Aapki Zaroorat -**Living with Impaired Health**



Edelweiss Tokio Life - HealthShield+ | (Non-Linked, Non-Participating Fixed Benefit Health Insurance Plan)



Edelweiss Tokio Life - HealthShield+

(Non-Linked, Non-Participating Fixed Benefit Health Insurance Plan)

4 REASONS

- Stay financially protected against Cancer & Heart Related Ailments.
- Term Trigger Benefit provides support to your family in case of an unfortunate event.
- No need to worry about paying premiums after a claim
- Facility to take back all your premiums at maturity with **Return of Premium** option

Insurance se badhkar hai aapki zaroorat

Why Edelweiss Tokio Life Insurance?

At Edelweiss Tokio Life Insurance, we realize that your needs are more important than anything else. That's why it is our constant aim to understand your needs first before offering any advice or even an insurance solution. Your needs, based on your priorities are first understood, then evaluated against your future goals so that we are able to ensure that we can offer you the best solution suited to your needs.

Why Edelweiss Tokio Life - HealthShield+?

Edelweiss Tokio Life — HealthShield+ is a Cancer + Heart illness Insurance plan. In case you are diagnosed with the unfortunate event of Cancer or a Heart ailment, you will be able to ensure that you and your family gets the required support to manage their day-to-day expenses as well as your treatment expenses. Under the plan, you can claim for minor condition related to Heart and Cancer detection and later for major condition for Cancer/ Heart. We also ensure that the future premiums are waived for 5 years after each of the first and second valid minor claim so that you continue to get the benefit of protection.

What can you do?

You can visit our website to get more details about this offering if it meets your current needs. You can also request for a meeting with our Personal Financial Advisor or a Relationship Manager so that they can understand your needs and help you prioritize them.

STATISTICS

- 8 women die of cervical cancer every hour in India. (WHO Summary report, 2008)
- For every 2 women newly diagnosed with breast cancer, one woman dies of it in India. Lyon, France: International Agency for Research on Cancer; 2013
- As many as 2,500 persons die every day due to tobacco-related Cancer in India. Ministry of Health and Family Welfare, Government of India; 2004
- Smoking accounts for 1 in 5 deaths among men and 1 in 20 deaths among women, accounting for an estimated 9,30,000 deaths in 2010. Office of the Registrar General of India, Govt. of India, 2010 http://cancerindia.org.in/
- Cardiovascular diseases (CVDs) have now become the leading cause of mortality in India. A quarter of all mortality is attributable to CVD. (Ref::circ.ahajournals.org, 2016)

While it is crucial for you to invest and save for your life's financial goals, looking at the above statistics, it is equally important to simultaneously cover yourself against these predominant health hazards. This will help you strive and achieve your Life's financial goals without any impediments. To help you and your family see through your financial goals and be protected from both these diseases, Edelweiss Tokio Life presents a Health Insurance solution for protection from Heart and Cancer ailments.

KEY FEATURES

1) Multiple Plan Options: This plan offers the flexibility to choose from 3 options:



Under all these options, lumpsum benefit is provided on incidence of minor and major conditions to take care of loss of income as well as medical costs.

2) **Term Trigger Benefit:** With this benefit you will be provided life cover even after the major condition has been diagnosed. This benefit ensures that your family is financially secure at a time when they require it the most. Major Stage Cancer, in itself, takes a huge financial and emotional toll on an individual and his/her family. In such an event, a life cover will at least provide a sense of security to the individual's loved one.

All the future premiums will also be waived as well, as we realise that during those times, paying premiums will be last thing on anyone's mind.

This benefit can only be selected with Option A – Cancer cover.

- 3) Return of Premium Benefit: Opting for this benefit will provide you an added advantage
 - you will not only be covered against heart and/or cancer ailments
 - we will also return all the premiums paid by you minus any claim(s) paid by us, on maturity

This benefit can only be selected with Option A – Cancer Cover. However, it can't be selected if Term Trigger Benefit is selected.

4) Waiver of Premium Benefit: This benefit ensures that you don't have to worry about paying premiums in the event of incidence of first and second valid minor condition, as on such an event, next 5 years premiums are waived.

Note:

- In case the Life Assured is a minor, the risk cover will start from the date of commencement of the policy and on attainment of majority the ownership of Policy will automatically vest on the Life Assured. The relationship between the Proposer and the Life Assured in such case should be such that there is a legally accepted insurable interest between the two as per the Board Approved Underwriting Policy. In case the Life Assured is a minor and there is any claim, the claim amount will be paid to the Proposer in the policy
- Premium payable for Option A is guaranteed for the first five years and reviewable thereafter subject to approval from IRDAI. Premium payable for Option B & C is guaranteed for the first three years and reviewable thereafter subject to approval from IRDAI

ELIGIBILITY CRITERIA

Minimum Entry Age (Last Birthday)	3 years if opted with Re	s if opted with Term Trigger; turn of Premium Benefit) cC - 18 years
Maximum Entry Age (Last Birthday)	· · · · · · · · · · · · · · · · · · ·	years
Maximum Maturity Age (Last Birthday)	Option A	a: 80 years
	Option B 8	c: 70 years
Minimum Policy Term	For Plan Opti	on A - 10 years
	For Plan Option	n B & C - 5 years
Maximum Policy Term	Option A	a: 60 years
	Option B & C	2: 40 years age
Premium Paying Term	Regular Pay: Equ	ual to Policy Term
Premium Paying Frequency	Annually, Semi-Annua	ally, Quarterly, Monthly
Minimum Critical Illness Sum Assured	Rs. 5,	00,000
Maximum Critical Illness Sum Assured	Rs. 50	,00,000
Minimum Premium		
	Mode	Minimum Premium
	Monthly	200
	Quarterly	400
	Semi-annual	600
	Annual	1,000
Maximum Premium	Based on age, maximum Critical	Illness Sum Assured & policy term

BENEFIT SUMMARY

During the policy term and while the policy is in-force, if the life insured is diagnosed with covered critical illness conditions as defined below in this clause, following benefits are payable subject to the exclusions as mentioned later in this clause:

Plan Benefits

Option A – Cancer Cover

Critical Illness Benefit

- Minor Condition: On diagnosis of Early Stage Cancer or Carcinuma in Situ (CiS) during the policy term while the policy is In-Force, 15% of Sum Assured for each Early Stage Cancer/CiS claim is payable. A maximum of 2 Early Stage Cancer/CiS claims shall be payable during the policy term provided both claims are from different sites and/or organs subject to the cooling-off period of 180 days. In addition, the future premiums for the next 5 years from the date of most recent early stage claim will be waived off and the policy will continue. This benefit is available only on first and second valid Minor Condition claim. On completion of the 5 Years for which premiums have been waived, premium shall become payable by you on the due dates for the remaining Policy Term.
- Major Condition: On diagnosis of Major Stage Cancer during the policy term while the policy is In-Force, 100% of Sum Assured less Early Stage Cancer/CiS claim(s) paid, if any, will be payable and the policy will terminate if Term Trigger Benefit is not selected

Optional benefit

- Death Benefit: This benefit will be applicable only if Term Trigger Benefit is selected. In case
 of death of the life insured after 365 days of survival from the date of diagnosis of any major
 condition, while the policy is in-force, we shall pay an amount equal to the Critical Illness
 Sum Assured. No Death Benefit will be paid if the death of the Life Insured happens before
 the expiry of 365 days from the date of diagnosis of any Major Condition. If this option is
 selected, then, on the diagnosis of Major Condition, all the future premiums will be waived.
 - Date of Diagnosis of cancer is defined as the date on which Major stage cancer is unequivocally proven and qualifies the definition of Major stage cancer as per the definitions of covered Critical Illnesses mentioned later in the document. In case of histopathological evidence, it shall be the date of 1st such report confirming the diagnosis of Major stage cancer.
- Maturity Benefit: This benefit will be applicable only if the Return of Premium Benefit is selected. If the life insured survives till the maturity date while the policy is in-force, we shall pay the sum of all the premiums payable for the entire policy term after deducting any amount paid towards claim(s), if any. The premiums payable above exclude taxes, if any.
 If Option A is opted with Term Trigger benefit then Return of Premium benefit is not
 - If Option A is opted with Term Trigger benefit then Return of Premium benefit is not available. Similarly, if Option A is opted with Return of Premium benefit, then Term Trigger benefit is not available.

Option B – Heart Cover

Critical Illness Benefit

- Minor Condition: On diagnosis of Minor Heart Condition during the policy term while the policy is In-Force, 15% of Sum Assured for each Minor Heart Condition is payable. A maximum of 2 Minor Heart Condition claims shall be payable during the policy term subject to the cooling-off period of 180 days. However the second Minor Heart Condition claim is not permissible if it occurs due to the same condition as the first Minor Heart claim. In addition, the future premiums for the next 5 years from the date of most recent Minor Heart Condition claim will be waived off and the policy will continue. This benefit is available only on first and second valid Minor Condition claim. On completion of the 5 Years for which premiums have been waived, premium shall become payable by you on the due dates for the remaining Policy Term.
- Major Condition: On diagnosis of Major Heart Condition during the policy term while the
 policy is In-Force, 100% of Sum Assured less Minor Heart Condition claim(s) paid, if any, will
 be payable and the policy will terminate

Option C – Cancer & Heart Cover

Critical Illness Benefit

- Minor Condition: On diagnosis of Early Stage Cancer/(CiS) or Minor Heart Condition during
 the policy term while the policy is In-Force, 15% of Sum Assured for each Early Stage
 Cancer/(CiS) or Minor Heart Condition is payable. A maximum of 2 (either two Early Stage
 Cancer or two Minor Heart Condition or one each of Early Stage Cancer and Minor Heart
 Condition) claims shall be payable during the policy term subject to the cooling-off period of
 180 days (no cooling off period is applicable where the first claim is related to Early Stage
 Cancer/CiS and the second claim is related to Minor Heart Condition or vice versa) and the
 following conditions:
 - Second Early Stage Cancer/CiS claim shall be payable during the policy term provided the second Early Stage Cancer/CiS is from different sites and/or organs
 - Second Minor Heart Condition claim is not permissible if it occurs due to the same condition as the first Minor Heart claim

In addition, the future premiums for the next 5 years from the date of most recent Minor Heart Condition / Early Stage Cancer claim will be waived off and the policy will continue. This benefit is available only on first and second valid Minor Condition claim. On completion of the 5 Years for which premiums have been waived, premium shall become payable by you on the due dates for the remaining Policy Term.

Major Condition: On diagnosis of either Major Stage Cancer or Major Heart Condition
whichever is diagnosed first during the policy term while the policy is In-Force, 100% of Sum
Assured less Early Stage Cancer/Cis/Minor Heart Condition claim(s) paid, if any, will be
payable and the policy will terminate

Note:

- 1. No minor condition claim shall be paid after the date of diagnosis of a major condition
- 2. Waiting period of 180 days from the policy issue date or the date of revival whichever is later, is applicable for all benefits under this coverage, , during which the Life Insured will not be entitled to the Critical Illness Benefit
- 3. No claim will be paid towards the diagnosis of Minor Condition during the cooling off period
- 4. Survival period:
 - Claim for any heart related condition under this policy shall be admissible if the life insured has survived for more than 30 days following the date of diagnosis by the medical practitioner
 - Claim for any cancer related condition under this policy shall be admissible if the life insured has survived for more than 7 days following the date of diagnosis by the medical practitioner

TAX BENEFITS

You may be eligible for tax benefits as per applicable tax laws. Tax benefits are subject to change in the tax laws. Kindly consult your tax advisor for detailed information on tax benefits/implications.

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

Option A – Cancer Cover

Minor Conditions -

Early Stage Cancer or Carcinoma-in-situ (CIS)

Major Condition –

Major Stage Cancer

Option B - Heart Cover

Minor Conditions -

- Angioplasty
- Balloon Valvotomy or Valvuloplasty

- Carotid Artery Surgery
- Implantable Cardioverter Defibrillator
- Implantation of Pacemaker of Heart
- Infective Endocarditis
- Minimally Invasive Surgery of aorta
- Pericardectomy
- Surgery for Cardiac Arrhythmia
- Surgery to Place Ventricular Assist Devices or Total Artificial Hearts

Major Conditions -

- Cardiomyopathy
- First Heart Attack of Specified Severity (Myocardial Infarction)
- Heart Transplant
- Major Surgery of aorta
- Open Chest CABG
- Open Heart replacement or Repair of Heart Valve
- Primary (Idiopathic) Pulmonary Hypertension

Option C - Cancer & Heart Cover

Minor Conditions -

- Cancer related Same as minor conditions under Option A
- Heart related Same as minor conditions under Option B

Major Conditions -

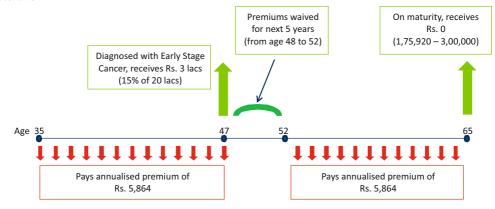
- Cancer related Same as major conditions under Option A
- Heart related Same as major conditions under Option B

BENEFIT ILLUSTRATIONS

Illustration 1

Varun is a 35 years old, working professional. He wants to get a Cancer cover. He opts for Edelweiss Tokio Life — HealthShield+ for a Critical Illness Sum Assured of Rs. 20 lacs and Policy Term of 30 years. He also opts for Return of Premium Benefit. He pays annualised premiums of Rs. 5,864 for annual mode.

Scenario 1:





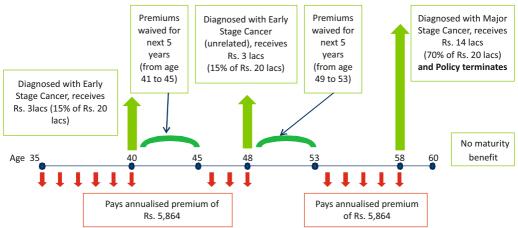
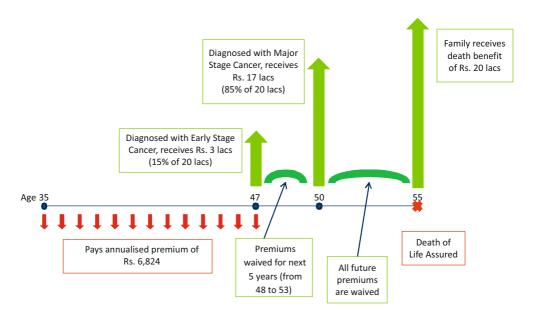


Illustration 2

Revathi is a 35 years old, fashion designer. She wants to get a Cancer cover. She opts for Edelweiss Tokio Life — HealthShield+ for a Critical Illness Sum Assured of Rs. 20 lacs and Policy Term of up to age 80 years. She also opts for Term Trigger Benefit. She pays annualised premiums of Rs. 6,824.



MINOR CONDITIONS

Cancer Related

a) Early Stage Cancer

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

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

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

b) Carcinoma-in-situ (CIS)

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

- a. Breast where the tumour is classified as Tis according to the TNM Staging method
- b. Corpus uteri, cervix uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method.
- c. Ovary -include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aNOMO,T1bNOMO (TNM Staging) or FIGO 1A,FIGO 1B
- d. Colon and rectum
- e. Penis
- f. Testis
- g. Lung h. Liver
- I. Stomach, duodenum and Oesophagus
- i. Kidney
- k. Carcinoma ENT (ear, nose, throat)

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

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

Exclusions:

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

Heart Related

a) Angioplasty

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

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

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

b) Balloon Valvotomy or Valvuloplasty

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

c) Carotid Artery Surgery

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

(a) Either:

Actual undergoing of endarterectomy to alleviate the symptoms; or

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

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

d) Implantable Cardioverter Defibrillator (ICD)

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

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

e) Implantation of Pacemaker of Heart

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

f) Infective Endocarditis

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

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

g) Minimally Invasive surgery of Aorta

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

h) Pericardectomy

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

The following are excluded:

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

I) Surgery for Cardiac Arrhythmia

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

The following are excluded:

Cardio version and any other form of non-surgical treatments

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

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

The following are excluded:

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

Major Conditions

Cancer Related - Major Stage Cancer

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

The following are excluded -

- a) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
- b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- c) Malignant melanoma that has not caused invasion beyond the epidermis;
- d) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f) Chronic lymphocytic leukaemia less than RAI stage 3
- g) Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
- h) 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;
- i) All tumors in the presence of HIV infection.

Heart Related

a) Cardiomyopathy

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

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

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

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

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

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

The following are excluded:

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

c) Heart Transplant

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

d) Major Surgery to Aorta

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

The following are excluded:

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

e) Open Chest CABG

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

The following are excluded:

Angioplasty and/or any other intra-arterial procedures

f) Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

g) Primary (Idiopathic) Pulmonary Hypertension

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

The NYHA Classification of Cardiac Impairment are as follows:

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

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

Exclusions for the Critical Illness Benefit

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

- a) Diseases in the presence of an HIV infection.
- b) No benefit will be payable and coverage shall terminate for Diagnosis and/or hospitalization and / or treatment (availed or advised) within the Waiting Period for the respective covered benefit. The plan will be terminated without any value or refund of premium paid.
- c) Any external Congenital condition / disease/ disorder which is not as a consequence of Genetic disorder.
- d) Any Pre-Existing Disease i.e. any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to the first policy issued by the insurer and renewed continuously thereafter.

- a. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.
- b. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later and the company has accepted the same.
- e) Intentional self-inflicted injury, attempted suicide, while sane or insane.
- f) Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- g) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- h) Participation by the insured person in a criminal or unlawful act with illegal or criminal intent.
- Nuclear Contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- i) Diagnosis and treatment outside India.

POLICY LOAN

Loan benefits aren't available under this policy.

NON-FORFEITURE BENEFITS

Premium Discontinuance

If Return of Premium Benefit is selected:

If all the premiums for at least first three policy years have not been paid in full within the grace period, the policy shall immediately and automatically lapse and no surrender value shall be payable by us under the policy.

If all the premiums for at least first three policy years have been paid in full, and if we do not receive subsequent premiums within the grace period, the policy will be eligible for Surrender Benefits as mentioned below.

You will be given two years from the date of first unpaid premium to revive the policy.

If Return of Premium Benefit is not selected:

If any premium remains unpaid at the end of the grace period, the policy shall lapse and no benefits shall be payable.

Surrender Benefit

If Return of Premium Benefit is selected:

The Policy will acquire Surrender Value only from 3rd Policy Year provided we have received full Premiums for at least first three Policy Years.

On surrender, the Surrender Value, if any, will be immediately paid, the Policy shall be terminated and all the benefits under the Policy shall cease to apply.

If Return of Premium Benefit is not selected:

The Policy shall not acquire any Surrender Value any time during the Policy Term.

On surrender, the policy shall be terminated and all the benefits under the policy shall cease to apply. On surrender of the policy, we will pay the higher of Guaranteed Surrender Value or Special Surrender Value.

Guaranteed Surrender Value ('GSV') -

Guaranteed Surrender Value = GSV factor x Total Premiums paid under the base policy (excluding taxes, model loadings and extra underwriting premiums, if any) less any claims already paid.

GSV factors are given in Annexure 1.

Special Surrender Value ('SSV') -

Your Policy also acquires a Special Surrender Value. Before making a request for Surrender, you may approach us to know about the Surrender Value in respect of your Policy.

FREE LOOK PERIOD

You may return this Policy to us within 15 days* of receipt of the policy if you disagree with any of the terms and conditions by giving us written reasons for your objection. We will refund the premium received after deducting stamp duty charges, proportionate risk premium for the period of cover and medical expenses (if any).

* A Free Look Period of 30 days will be offered for policies sold through distance marketing (where distance marketing means sale of insurance products through any means of communication other than in person).

STATUTORY INFORMATION

Grace Period

If we do not receive the premium in full by the premium paying due date, then:

- i. We will allow a Grace Period of 30 days during which you must pay the premium due in full.
- ii. All the benefits under the policy will continue to apply during the Grace Period subject to the deduction of the due premiums.

Nomination

Nomination is allowed in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

Assignment

Assignment is allowed in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

Revival

If due premiums are not paid within the grace period, the policy shall lapse or become reduced paid-up as the case may be. Any such policy may be revived within two years from the due date of the first unpaid premium by giving us a written intimation to revive the policy and payment of all overdue premiums with interest, as may be declared by the company from time to time, for every completed month from the due date of each unpaid premium.

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

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

Prohibition of Rebate: (Section 41 of the Insurance Act, 1938, 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 Act, 1938, as amended from time to time)

Fraud and Misrepresentation would be dealt with in accordance with the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

Edelweiss Tokio Life Insurance Company Limited is a joint venture between Edelweiss Financial Services Limited, one of India's leading and diversified financial services companies and Tokio Marine Holdings Inc, one of the oldest (138 years) and largest insurance companies in Japan. This lineage brings together a deep understanding of customer needs and international expertise. Edelweiss Tokio Life Insurance Company Limited launched its Pan India operations in July 2011 offering proprietary need-based solutions to help customers meet their life stage financial goals. The company is known for consistently seeking customer inputs on their changing needs and creating unique products that best meet their lifestyle and financial aspirations. The Company is headquartered in Mumbai serving over 1.2 lakh customers through 3400+ employees and 26000 Personal Finance Advisors across 121 branches in 91 cities.

Our Vision

We will take responsibility of protecting people's dreams and aspirations. To do so well, we will aim to always understand the customer's needs first.



Edelweiss Tokio Life Insurance Company Limited

CIN: U66010MH2009PLC197336

Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070 Corporate Office: 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Toll Free: 1800 212 1212 | Fax No.: +91 22 7100 4133 | www.edelweisstokio.in

Disclaimer: Edelweiss Tokio Life — HealthShield+ is only the name of the Non-Linked, Non-Participating Fixed Benefit Health Insurance Plan and does not in any way indicate the quality of the plan, its future prospects or returns. Please know the associated risks and the applicable charges from your Personal Financial Advisor or the Intermediary. Tax benefits are subject to changes in the tax laws.

Flower & Edelweiss are trademarks of Edelweiss Financial Services Limited; Tokio is Trademark of Tokio Marine Holdings Inc. and used by Edelweiss Tokio Life Insurance Co. Ltd. under license.

Reg. No.: 147 UIN: 147N041V01

Advt No.: WP/0163/Jan2019

BEWARE OF SPURIOUS/FRAUD PHONE CALLS!

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Annexure 1

GSV rates for each policy year of respective to policy term is given below:

35	%0	%0	30%	%09	%09	%09	%09	51%	%99	%95	%09	, 62%	%89	, 64%	%59	%29	%89	%69	%02	71%	72%	73%	74%	74%	, 75%	%92	%62	82%	83%	84%	85%		87%	87% 88%
35	%0	%0	30%	20%	20%	20%	20%	21%	22%	21%	%09	63%	63%	65%	%99	%29	%89	%02	71%	72%	73%	74%	74%	75%	%9/	78%	82%	83%	84%	85%	%98	,000	% 88 %	88%
33	%0	%0	30%	20%	20%	20%	20%	51%	22%	21%	61%	63%	64%	65%	%29	%89	%69	71%	72%	73%	74%	74%	75%	%92	78%	79%	83%	84%	85%	%98	87%	,000	88%	%88 88%
32	%0	%0	30%	20%	20%	20%	20%	51%	%99	21%	61%	63%	65%	%99	%29	%89	%02	72%	73%	74%	74%	75%	%92	78%	79%	82%	84%	85%	%98	87%	88%	600	80%	NA NA
31	%0	%0	30%	20%	20%	20%	20%	51%	%99	28%	62%	64%	65%	%29	%89	%69	71%	73%	74%	74%	75%	%92	%82	%62	82%	83%	85%	%98	87%	88%	%06	ž	Ş	ξ¥
30	%0	%0	30%	20%	20%	20%	20%	51%	%99	28%	62%	92%	%99	%29	%89	%02	72%	74%	74%	75%	%9/	78%	%6/	82%	83%	84%	%98	87%	88%	%06	N	Ž	2	ξ¥
29	%0	%0	30%	20%	20%	20%	20%	51%	21%	28%	63%	65%	%29	%89	%69	71%	73%	74%	75%	%92	%82	%62	82%	83%	84%	85%	87%	88%	%06	A	A	ž	ξ	¥ ¥
78	%0	%0	30%	20%	20%	20%	20%	51%	21%	26%	63%	%99	%29	%89	%02	72%	74%	75%	%9/	78%	%6/	82%	83%	84%	85%	%98	88%	%06	Ą	N	A	Ž	Ş	ξ¥
27	%0	%0	30%	20%	20%	20%	20%	52%	21%	29%	64%	%29	%89	%69	71%	73%	74%	%9/	%8/	%62	82%	83%	84%	85%	%98	87%	%06	A	A	NA	NA	ΔN		¥ ¥
26	%0	%0	30%	20%	20%	20%	20%	52%	28%	26%	64%	%29	%89	%02	72%	74%	75%	%82	%62	82%	83%	84%	85%	%98	87%	%06	ž	Ϋ́	Ą	A	A	ž	ξ	ξ¥
25	%0	%0	30%	20%	20%	20%	20%	52%	28%	%09	%99	%89	%69	71%	73%	74%	%9/	%6/	82%	83%	84%	82%	%98	81%	%06	N	¥	A	A	NA	NA	ΔN		N A
24	%0	%0	30%	20%	20%	20%	20%	52%	28%	%09	%99	%89	%02	72%	74%	%92	%8/	82%	83%	84%	82%	%98	81%	%06	Α	¥	ž	Ϋ́	Ą	A	A	ΔN		¥
23	%0	%0	30%	20%	20%	20%	20%	23%	26%	%09	%29	%69	71%	73%	74%	%9/	%6/	83%	84%	85%	%98	81%	%06	N	A	Ą	¥	¥	Ą	NA	A	ΔN		¥.
22	%0	%0	30%	20%	20%	20%	20%	23%	26%	62%	%89	%02	72%	74%	75%	%8/	82%	84%	%28	%98	%28	%06	NA	NA	N	A	¥	A	A	NA	A	ΑΝ		Α
77	%0	%0	30%	20%	20%	20%	20%	23%	26%	62%	%02	71%	73%	74%	%92	%62	83%	85%	%98	87%	%06	NA	NA	N	A	Ą	¥	¥	Ą	N	A	ΔN	2	¥ ¥
20	%0	%0	30%	20%	%09	20%	20%	54%	%09	62%	%02	72%	74%	75%	%82	82%	84%	%98	%28	%06	N	NA	N	NA	A	A	Ā	A	A	A	A	ΔN		¥ Y
19	%0	%0	30%	20%	20%	20%	20%	24%	%09	64%	72%	73%	74%	%92	%62	83%	85%	87%	%06	A	M	NA	NA	N	A	¥	¥	¥	Ą	N	A	ΔN	2	¥ ¥
18	%0	%0	30%	20%	20%	20%	20%	54%	%09	64%	73%	74%	75%	78%	82%	84%	%98	%06	Α	A	A	NA	N	Ν	Α	¥	ž	Ϋ́	Ą	A	A	ΔN		¥
17	%0	%0	30%	20%	20%	20%	20%	22%	61%	64%	73%	74%	%9/	79%	83%	82%	%06	NA	N	N	NA	NA	NA	NA	N	A	¥	A	A	N	N	ΑN		N A
9	%0	%0	30%	20%	20%	20%	20%	22%	%19	%99	74%	75%	78%	82%	84%	%06	N	NA	N	N	NA	NA	NA	NA	N	A	Ā	A	A	N	N	ΑN		¥.
15	%0	%0	30%	20%	20%	20%	20%	22%	61%	%99	74%	%9/	%62	83%	%06	NA	A	A	W	A	NA	NA	N	A	Α	¥	ž	¥	N	NA	NA	ΑN		NA
. 4	%0	%0	30%	20%	20%	20%	20%	%99	62%	%89	74%	78%	82%	%06	N	NA	N	NA	Ν	Ν	ž	¥	¥	A	A	¥		M						
13	%0	%0	30%	20%	20%	20%	20%	21%	62%	%02	%9/	80%	%06	N	N	NA	N	N	NA	A	NA	NA	NA	N	A	A	¥	A	A	N	A	¥		NA
12	%0	%0	30%	20%	20%	20%	20%	28%	63%	72%		%06	A	A	A	A	¥	A	A	A	A	N	A	A	A	¥	¥	Ā	Α	A	A	¥		A
=	%0	%0	30%	20%	20%	20%	20%	%09	%59	75%	%06	A	M	A	A	A	A	A	A	A	A	N	M	A	A	¥	¥	¥	A	A	A	A		M
		%0	30%	20%	20%	20%	20%	%09	75%	%06	A	A	A	A	A	A	Ą	A	A	A	A	M	A	A	¥	¥	¥	¥	¥	A	A	¥		A
Policy Year / Policy Term	1	2	3	4	5	9	7	8	6	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	56	27	28	59	30	31	32		33

09	%0	%0	30%	20%	20%	20%	20%	21%	21%	21%	21%	25%	52%	23%	24%	22%	22%	%95	%95	21%	21%	28%	28%	26%	26%	%09	%09	61%	%19	62%	63%	63%	64%	%59	%59
29	%0	%0	30%	%09	%09	%09	%09	21%	21%	51%	21%	25%	23%	53%	24%	22%	%99	%99	21%	21%	28%	28%	26%	29%	%09	%09	61%	61%	62%	63%	63%	64%	%59	%59	%99
28	%0	%0	30%	20%	20%	20%	%09	21%	21%	21%	21%	25%	23%	24%	22%	22%	%99	21%	21%	28%	28%	26%	26%	%09	%09	%09	61%	62%	93%	63%	63%	%59	%59	%99	%29
22	%0	%0	30%	%09	%09	%09	%09	21%	21%	21%	25%	23%	23%	24%	%99	%99	%99	%29	28%	%89	%69	%69	%09	%09	%09	61%	62%	63%	63%	63%	64%	%59	%99	%29	%29
95	%0	%0	30%	20%	20%	%09	%09	21%	21%	21%	25%	23%	24%	25%	22%	%99	21%	%89	28%	%69	%69	%09	%09	%09	61%	%19	63%	63%	63%	64%	%59	%99	%29	%29	%89
55	%0	%0	30%	%09	20%	20%	%09	21%	21%	21%	52%	23%	24%	25%	%99	%99	21%	28%	26%	%69	%09	%09	%09	61%	61%	62%	63%	63%	64%	%59	%59	%29	%29	%89	%89
22	%0	%0	30%	20%	20%	%09	%09	21%	21%	21%	25%	24%	22%	22%	%95	21%	28%	%69	%69	%09	%09	%09	%19	61%	62%	63%	63%	64%	%59	%59	%99	%29	%89	%89	%69
83	%0	%0	30%	%09	%09	%09	%09	21%	21%		23%	24%	-	%99	%99	%29	%89	%69	%09	%09	%09	61%	%19	62%	63%	63%	64%	%59	%59	%99	%29	%89	%89	%69	%02
52	%0	%0	30%	20%	20%	%09	%09	21%	21%	21%	23%	22%	-	%99	21%	28%	26%	%09	%09	%09	61%	61%	62%	63%	63%	63%	%59	%59	%99	%29	%/9	%89	%69	%02	71%
51	%0	%0	30%	20%	20%	%09	%09	21%	21%		23%	22%	%99	%99	21%	28%	26%	%09	%09	%19	%19	62%	63%	63%	63%	64%	%59	%99	%29	%29	%89	%69	%02	71%	72%
22	%0	%0	30%	20%	%09	%09	%09	21%	21%	21%	24%	22%	%99	21%	%89	%69	%09	%09	%19	61%	62%	63%	63%	63%	64%	65%	%99	%29	%29	%89	%89	%02	71%	72%	73%
64	%0	%0	30%	20%	20%	%09	%09	21%	21%	52%	24%	%95	%99	21%	28%	%69	%09	61%	61%	62%	63%	63%	63%	64%	%59	%59	%29	%29	%89	%89	%69	71%	72%	73%	74%
84	%0	%0	30%	%09	%09	%09	%09	21%	21%	52%	24%	%95	21%	28%	%69	%09	%09	%19	62%	63%	63%	63%	64%	%59	%59	%99	%29	%89	%89	%69	%02	72%	73%	74%	74%
47	%0	%0	30%	20%	20%	%09	%09	21%	25%	52%	25%	%95	21%	28%	%69	%09	61%	62%	63%	63%	63%	64%	%59	65%	%99	%29	%89	%89	%69	%02	71%	73%	74%	74%	75%
94	%0	%0	30%	20%	%09	%09	%09	21%	52%	23%	22%	%29	%89	%69	%09	%09	%19	63%	63%	63%	64%	%59	%59	%99	%29	%29	%89	%69	%02	71%	72%	74%	74%	75%	%9/
45	%0	%0	30%	20%	%09	%09	%09	21%	52%	23%	22%	21%	%89	26%	%09	%19	62%	63%	63%	64%	%59	%59	%99	%29	%29	%89	%69	%02	71%	72%	73%	74%	75%	%9/	%82
4	%0	%0	30%	%09	%09	%09	%09	21%	52%	23%	%99	%89	%69	%09	%09	61%	63%	63%	%49	%59	%59	%99	%29	%29	%89	%89	%02	71%	72%	73%	74%	%92	%9/	%8/	%62
43	%0	%0	30%	%09	%09	%09	%09	21%	23%	24%	%99	%89	%69	%09	%19	%29	63%	%49	%59	%59	%99	%29	%29	%89	%89	%69	71%	72%	73%	74%	74%	%92	%87	%62	82%
42	%0	%0	30%	%09	%09	%09	%09	21%	23%	24%	21%	%69	%09	%09	%19	%89	63%	%59	%29	%99	%29	%29	%89	%89	%69	%02	72%	73%	74%	74%	%5/	%8/	%6/	82%	83%
14	%0	%0	30%	20%	20%	%09	%09	21%	23%	24%	21%	%69	%09	61%	62%	%89	64%	%59	%99	%29	%29	%89	%89	%69	%02	71%	73%	74%	74%	75%	%9/	%62	82%	83%	84%
94	%0	%0	30%	20%	%09	%09	%09	21%	23%	%99	28%	%09	%09	61%	63%	%89	%59	%99	%29	%29	%89	%89	%69	%02	71%	72%	74%	74%	75%	%9/	%82	82%	83%	84%	%28
89	%0	%0	30%	%09	%09	%09	%09	21%	24%	%59	28%	%09	%19	62%	63%	64%	%59	%29	%29	%89	%89	%69	%02	71%	72%	73%	74%	%5/	%9/	%8/	%6/	83%	84%	%28	%98
88	%0	%0	30%	%09	%09	%09	%09	21%	24%	%99	26%	%09	61%	63%	%89	%59	%99	%29	%89	%89	%69	%02	71%	72%	73%	74%	75%	%9/	%8/	%6/	85%	84%	%28	%98	%28
37	%0	%0	30%	%09	%09	%09	%09	21%	24%	%99	26%	%19	62%	63%	64%	%59	%29	%89	%89	%69	%02	71%	72%	73%	74%	74%	%9/	%8/	%6/	82%	83%	85%	%98	%28	%88
36	%0	%0	30%	20%	20%	%09	%09	21%	24%	%99	%09	61%	63%	63%	%59	%99	%29	%89	%69	%02	71%	72%	73%	74%	74%	75%	%87	%62	82%	83%	84%	%98	%28	%88	%68
Policy Year / Policy Term	-	2	3	4	5	9	7	8	6	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	82	35

09	%59	%99	%29	%29	%89	%89	%69	%02	71%	72%	73%	74%	74%	75%	%92	78%	%62	85%	83%	84%	85%	%98	87%	%88	%68	%06
59	%99	%29	%29	%89	%89	%69	%02	71%	72%	73%	74%	74%	75%	%9/	%8/	%6/	85%	83%	84%	%58	%98	%28	%88	%68	%06	NA
28	%29	%29	%89	%89	%69	%02	71%	72%	73%	74%	74%	75%	%9/	%82	%62	82%	83%	84%	85%	%98	87%	%88	%68	%06	NA	ΑN
22	%29	%89	%89	%69	%02	71%	72%	73%	74%	74%	75%	%9/	%82	%6/	82%	83%	84%	82%	%98	87%	%88	%68	%06	A	Ą	A
26	%89	%89	%69	%02	71%	72%	73%	74%	74%	75%	%92	%82	%62	82%	83%	84%	%28	%98	87%	%88	%68	%06	A	NA	A	Α
55	%89	%69	%02	71%	72%	73%	74%	74%	75%	%92	%82	%62	82%	83%	84%	85%	%98	87%	88%	%68	%06	¥	Ą	¥	¥	¥
25	%69	%02	71%	72%	73%	74%	74%	75%	%92	%82	%62	82%	83%	84%	85%	%98	%28	%88	%68	%06	NA	A	A	A	Ą	Ϋ́
53	%02	71%	72%	73%	74%	74%	%52	%9/	%82	%62	82%	83%	84%	%28	%98	%18	%88	%68	%06	NA	NA	A	ΑA	A	Α	ΑN
52	71%	72%	73%	74%	74%	%5/	%9/	%82	%62	82%	83%	84%	85%	%98	87%	%88	%68	%06	AA	A	A	Ą	¥	Ą	¥	¥
5	72%	73%	74%	74%	75%	%9/	%87	%62	82%	83%	84%	%28	%98	%28	%88	%68	%06	¥	A	A	¥	¥	¥	¥	¥	¥
20	73%	74%	74%	%92	%9/	%8/	%6/	85%	83%	84%	%28	%98	%28	%88	%68	%06	NA	NA	NA	A	A	A	Ą	A	Ą	Ą
49	74%	74%	75%	%92	%82	%62	82%	83%	84%	85%	%98	87%	%88	%68	%06	Ą	NA	AA	¥							
84	74%	75%	%9/	%82	%62	85%	83%	84%	%28	%98	%28	%88	%68	%06	Α	¥	NA	N	NA	NA	NA	NA	NA	NA	¥	Ą
47	75%	%92	%82	%62	82%	83%	84%	85%	%98	87%	%88	%68	%06	AA	AA	Ą	NA	¥								
46	%92	%82	%62	82%	83%	84%	%28	%98	%28	%88	%68	%06	¥	¥	¥	¥	NA	W	NA	W	W	¥	Ą	NA	ΑN	ΑN
45	%82	%62	82%	83%	84%	85%	%98	%28	%88	%68	%06	A	¥	A	Ą	¥	NA	A	NA	AA	A	A	A	A	A	Ą
4	%62	82%	83%	84%	85%	%98	%28	%88	%68	%06	A	Ą	ΑN	AN	AN	ΑN	NA	AN	NA	NA	NA	A	AA	A	A	¥
43	82%	83%	84%	%28	%98	%28	%88	%68	%06	Α̈́	NA	A	¥	A	ΑN	ΑĀ	NA	N	NA	NA	NA	A	A	N	A	Ą
42	83%	84%	85%	%98	%/8	%88	%68	%06	NA	Ą	AN	A	ΑĀ	A	A	Ą	NA	AN	NA	NA	NA	AN	A	A	¥	Ą
14	84%	85%	%98	87%	88%	86%	₹ %06	NA 9	W	¥	¥	¥	¥	¥	¥	¥	A	¥	AA	Н	Ą	¥	Н	¥	¥	Ą
9	85%	3 %98	87% 8	88%	8 %68	3 %06	¥.	NA	W	¥	¥	¥	¥	¥	¥	¥	A	¥	A	A	A	¥	Ą	¥	¥	Α
39	86%	87%	88%	86%	₹ %06	NA	Ą	NA	NA	¥	A	Ą	¥	AN	AA	ΑĀ	NA	AN	NA	W	A	¥	A	A	¥	Ą
88	87%	88%	86%	₹ %06	NA S	NA	Ą	NA	NA	Ą	AN	A	ΑĀ	A	A	Ą	NA	A	NA	NA	NA	AN	AA	A	A	¥
37	88%	3 %68	3 %06	NA S	NA	NA	AA	NA	NA	¥	A	ΑM	¥	A	ΑM	¥	NA	AN	NA	NA	N	A	A	A	ΑM	Ϋ́
36	89%	%06	N S	A	AM	NA	ΑM	NA	NA	¥	A	ΑM	¥	A	ΑM	¥	NA	N	NA	NA	N	A	A	AM	A	Ϋ́
Policy Year / Policy Term	-		37	38	39	40	41	42	43	44	45	46	47	48	49	20	51	52			55	99		28	69	09