Edelweiss Tokio life
PROUD INSURER
2016 INDIAN OLYMPIC TEAM

"AB LIFE
KO MILEGA
+"

Aapki Zaroorat
Income Replacement

Edelweiss Tokio Life TotalSecure+

A Non-Participating, Non Linked Term Insurance Plan

Toll Free : 1800 212 1212 . Email : care@edelweisstokio.in . Visit us at www.edelweisstokio.in

4 Reasons
why choose this plan

A low cost comprehensive protection plan which gives you the option of not just a Life Cover but also a cover for Critical Illnesses.

Flexibility to choose from three death benefit payment modes – lumpsum, monthly income or combination of both. Receive monthly income as an equal monthly sum or an increasing amount depending on your requirements.

Choose Critical Illness coverage amount as per your requirements – Accelerated Critical Illness Benefit* up to Rs. 1 crore.

Get life cover for as long as up to age 80.

* Accelerated Critical Illness Benefit: The Critical Illness Benefit is an accelerated benefit and not an additional benefit which means the policy will continue with the Death Benefit reduced to the extent of the Critical Illness Sum Assured paid.

Insurance se badhkar hai **aapki zaroorat**

Why Edelweiss Tokio Life Insurance?

At Edelweiss Tokio Life Insurance, we always believe in giving you a solution that is tailor-made to fit your needs. We know that it is important to understand your priorities, requirements, and your future goals before offering any product.

Help us to help you plan better.

Why a Protection Plan?

While every increase in your income leads to an enhanced lifestyle for your family, it is important that the financial support you provide to your family members is secured in case of an unfortunate event. A protection plan ensures that in a scenario where the bread winner is no more, his/her dependants are provided necessary income required to maintain their lifestyle.

Why Edelweiss Tokio Life – TotalSecure+?

Edelweiss Tokio Life – TotalSecure+ is a comprehensive protection plan that provides complete protection - Life Cover as well as cover against Critical Illnesses, thus providing a complete security to your family.

You can customise this plan by choosing a convenient Premium Payment Term, the Benefit Option and the Death Benefit payment mode.

4 simple steps to ensure comprehensive protection to your loved ones

Step 1: Design your own comprehensive protection plan, as per your need, by choosing either

Benefit Option 1: Life Cover only

Benefit Option 2: Life Cover with 'Basic Health Cover' – Covers 7 Critical Illnesses

Benefit Option 3: Life Cover with 'Comprehensive Health Cover' – Covers 35 Critical Illnesses

Step 2: Depending on your requirement, decide on for:

Benefit Option 1: Base Sum Assured; or

Benefit Options 2 and 3: Base Sum Assured and Critical Illness Sum Assured.

Step 3: Choose the Policy Term (duration of insurance coverage) and the Premium Payment Term (duration for which you need to pay the premiums) as per your need and convenience.

You have the choice of paying throughout the Policy Term (Regular Pay) or for a shorter period (Limited Pay) or only once at the beginning of the Policy (Single Pay).

The Policy Term is available till age 80 for Option 1 and till age 75 for Option 2 & 3.

Step 4: Choose death benefit payment mode options as 'Lumpsum' or 'Regular Income' or a Lumpsum plus Regular Income.

If you opt for regular income, you can decide the period for which your nominee would receive the benefits i.e. over 3, 5, 10 or 15 years. You can also choose whether you want equal monthly payouts or increasing monthly payouts.

Note:

1. The death benefit payment mode option has to be chosen at policy inception and cannot be changed later.
2. The premium rates for critical illness under Benefit Options 2 & 3 are guaranteed for the first five policy years and reviewable thereafter subject to prior approval of IRDAI.

You can also add available riders to enhance your protection.

All this is available to you at a very affordable cost through online mode leading to greater convenience

Benefits Under Edelweiss Tokio Life **TotalSecure+**

Edelweiss Tokio Life - TotalSecure+ is an individual, non-linked, non-participating term insurance plan with an option of accelerated critical illness. The product offers the following 'Benefit Options' which are covered in detail below:
Benefit Option 1: Life Cover
Benefit Option 2: Life Cover with 'Basic Health Cover' (7 Critical Illnesses)
Benefit Option 3: Life Cover with 'Comprehensive Health Cover' (35 Critical Illnesses)
The death benefit will be payable as per the death benefit payment mode chosen by the Policyholder in the application for insurance.

Benefit Option 1: Life Cover:
Under this option, in the event of death of the Life Insured, we will pay the Base Sum Assured to the nominee. The death benefit payout will be made as per the death benefit payment mode chosen and the policy will be terminated.

Benefit Option 2: Life Cover with 'Basic Health Cover' (7 Critical Illnesses):
This benefit option provides a Life Cover and an accelerated Critical Illness Cover. The Critical Illness Benefit is an accelerated benefit and not an additional benefit which means the policy will continue with the Death Benefit reduced to the extent of the Critical Illness Sum Assured paid. In this benefit option, you will choose the Base Sum Assured as well as Critical Illness Sum Assured (7 illnesses), with the Critical Illness Sum Assured being less than or equal to the Base Sum Assured.

For an in force policy, on first diagnosis of Life Insured with any of the 7 Critical Illnesses during the policy term, the Critical Illness Sum Assured is paid as a lumpsum. If the Critical Illness Sum Assured is equal to the Base Sum Assured then the policy terminates. However, if the Critical Illness Sum Assured is less than the Base Sum Assured, then the policy continues with the Reduced Base Sum Assured (i.e. Base Sum Assured less Critical Illness Sum Assured) for life cover only. The total benefit under the policy can never exceed the Base Sum Assured. Premium payment on account of Critical Illness Benefit will cease after payout of critical illness benefit and the future premiums payable under the policy for death benefit will be reduced proportionally.

List of Critical Illnesses covered is provided in the below table and the detailed definitions and exclusions are given in "DEFINITIONS AND EXCLUSIONS" section.

1. Cancer of specified severity (malignant tumor)
2. First Heart Attack – of Specified Severity
3. Surgery to aorta
4. Open Chest CABG
5. Kidney Failure Requiring Regular Dialysis
6. Major Organ/ Bone Marrow Transplant (as recipient)
7. Stroke resulting in permanent symptoms

In the event of death of the Life Insured while the policy is in force, during the policy term, subsequent to the Critical Illness claim, the Reduced Base Sum Assured (i.e. Base Sum Assured less Critical Illness Sum Assured) is payable and the policy gets terminated.

In the event of death of the Life Insured while the policy is in force during the policy term, prior to a claim for Critical Illness, the Base Sum Assured is paid and the policy gets terminated.

Benefits Under Edelweiss Tokio Life TotalSecure+

Benefit Option 3: Life Cover with 'Comprehensive Health Cover' (35 Critical Illnesses):
This benefit option works similar to Benefit Option 2 i.e. Life Cover with 'Basic Health Cover' (7 Critical Illnesses). However, under this option, following 35 Critical Illnesses are covered, the detailed definitions and exclusions of which are given in the **"DEFINITIONS AND EXCLUSIONS"** section:

1. Alzheimer's Disease
2. Apallic Syndrome
3. Aplastic Anaemia
4. Bacterial Meningitis
5. First Heart Attack – of Specified Severity
6. Blindness
7. Cancer of specified severity (malignant tumor)
8. Cardiomyopathy
9. Chronic liver disease
10. Chronic Lung Disease
11. Coma of specified Severity
12. Creutzfeldt – Jacob disease
13. Deafness
14. Encephalitis
15. Benign Brain Tumour
16. Kidney Failure Requiring Regular Dialysis
17. Loss of Independent Existence
18. Loss of Limbs
19. Loss of Speech
20. Major Burns
21. Major Head Trauma
22. Major Organ/ Bone Marrow Transplant (as recipient)
23. Motor Neurone Disease with Permanent Symptoms
24. Multiple Sclerosis with Persisting Symptoms
25. Muscular Dystrophy
26. Open Chest CABG
27. Open Heart Replacement or Repair of Heart Valves
28. Parkinson's Disease
29. Permanent Paralysis of Limbs
30. Poliomyelitis
31. Primary Pulmonary hypertension
32. Rheumatoid arthritis
33. Stroke resulting in permanent symptoms
34. Surgery to aorta
35. Systemic lupus Eryth with Renal Involvement

Benefits Under Edelweiss Tokio Life TotalSecure+

Minimum Death Benefit:

The minimum death benefit at any point of time (including any Critical Illness benefit already paid) under the product will be as given below:

For policy with Single Pay, highest of:

- 125% of single premium; or
- Guaranteed Sum Assured on Maturity~; or
- Any Absolute amount assured^ to be paid on death

For policies with Premium Payment Term other than Single Pay, highest of:

- 10 times the Annualized# Premium; or
- 105% of all the premiums paid till date of death (i.e. Annualized Premium x number of years for which premiums have been paid); or
- Guaranteed Sum Assured on Maturity~ ; or
- Any Absolute amount assured^ to be paid on death

#Annualized premium is the premium excluding the underwriting extra premiums and loadings for modal premiums, if any.

^Absolute amount assured is the Base Sum Assured.

~Guaranteed Sum Assured on Maturity is zero for this product.

Death Benefit Payment Mode: You can choose how you want the death benefit to be paid

1. **Lumpsum:**
   Under this mode, the Death Benefit will be paid in lumpsum.

2. **Regular Income:**
   Under this mode, a specific percentage of Death Benefit will be payable every month for the fixed number of months starting from next policy month anniversary from the date of death.

You are required to choose:

- For how many months the death benefit should be paid (Option of 36, 60, 120 and 180 months)
- Whether the monthly payments need to be in equal monthly sum / increasing monthly sums. Under the increasing income option the monthly benefit will increase annually @ 5.00% per annum (compounding).

	Number of months for which Benefit is payable			
% of Death Benefit payable monthly	**36**	**60**	**120**	**180**
Level	3.020	1.917	1.085	0.806
Increasing	2.880	1.734	0.872	0.568

3. **Lumpsum plus Regular Income**
   Under this mode, the policyholder will choose the proportion of Death Benefit to be received as lumpsum on death and the balance will be received in the form of regular income after death. The minimum proportion that can be chosen in lumpsum form is 1% and maximum proportion can be 99%.

   The Regular Income benefit will apply in the way described above under 'Regular Income' mode.

Let's see how this **plan works**

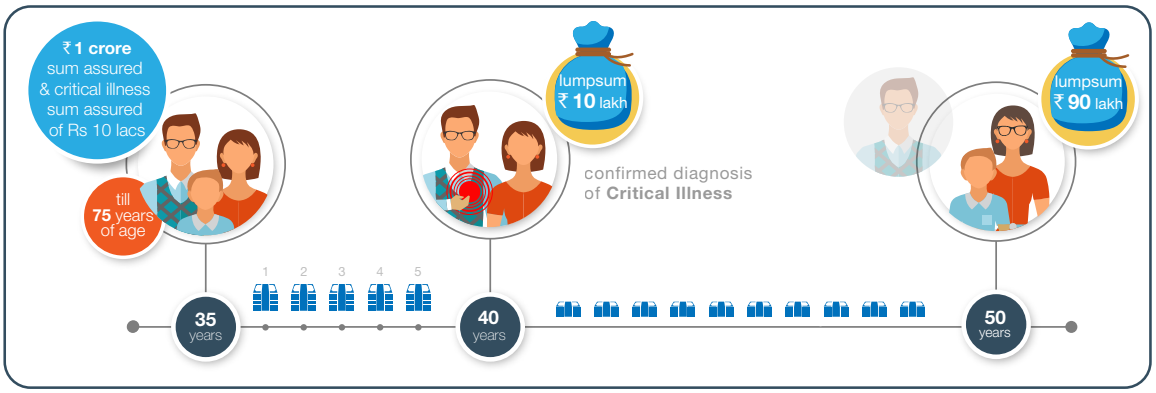
Case 1:

Sunil is a brand manager in an FMCG company and is 35 years old. Sunil and his wife Reena have a three year old son Aahaan. His father Kishore is retired. Sunil wants to be well prepared for all unforeseen circumstances in life. For this, he chooses Edelweiss Tokio Life - TotalSecure+ (Benefit Option 3) with Base Sum Assured of Rs. 1 crore and Critical Illness (35 illnesses) sum assured of Rs. 10 lacs for a cover till 75 years of age. He pays annual premium* of Rs. 17,092/- .

A few years later Sunil is diagnosed with one of the predefined 35 Critical Illnesses. Rs. 10 lacs is paid as a lumpsum and the policy continues with Reduced Base Sum Assured of Rs. 90 lacs. The subsequent premiums are proportionately reduced to Rs. 10,728.

On Sunil's unfortunate death, his family gets lumpsum death benefit of Rs. 90 lacs and the Policy terminates.

* Premium for non-tobacco consumer healthy male excluding the applicable tax and cess.



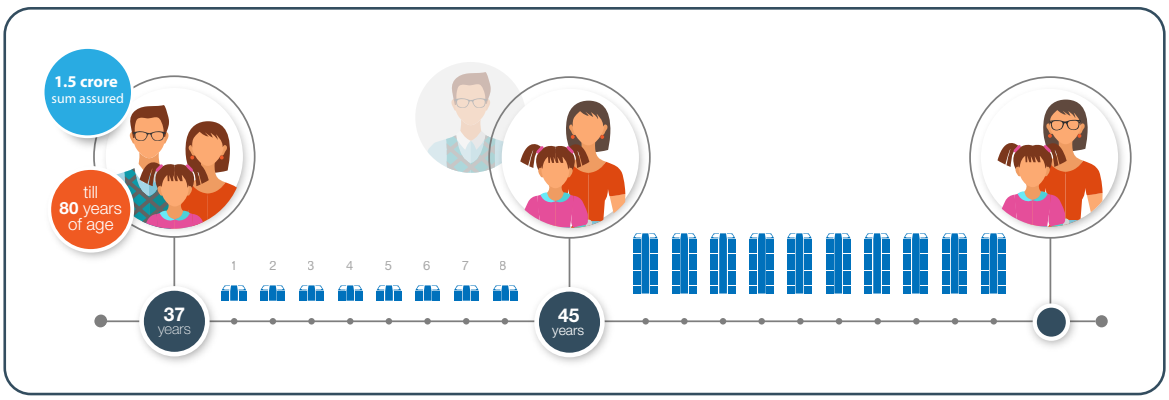
Case 2:

Ajay is a purchase manager in an automobile company and is 37 years old. His family consists of his wife Neha, and a 7 year old daughter Ananya. He pays EMI of Rs. 45,000 p.m. on a home loan that he has availed. He wants his family to live a comfortable life if he were to have an untimely death. He chooses Edelweiss Tokio Life TotalSecure+ (Benefit Option 1) with Sum Assured of Rs. 1.5 crore for a cover till 80 years of age. He chooses level regular income option for 10 years which will ensure an adequate monthly income for his family and also take care of his EMIs. He pays annual premium* of Rs. 22,587.

After Ajay's unfortunate death, his policy ensures his family gets monthly income of Rs. 1,62,750 per month for 10 years.

Note: Ajay can also take an increasing regular income option in which his family will get monthly income increasing at 5% per year (compounding).

* Premium for non-tobacco consumer healthy male excluding the applicable tax and cess.



Rider **Benefits**

You can make your Life Cover more comprehensive by adding the following riders:

Edelweiss Tokio Life - Accidental Death Benefit Rider (UIN:147B002V02)

Edelweiss Tokio Life - Accidental Total and Permanent Disability Rider (UIN:147B001V02)

Edelweiss Tokio Life - Waiver of Premium Rider (UIN: 147B003V03). This rider will be available only with Option 1 and will not be available for Single Pay.

Edelweiss Tokio Life - Hospital Cash Benefit Rider (UIN: 147B006V02) (For Regular Pay only)

For more details on any of the riders mentioned above, please refer to the respective rider brochures.

Plan Summary

Minimum Entry Age (Last birthday)	18 years
Maximum Entry Age (Last birthday)	65 Years
Maximum Maturity Age (Last birthday)	For Benefit Option 1: 80 years For Benefit Options 2 & 3 : 75 years
Policy Term (in Years)	For benefit option 1: Minimum 10 - Maximum 62 For benefit options 2 & 3 : Minimum 10 - Maximum 40
Premium Paying Term (PPT) (in Years)	For Benefit Option 1: • Single Pay • Limited Pay (5, 10, 15, 20, 25) • Regular Pay For benefit options 2 & 3 : Regular Pay
Premium Payment Frequency	Annual/Single
Minimum Premium	Rs. 3,000
Minimum Sum Assured	Base Sum Assured: Rs. 25,00,000 Critical Illness Sum Assured: Rs. 5,00,000
Maximum Sum Assured	Base Sum Assured: No Limit, subject to Board approved Underwriting policy. Critical Illness Sum Assured: Rs. 1,00,00,000 subject to Boardapproved underwriting policy.

As per Service Tax laws, service tax and cess (if any) will be separately levied on the premium.
Base Sum Assured and Critical Illness Sum Assured should be in multiple of '000.

Combinations of Policy Term and Premium paying terms offered are given in the below table:

Benefit Option 1: Life Cover

Premium Paying Term	Minimum/ Maximum Entry Age	Policy Term offered (in years)
Single Pay, Regular Pay, 5 Pay	18 / 65	10 to 62
10 Pay	18 / 65	15 to 62
15 Pay	18 / 55	25 to 62
20 Pay	18 / 45	35 to 62
25 Pay	18 / 35	45 to 62

Benefit Option 2 & 3: Life Cover with 'Basic Health Cover' (7 Critical Illnesses) & Life Cover with 'Comprehensive Health Cover' (35 Critical Illnesses)

Premium Paying Term	Minimum/ Maximum Entry Age	Policy Term offered (in years)
Regular Pay	18 / 65	10 to 40

Discounts available

Premium rates for Female lives:

For Base Sum Assured

Up to Age 21: Same as Male Rate at age 18

Age 22 & above: Same as 3 year younger Male Rate

For Critical Illness Sum Assured

Separate premium rates for female and male lives

Large Sum Assured Discount:

Large Sum Assured Discounts will be available on high Sum Assured. To understand this in detail, kindly refer to the 'premium calculation' section on our website.

Definitions And Exclusions

Conditions for Critical Illness Benefits:

1. The benefit shall not apply or be payable in respect of any Critical Illness of which the signs or symptoms have occurred or for which care, treatment or advice was recommended by or received from a physician, or which first manifested itself or was contracted during the Waiting Period.
2. The benefit shall be payable upon the first occurrence of any one of the defined Critical Illness conditions covered subject to satisfaction of definitions, policy conditions and exclusions. A benefit is payable only in respect of the first incidence of any one of the specified illnesses.
3. The accelerated Critical Illness Benefit will be payable only if the incidence of any of the covered Critical Illness condition after policy issuance is the first incidence of that covered Critical Illness in the lifetime of the policyholder.

Accident

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Medical Practitioner

shall mean 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 State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a close family member, relative (by blood), spouse of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured;

Waiting Period

is the period of 90 days from Risk Commencement Date or date of Revival of Policy during which Critical Illness Benefit will not be payable

Life Cover with 'Basic Health Cover' (7 Critical Illnesses):

1 Cancer of Specified Severity (malignant tumor)

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

1. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
2. Any skin cancer other than invasive malignant melanoma
3. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
5. Chronic lymphocyctic leukaemia less than RAI stage 3
6. Microcarcinoma of the bladder
7. All tumours in the presence of HIV infection.

2 First Heart Attack – of Specified Severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

a. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
b. new characteristic electrocardiogram changes
c. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

1. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
2. Other acute Coronary Syndromes
3. Any type of angina pectoris

3 Surgery to Aorta

Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.

4 Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:

1. Angioplasty and/or any other intra-arterial procedures
2. any key-hole or laser surgery.

5 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6 Major Organ or Bone Marrow Transplant (as recipient)

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

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.

Life Cover with 'Comprehensive Health Cover' (35 Critical Illnesses)

1 Cancer of Specified Severity (malignant tumor)

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

1. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
2. Any skin cancer other than invasive malignant melanoma
3. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
5. Chronic lymphocyctic leukaemia less than RAI stage 3
6. Microcarcinoma of the bladder
7. All tumours in the presence of HIV infection.

2 First Heart Attack – of Specified Severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

a. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
b. new characteristic electrocardiogram changes
c. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

1. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
2. Other acute Coronary Syndromes
3. Any type of angina pectoris

3 Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery 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.

4 Surgery to Aorta

Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.

5 Cardiomyopathy

The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than 25%. This must result in severe physical limitation of activity to the degree of class IV of the New York Heart.

Classification and this limitation must be sustained over at least six months when stabilized on appropriate therapy. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

New York Heart Classification

Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.

Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.

Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

6 Primary Pulmonary Hypertension

A primary and unexplained increase in pulmonary artery pressure causing signs of right heart strain and failure. 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. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, diseases of the left side of the heart and congenital heart disease are specifically excluded. The diagnosis of primary pulmonary hypertension needs to be made by a cardiologist or a specialist in respiratory medicine and needs to be supported by data provided at cardiac catherisation.

The diagnosis must be supported by all three (3) of the following criteria:
1. Mean pulmonary artery pressure > 40 mmHG; and
2. Pulmonary vascular resistance > 3 (mmHg/L)/min; and
3. Normal pulmonary wedge pressure < 15 mmHg.

New York Heart Classification
Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.
Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.
Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.
Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

7 Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:
1. Angioplasty and/or any other intra-arterial procedures
2. any key-hole or laser surgery.

8 Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The diagnosis must be clinically confirmed by an appropriate consultant. The blindness must not be correctable by aides or surgical procedures.

9 Chronic Lung Disease

Chronic lung disease, causing chronic respiratory failure, as evidenced by all of the following:
1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
3. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 < 55mmHg); and
4. Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

10 Chronic Liver Disease

Permanent and irreversible failure of liver function that has resulted in all three of the following:
1. permanent jaundice; and
2. ascites; and
3. hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

11 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

12 Major Organ or Bone Marrow Transplant (as recipient)

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

13 Apallic Syndrome

Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery.

14 Benign Brain Tumour

A life threatening tumor in the brain causing permanent functional neurological impairment with objective evidence of motor or sensory dysfunction, which must have persisted for a continuous period of at least six consecutive months. The presence of the underlying tumour must be confirmed by imaging studies such as a CT scan or MRI.

15 Coma of specified Severity

i. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

16 Major Head Trauma

Major trauma to the head with disturbance of the brain function confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The head injury must be caused solely and directly by accidental, violent, external and visible means and independent of all other causes.

There must also be a permanent inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" as assessed no sooner than 6 weeks from the date of the accident.

Activities of Daily Living are defined as:

1. **Washing** - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. **Feeding** - the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- Spinal cord injury; and
- Brain dysfunction due to any other causes other than accident.

17 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.

18 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.

19 Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Life Insured. There must also be an inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

1. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding - the ability to feed oneself once food has been prepared and made available.

Psychiatric illnesses and alcohol related brain damage are excluded.

Coverage for this impairment will cease at age sixty-five (65) or on maturity data/expiry date, whichever is earlier.

20 Motor Neurone 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.

21 Multiple Sclerosis with Persisting Symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

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

22 Muscular Dystrophy

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living".

Activities of Daily Living are defined as:

1. **Washing** - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. **Feeding** - the ability to feed oneself once food has been prepared and made available.

23 Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

1. The disease cannot be controlled with medication; and
2. There are objective signs of progressive deterioration; and
3. There is an inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

1. **Washing** - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. **Feeding** - the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

Coverage for this impairment will cease at age sixty-five (65) or on maturity data/expiry date, whichever is earlier.

24 Loss of Independent Existence

Loss of the physical ability through an illness or injury to do at least 3 of the 6 tasks listed below ever again.
The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The company's appointed doctor should also agree that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.
The life insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.
The tasks are:

1. **Bathing** - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. **Getting in and out of bed** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. **Maintaining personal hygiene** - the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. **Feeding oneself** - the ability to feed oneself once food has been prepared and made available.
6. **Getting between rooms** - the ability to move indoors from room to room on level surface.

Loss of independent living must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to the Company while the Life Insured is alive and permanently disabled. The company will have the right to evaluate the Life Insured to confirm total and permanent disability. Loss of Independent Existence due to an injury should occur independently of any other causes within ninety (90) days of such injury.

25 Loss of Limbs

Permanent and complete severance of two limbs at or above the wrist or ankle due to injury or disease.

26 Deafness

Total, bilateral and irreversible loss of hearing for all sounds as a result of sickness or accident. Medical evidence to be supplied by an appropriate specialist and to include audiometric and sound-threshold testing. The deafness must not be correctable by aides or surgical procedures.

27 Loss of Speech

Total and permanent loss of the ability to produce intelligible speech as a result of irreversible damage to the larynx or its nerve supply from the speech centres of the brain caused by injury, tumour or sickness. Medical evidence must be supplied by an appropriate specialist to confirm laryngeal dysfunction and that the loss of speech has lasted for more than 6 months continuously. All psychiatric causes of loss of speech are excluded.

28 Systemic lupus Eryth with Renal Involvement

The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either:

a. Renal involvement is defined as either persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria
b. Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of "permanent neurological dysfunction".

Discoid lupus and medication induced lupus are excluded.

29 Major Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis and the total area involved using standardized, clinically accepted, body surface area charts.

30 Aplastic Anaemia

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

1. Absolute neutrophil count of less than 500/mm^3
2. Platelets count less than 20,000/mm^3
3. Reticulocyte count of less than 20,000/mm^3

The Life Insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the Life Insured has received a bone marrow or cord blood stem cell transplant.

Temporary or reversible aplastic anemia is excluded and not covered in this policy.

31 Motor Neurone Disease with Permanent Symptoms

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.

32 Creutzfeldt-Jacob Disease

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

33 Encephalitis

Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. Encephalitis caused by HIV infection is excluded.

34 Rheumatoid arthritis

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities. Degenerative osteoarthritis and all other forms of arthritis are excluded.
There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

35 Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause; and
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist.

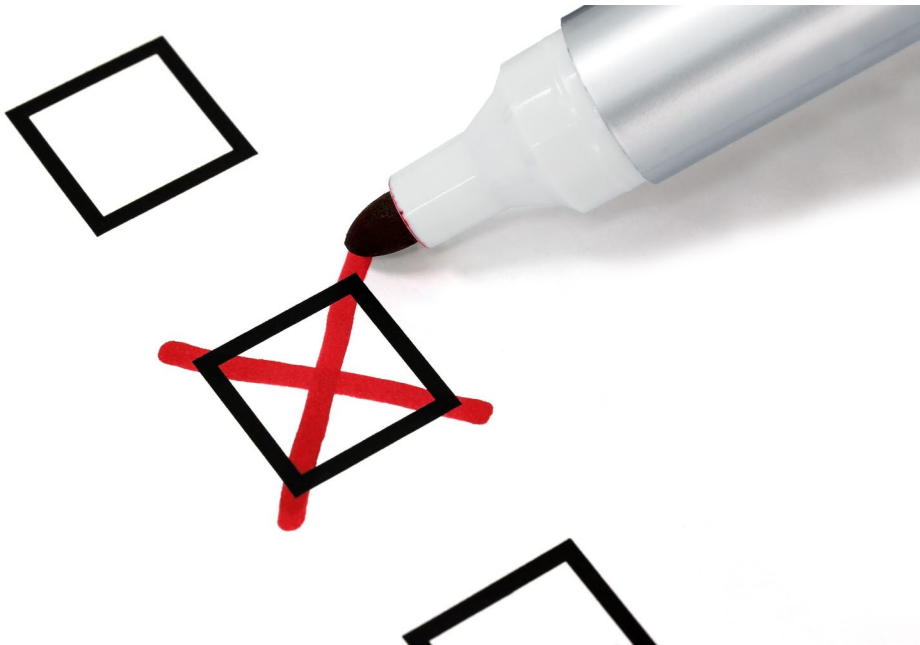
Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded.

Exclusions for the Critical Illness Benefit

The Exclusions for the Critical Illness Benefit are given below. Additional exclusions are disease-specific and are incorporated into the definition of the disease.

The Life Insured will not be entitled to Critical Illness Benefit if a covered Critical Illness results, either directly or indirectly, from any one of the following causes or during the Waiting Period:

1. Pre-Existing disease: Pre-Existing disease is defined as any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first Policy issued by the insurer.
2. Diseases in the presence of an HIV infection.
3. Intentional self-inflicted injury, attempted suicide while sane or insane.
4. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
5. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
6. Taking part in any naval, military or air force operation during peace time.
7. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
8. Participation by the insured person in a criminal or unlawful act with a criminal intent.
9. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
10. Disability due to psychiatric illnesses, post-traumatic stress disorder, chronic fatigue, chronic pain, and fibromyalgia are excluded
11. Any congenital condition
    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- Congenital Anomaly which is not in the visible and accessible parts of the body
    b. External Congenital Anomaly- Congenital Anomaly which is in the visible and accessible parts of the body
12. Failure to seek or follow medical advice



Maturity Benefits

No benefit is payable on maturity.

Surrender Benefits

Single pay

Policy will acquire the Surrender Value immediately after the Single Premium has been paid. The Surrender Value payable will be:

Single Premium (including extra premium for substandard lives (if any)) x 70% x {Number of remaining complete months of cover / Total Policy Term in months}

Limited Pay

For 5 Pay
Policy will acquire Surrender Value, if all the premiums have been paid for at least first two policy years.

For 10 Pay, 15 Pay, 20 Pay and 25 Pay
Policy will acquire Surrender Value, if all the premiums have been paid for at least first three policy years.

Surrender Benefit

Surrender Value is equal to:
70% x [Total Premium paid including extra premium for substandard lives, if any (exclusive of service tax) less {Total Premium payable including extra premium for substandard lives, if any (exclusive of service tax) x (Number of completed months of policy + 1) / Total Policy Term in months}]

Regular pay

No surrender benefit is available.

Paid-up Value

For 5 Pay
If all premiums for at least first two policy years have not been paid in full, then paid-up value is nil. If all the premiums have been paid for at least first two policy years then the policy will continue as a 'Reduced Paid-up' policy and all the benefits shall be reduced proportionately.

For 10 Pay, 15 Pay, 20 Pay and 25 Pay
If all premiums for at least first three policy years have not been paid in full, then paid-up value is nil. If all the premiums have been paid for at least first three policy years then the policy will continue as a 'Reduced Paid-up' policy and all the benefits shall be reduced proportionately.

The benefits in reduced paid-up condition will be calculated as below:

Paid-up Base Sum Assured = Base Sum Assured x (Number of premiums paid/ Number of premiums payable)

Regular Pay:
No Paid-up benefit is available

Free Look Period

After you receive your policy, please go through it carefully to check the coverage amount, policy specifications and the obligations by Edelweiss Tokio Life Insurance. If you are disagreeable with the terms and conditions, you can return the policy within 30 days from the date of receiving your policy document, along with a letter requesting for cancellation and stating the reason for your cancellation.

Premium paid will be refunded after deducting stamp duty and cost of medical expenses, if any incurred in that connection.

Statutory Information

Suicide Claim

If the Life Insured, whether sane or insane, commits suicide, within 12 months from the date of inception of the policy, then the policy shall be void and 80% of the premiums received (excluding extra mortality premium) will be payable. If the Life Insured, whether sane or insane, commits suicide, within 12 months from the date of Revival/reinstatement, then the policy shall be void and an amount which is higher of 80% of premiums paid till date of death or the surrender value available as on the date of death will be payable.

Grace Period

Grace period is of 30 days. The policy will remain in force during the grace period. If any premium remains unpaid at the end of the grace period, the policy shall lapse. The policy benefit thereafter would have no further value except as provided under the non- forfeiture provisions. In case of death during the grace period, the due unpaid premium will be deducted from the death benefit payable.

Nomination

Nomination as per Section 39 of the Insurance Laws (Amendment) Act, 2015, as amended from time to time.

Assignment

Assignment as per Section 38 of the Insurance Laws (Amendment) Act, 2015, as amended from time to time.

Revival

If premiums are not paid within the period of grace the policy lapses. The policy may be revived within two years from the date of the first unpaid premium. The Revival will be considered on receipt of a written application from the policyholder along with the proof of continued insurability of Life Insured and on payment of all overdue premiums as communicated by us. The proof of continued insurability and medical examination, if required (cost to be borne by the policyholder) and the results thereof would be interpreted and if the Revival of the policy is acceptable as per the Board approved underwriting guidelines then it will be revived. All the benefits of the policy will be reinstated on the policy Revival.

Prohibition of Rebate

Section 41 of the Insurance Laws (Amendment) Act, 2015, as amended from time to time
No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except one such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Non-Disclosure Clause

(Section 45 of the Insurance Laws (Amendment) Act, 2015, as amended from time to time)

Fraud and Misrepresentation would be dealt with in accordance with the provisions of Section 45 of The Insurance Laws (Amendment) Act, 2015 as amended from time to time.

Edelweiss Tokio Life Insurance is a new generation insurance company set up with a start-up capital of INR 550 Crores, thereby showing our commitment to building a long term sustainable business focused on a consumer centric approach. The Company is a joint venture between Edelweiss Financial Services, one of India's leading diversified financial services companies with business straddling across Credit, Capital Markets, Asset Management, Housing Finance and Insurance and Tokio Marine Holdings Inc, one of the oldest and the biggest Insurance companies in Japan now with presence across 39 countries around the world. As a part of the Company's corporate philosophy of customer centricity, our products have been developed based on our understanding of Indian customers' diverse financial needs and help them through all their life stages.

Edelweiss Tokio life
PROUD INSURER
2016 INDIAN OLYMPIC TEAM

Edelweiss Tokio Life Insurance Company Limited

IRDAI Regn No.: 147 | CIN: U66010MH2009PLC197336
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Visit us at www.edelweisstokio.in. UIN: 147N036V01. Advt No.: Br/01/Sep 2016 ver. 1

Disclaimer:

Edelweiss Tokio Life TotalSecure+ is only the name of the Individual, non-participating non-linked term insurance plan and does not in any way indicate the quality of the contract, its future prospects, or returns. Please know the associated risks and the applicable charges from us. Tax benefits are subject to changes in the tax laws.
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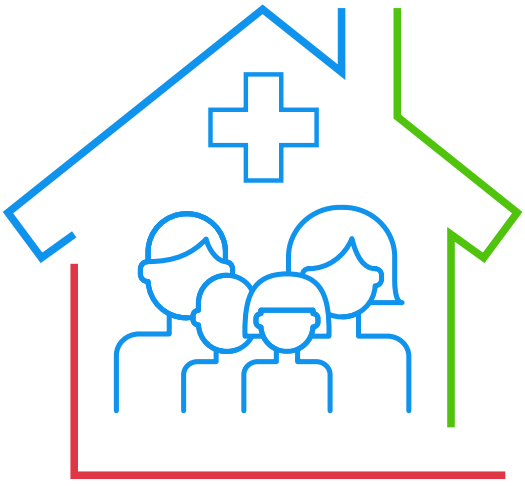

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IRDAI clarifies to public that
- IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
- IRDAI does not announce any bonus.
- Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.