Schedule. All notifications, Endorsements and Declarations for us must be in writing and sent to the address specified in the policy schedule. Agents, brokers or any other persons or entity are not authorized to receive notices and declarations on our behalf unless expressly stated to the contrary in writing.

G) Cancellation /contract termination

The policyholder may cancel this policy by giving 15 days'written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below

1) For fixed sum assured plans:-

i) Refund Grid for Annual Policies:-

Length of time Policy in force	Refund of Premium (% of Annual Premium)
Up to 1 month	75%
Up to 3 months	50%
Up to 6 months	25%
Exceeding 6 months	0%

ii) Refund Grid for Policies with Term longer than 1 year:-

Loan period	2	3	4	5+
Policy period	2	3	4	5
Return premium factors				
Year of cancellations	% return premium			
1	25%	45%	57%	65%
2	Nil	11%	26%	37%
3	-	Nil	6%	17%
4	-	-	Nil	4%
5	-	-	-	Nil

2) For reducing sum assured plans

					% Return Premium									
Policy period	2	3	4	5	5	5	5	5	5	5	5	5	5	5
Loan period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2	-	11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3	-	-	6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
Year 4	-	-	-	4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%
					% Return Premium									
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

Refund on cancellations of long-term policy at the request of the insured may be allowed subject to the following conditions:

a) In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.

b) Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.

c) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

d) In case of foreclosure of the loan, the policy will continue up to its natural expiry.

H) Customer service

If at any time the insured requires any clarification or assistance, the insured may contact the offices of the company at the address specified, during normal business hours.

I) Due observance

The due observance and fulfilment of the terms, provisions, warranties and conditions of and endorsements to this policy in so far as they relate to anything to be done or complied with by the insured and/or the insured's family shall be a condition precedent to any liability of the company to make any payment under this policy.

J) Entire contract

The policy constitutes the complete contract of insurance. No change or alteration in this policy shall be valid or effective unless approved in writing by the company, which approval shall be evidenced by an endorsement on the policy.

K) Electronic transactions

The insured agrees to adhere to and comply with all such terms and conditions as the company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the company, for and in respect of the policy or its terms, or the company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the company's terms and conditions for such facilities, as may be prescribed from time to time

L) Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

M) Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;

b) the active concealment of a fact by the insured person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / 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 misstatement of or suppression of material fact are within the knowledge of the insurer

N) Governing law

The construction, interpretation and meaning of the provisions of the policy shall be determined in accordance with Indian law.

O) Incontestability and duty of disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, Mis-description or on nondisclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

P) Material change

The policy holder shall immediately notify us in writing of any material change in the risk on account of change in occupation / business at his own expense and we may adjust the scope of cover and/or premium, if necessary, accordingly.

Q) No constructive notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the company shall not be construed as notice to or be held to bind or prejudicially affect the company notwithstanding subsequent acceptance of any premium.

R) Notice of charge etc.

The company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the insured or his legal personal representative shall in all cases be an effectual discharge to the company.

S) Overriding effect of policy schedule

In case of any inconsistency in the terms and conditions in this policy vis-a-vis the information contained in the policy schedule, the information contained in the policy schedule shall prevail.

T) Other conditions

At any time during the policy period the company shall be entitled to inspect any or all records of the insured that may be relevant to this policy. The company shall also have the right of interaction with any and or all those agencies or agents of the insured as may be relevant for examination/verification of the data/documents in connection with the process and disposal of any claims under this policy. The insured shall provide reasonable support to the company in this regard.

If so required by the company, the insured will have to submit to a medical examination by the company's nominated doctor or undergo diagnostic or other medical tests as often as the company considers necessary, in its sole discretion.

In case of any claim being admissible and payable up to the full sum insured, the policy will seize to exist. In case where only partial sum insured is paid under any of the sections then the policy will still exist on the balance sum insured

U) Policy disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the company to be subject to Indian law. Each party agrees to submit such dispute to a court of competent jurisdiction and to comply with all requirements necessary to give such court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such court.

V) Policy renewal

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 15 Days for installment premium and 30 days for single premium to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

v. No loading shall apply on renewals based on individual claims experience.

On completing age 70 years, you will be eligible for buying the Insurance Cover under the Individual Health Policy as available at such time. You will be eligible for waiver of 90 days waiting period subject to renewal being done without break. Period of continuous Insurance under this Policy shall be counted for the purpose of calculating the waiting Period for Pre-existing diseases.

W) Payments

The company shall be duly discharged of its obligations under this policy and the insured shall hold the company harmless, upon making the payment of the claim to nominee/ legal heirs /beneficiary as the case may be.

X) Records to be maintained

The insured shall keep an accurate record containing all relevant particulars and shall allow the company to inspect such record.

Y) Renewal notice

The company shall not be bound to accept any renewal premium nor give notice that such is due. Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the insured that may result to enhance the risk of the company under the guarantee hereby given. No renewal receipt shall be valid unless it is on the printed form of the company and signed by an authorized official of the company.

Z) Special provisions

Any special provisions subject to which this policy has been entered into and endorsed in the policy or in any separate instrument shall be deemed to be part of this policy and shall have effect accordingly.

AA) Territorial limits

The geographical scope of this policy will be worldwide; however the claims shall be settled in India in Indian Rupees only. The parties to this policy expressly agree that the laws of the republic of India shall govern the validity, construction, interpretation and effect of this policy or any claim thereunder

BB) The insured person

Should understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any attachments thereto are true, accurate and complete and are material to the company's decision to provide this insurance. The insured person further should understand that the company has issued this policy in reliance upon the truth of such statements and particulars which are deemed to be incorporated into and constitute a part of this policy, are the basis of this policy and are material to the underwriter's acceptance of this risk.

CC) Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

V) General Exclusions applicable to all sections:-

No indemnity is available hereunder and no payment will be made by the company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

a) Pre-Existing Diseases - Code- Excl01

a Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the 36 months of continuous coverage as specified in the policy schedule, after the date of inception of the first policy with insurer.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of specified months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

b) Acts of terrorism. Loss or damage, cost or expenses of whatsoever nature directly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to such action taken in respect of any act of terrorism shall be excluded, unless it is proved by the insured to the satisfaction of the company that such loss or damage, cost or expenses of whatsoever nature is not directly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to such action taken in respect of any act of terrorism.

c) Arising out of or attributable to foreign invasion, war, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities,(whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, participation in any naval, military or air force operation, public defence, confiscation, arrests, restraints and detainment by order of any governments or any other authority, unless it is proved by the insured to the satisfaction of the company that such loss or damage or contingency or cost or expenses of whatsoever nature are not directly caused by, resulting from or in connection with above reason.

d) Directly caused by or contributed to by or arising from nuclear weapon materials.

e) Directly or caused by or contributed to by or arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or loss,

claim or expense from any nuclear waste or from the combustion of nuclear fuel (explosive or hazardous form) nuclear, chemical or biological attack. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.

a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating Disability or death.

b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating Disability or death.

f) Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

g) Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel.

h) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

i) Congenital external anomalies/ diseases or any complications or conditions or consequence thereof arising therefrom

j) Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving

k) Directly caused due to or arising out of or as a result of any act of self-destruction or intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane.

l) Any sexually transmitted diseases, Diseases directly or indirectly caused due to or associated with HUMAN T-CALL LYMPH TROPIC VIRUS TYPE III (HTLV-III OR IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants.

m) Donor expenses.

n) Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

(v) Maternity: Code Excl18

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

VI) Claim procedure:

A) Notification of claim:-

In the event of any illness or injury or occurrence of any other contingency which has resulted in an insured event resulting in a claim or may result in a claim covered under the policy, the policy holder/ insured person, must notify us either at the call center or in writing immediately and within 15 days of occurrence of such insured event. We may consider the delay in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which the insured person was placed it was not possible from him/her or any other person to give notice or intimation within the prescribed time limit. The following details are to be provided at the time of intimation of claim:

- Policy number
- Name of the policy holder
- Employee no. / EG employee no.
- Contact number of the insured
- Name of the insured person in whose relation the claim is being lodged
- Nature of illness / injury
- Name and address of the attending medical practitioner and hospital

• Date of occurrence of insured event

B) Claim documents submission:-

In case of any claim for the insured events, the list of documents as mentioned below shall be provided by the policy holder/ insured person, immediately but not later than 30 days of date of occurrence of an insured event, at own expense to avail the claim. We may consider the delay in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which the insured person was placed it was not possible from him/her or any other person to submit or file claim within the prescribed time limit.

C) Mandatory Claim documents applicable for all sections:-

• Duly completed and claim form in original signed by or on behalf of insured person,
• KYC documents where settlement amount is over 1 lac(Identity ,Address proof and Photograph)
• Bank account details of the claimant for electronic settlement.
• Along with these common documents ,coverage wise specific documents are required as mentioned below:-

D) Claim Documents applicable for Major Medical Illnesses and Procedures:-

1. Certificate from the attending doctor of the insured person confirming Insured name, diagnosis, date of occurrence of event & medical details of the insured event, confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.
2. Certificate, if applicable, from the bank/financial institution stating the amortization schedule, the EMI amounts, principal outstanding, etc.
3. Original discharge certificate/ card from the hospital/ doctor;
4. Original investigation test reports, indoor case papers.
5. Any other documents as may be required by the company.
6. Medical practitioner's prescription advising drugs / diagnostic tests / first consultation letter and subsequent prescriptions. Pathological / radiological / diagnostic test reports.

E) Claim Documents applicable to Personal Accident

1. Upon the happening of any injury giving rise or likely to give rise to a claim under this policy, the injury as described above shall be intimated to the company as soon as possible but not later than 15 days from the date of its occurrence.
2. The insured shall deliver to the company, within 15 days of the date of occurrence of the insured event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.
3. The insured shall tender to the company all reasonable information, assistance and proofs in connection with any claim hereunder.
4. Proof satisfactory to the company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the company shall be allowed to examine the insured person on the occasion of any alleged injury when and as often as the same may reasonably be required on behalf of the company. Such evidence as the company may from time to time require shall be furnished and a postmortem examination report wherever applicable, shall be furnished to the company within a period of 15 days.

The company shall not be liable to pay any claims under this section unless the claim under the policy is accompanied by the following documents:

1. Duly completed claim form;
2. First information report and final police report, wherever necessary;
3. Death certificate, wherever applicable
4. Investigation reports like Laboratory test, x-rays and reports essential of confirmation of the injury etc.;
5. Disability certificate from a doctor or hospital confirming the extent and nature of disability;
6. Post mortem report, if applicable;
7. Certificate, from the insured stating the amortization schedule, the EMI amount, principal outstanding, etc.
8. Newspaper cutting (in case the accident has been reported by press)
9. Copy of treatment papers, if any.
10. Any other supporting documents as may be required by the company.

F) Claim settlement & Documents applicable to Loss of Job cover.

In the event of a claim arising out of an insured event covered under this section, the insured event as described above shall be intimated by the insured to the company within fifteen (15) days from the date of termination from employment of the insured person or his dismissal, temporary suspension or retrenchment from employment as the case may be and the insured shall arrange for submission of the following documents to the company:

1. Duly completed claim form;
2. Certificate if applicable from the bank stating the amortization schedule, the EMI amounts, principal outstanding, etc.
3. Certificate from the employer of the insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment of the insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the insured person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. Any other document as may be required by the company.

G) Claim Documents applicable for Child Education Benefit.

1. Documents for Personal Accident Death as applicable
2. Proof to establish relationship with Insured -Passport / Education certificate establishing proof of relationship of child with deceased Insured / Birth Certificate or Adoption Papers (if adopted).
3. Photo Identity Proof of Child
4. Age proof of Child
5. Certificate from Educational Institution describing course details.
6. Fee structure and receipts.

H) Claim related information

Customer service: If at any time the insured requires any clarification or assistance, the insured may contact the offices of the company at the address specified, during normal business hours

For any claim related query, intimation of claim and submission of claim related documents, the policy holder or insured person may contact us at:-

Company Address: Edelweiss General Insurance Company Limited, 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai – 400070

Toll free: 180012000

Email: customer service desk at support@edelweissinsurance.com

Company website: – www.edelweissinsurance.com

I) Duties of Policy holder's / insured person's at the time of claim.

a) The policy holder / insured person must take reasonable steps or measure to avoid or minimize the quantum of any claim that may be made under this policy.

b) Forthwith intimate / file / submit a claim in accordance with the policy.

c) If so requested by us, the insured person will have to submit himself / herself for a medical examination including any pathological / radiological examination by as often as it considers reasonable and necessary.

d) On occurrence of an insured event which will lead to a claim under this policy, the policy holder/ insured person shall :

• Allow the medical practitioner to inspect the medical and hospitalization records, investigate the facts and examine the insured person

• Assist and not hinder or prevent our representatives in pursuance of their duties for ascertaining the admissibility of the claim under the policy.

J) Payment terms

We shall be under no obligation to make any payment under this policy unless we have been provided with the documentation and information which we have requested to establish the circumstances of the claim, its quantum or our liability for it, and unless the insured person has complied with his obligations under this policy.

Our total liability in aggregate for all claims under the policy for a specific insured person shall not exceed the respective sum insured of that insured person. Claim will be processed on reimbursement basis only.

We shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means whether by the insured person or by any other person acting on his behalf. The payments under this policy shall only be made in Indian rupees within India.

In case of claims for death of the insured person, where a nominee(s) has not been mentioned in the proposal form, the claim payment shall be made as per Indian succession law

Decision of district magistrate will be binding in case any dispute arises with respect to deciding the nominee(s) /legal heirs.

On receipt of the last necessary document, we shall within a period of 30 days offer a settlement of the claim to the policy holder/ insured person. If we, for any reasons to be recorded in writing and communicated to the policy holder/ insured person, decide to reject a claim under the policy, we shall do so within a period of 30 days from the receipt of the investigation report or the additional investigation report, as the case may be

Upon acceptance of an offer of settlement by the insured person, the payment of the amount due shall be made within 15 days from the date of acceptance of the offer by the insured and within 30 days of the receipt of last necessary document. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (protection of policyholders regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by us under the policy terms and condition, beyond the time period as prescribed under IRDAI (protection of policyholders regulation), 2017, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by reserve bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

Assignment in policy - "Assignment, if any, shall be as per section 38 of the Insurance Act, 1938".

VII) Pre Insurance Medical Check-Up:-

Insured shall have to undergo a medical test at our network Laboratory/Diagnostic Centre. Applicability of Pre-policy medical check–up is subject to our underwriting policy.

Company reserves the rights to prescribe further tests based on the medical reports of the individuals.

Health check-up will be done by us on our pre agreed rates with the network provider, 100% of the expenses will be borne by the insurance company (on our pre agreed rates with the network provider) incurred on the pre-acceptance medical tests whether proposal is accepted or rejected.

VIII) Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

IX) Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected

X) Premium Payment in Instalments

The policy will be issued for a period of 1 year, 2 year or 3 years. The Sum Insured and Benefit will be applicable on Policy Year basis.

The Insured person can choose to pay Premium for this Policy on any one of the following basis:

i. Single premium

ii. Instalment premium

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

XI) Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

XII) Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link .....
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

XIII) Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policyatleast30 days before the policy renewal date as per IRDAI guide lines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer the link .. . .
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

XIV) Complete discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

XV) Disclosure to Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.

XVI) Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured

person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

XVII) Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

XVIII) Claim Settlement (provision for Penal Interest)

1. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
2. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
3. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
4. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2o/o above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India
(RBI) at the beginning of the financial year in which claim has fallen due)
(Note to Insurers: The Clause shall be suitably modified by the insurer based on the amendment(s), if any to the relevant provisions of Protection of Policyholder's Interests Regulations, 2017)

GRIEVANCE MECHANISM

Any Grievance of the Complainant sent in a written communication to the Company at any of the touch points as mentioned, shall be addressed within 14 days of the receipt of the complaint.

Escalation Matrix:

Step 1
Call: 1800 12000
Email: support@edelweissinsurance.com

Step 2
If the response is not as per Complainant's expectations he/she may contact the Grievance Cell at the below touch-points:
- Email: grievance@edelweissinsurance.com
- Address: Edelweiss General Insurance Company Limited, Kohinoor City Mall, Tower 3, Kirol Road, Kurla West, Mumbai 400070

Step 3
If the response is not as per Complainant's expectations he/she may contact the Company's Grievance Redressal Officer at:
- Email: grievanceofficer@edelweissinsurance.com
- Address: Edelweiss General Insurance Company Limited, Kohinoor City Mall, Tower 3, Kirol Road, Kurla West, Mumbai 400070

Step 4
If the Complainant is not still not satisfied with the response or does not receive a response from the Company within 14 days, the Complainant may approach the Grievance Cell of the 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 - 500032

Step 5
If the complaint/grievance has still not been resolved, the Complainant may approach the Office of the Insurance Ombudsman established by the Central Government of India as per Rule 13 and Rule 14 of the Insurance Ombudsman Rules, 2017 ('Ombudsman Rules').
The following complaints can be lodged with the Insurance Ombudsman:
1. Any partial or total repudiation of claims by an insurer;
2. Any dispute in regard to premium paid or payable in terms of the policy;
3. Any dispute on the legal construction of the policies in so far as such disputes relate to claims;
4. Delay in settlement of claims;
5. Non-issue of any insurance document to customers after receipt of premium.

Manner in which complaint is to be made Rule 14 of the Ombudsman Rules:-
1. Any person who has a grievance against the Company, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the Company complained against is located.
2. The complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to the complaint.
3. No complaint to the Ombudsman shall lie unless:
- the complainant had before making a complaint to the Ombudsman, made a written representation to the Company/insurer named in the complaint and either insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer concerned received his representation or the complainant is not satisfied with the reply given to him by the insurer;
- the complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant; and
- the complaint is not on the same subject matter for which any proceedings before any court or Consumer Forum or arbitrator is pending or was so earlier.

Ombudsman and Addresses

Mentioned below are contact details of Ombudsman:

CONTACT DETAILS	JURISDICTION
AHMEDABAD 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**	State of Gujarat, Union Territory of Dadra & Nagar Haveli & Union Territory of Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- **bimalokpal.bengaluru@ecoi.co.in**	State of Karnataka
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769200/201/202, Fax:- 0755-2769203 Email:- **bimalokpal.bhopal@ecoi.co.in**	States of Madhya Pradesh and Chattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455, Fax:- 0674-2596429 Email:-**bimalokpal.bhubaneswar@ecoi.co.in**	State of Orissa
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/ 2706468 Fax:- 0172-2708274 Email:- **bimalokpal.chandigarh@ecoi.co.in**	States of Punjab, Haryana, Himachal Pradesh, Union Territory of Jammu & Kashmir, Union Territory of Ladakh and Union Territory of Chandigarh
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 , Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- **bimalokpal.chennai@ecoi.co.in**	State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry)
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23232481/23232481 Email:- **bimalokpal.delhi@ecoi.co.in**	State of Delhi
ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- **bimalokpal.ernakulam@ecoi.co.in**	State of Kerala, Union Territory of Lakshadweep and Mahe, a part of Puducherry
GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361- 2632204 / 2602205 Email:- **bimalokpal.guwahati@ecoi.co.in**	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD 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- 67504123 / 23312122 Fax:- 040-23376599 Email:- **bimalokpal.hyderabad@ecoi.co.in**	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of Puducherry

CONTACT DETAILS	JURISDICTION
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- **bimalokpal.jaipur@ecoi.co.in**	State of Rajasthan
KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340, Fax:- 033-22124341 Email:- **bimalokpal.kolkata@ecoi.co.in**	States of West Bengal, Bihar, Sikkim and Union Territory of Andaman and Nicobar Islands
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331, Fax:- 0522-2231310. Email:- **bimalokpal.lucknow@ecoi.co.in**	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022- 26106552/ 26106960, Fax:- 022-26106052 Email:- **bimalokpal.mumbai@ecoi.co.in**	State of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Budh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email:- **bimalokpal.noida@ecoi.co.in**	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email:- **bimalokpal.patna@ecoi.co.in**	States of Bihar and Jharkhand
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -41312555 Email:- **bimalokpal.pune@ecoi.co.in**	State of Maharashtra, Area of Navi Mumbai and Thane, excluding Mumbai Metropolitan Region