

Welcome

Mr. PRABHAT MALIK
Makhmoolpur, Makhmoolpur, SHAMLI
RURAL, MUZAFFARNAGAR, UTTAR
PRADESH, 247775
9456457577

From here on,
you're our responsibility.

Welcome on board.
Your Reliance Health Gain Policy
number 110522328680041115 is now
live, to access your policy anytime,
anywhere, download our Reliance Selfi
App and enjoy a host of special
features.



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or Download
your policy



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Register, Track or
Submit claim
documents



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amongst 8600+
network hospitals.



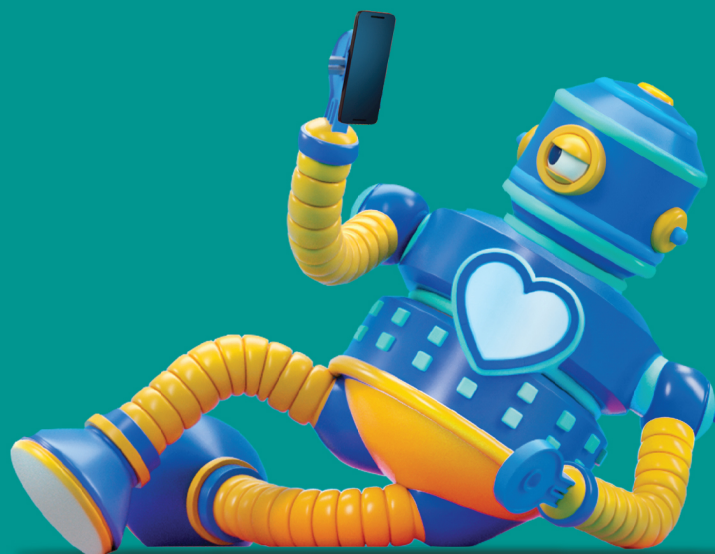
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RELIANCE HEALTH GAIN POLICY - POLICY SCHEDULE

POLICYHOLDER DETAILS

Policy Number	: 110522328680041115	Proposal No	: R08062391225
Policyholder Name	: Mr. PRABHAT MALIK	Policy Issuance Date	: 09/06/2023
Tax Invoice No. & Date	: R08062391225 & 09/06/2023	GSTIN/UIN of Policyholder	:
Correspondence Address & Place of Supply	Makhmoolpur, Makhmoolpur, S HAMLII : RURAL, MUZAFFARNAGAR, UTTAR PRADESH, 247775	Policy Issuing Branch & Address	Andheri 4th floor, Chintamani Avenue, Next to Virvani Industrial Estate, W. Exp. Highway, Goregaon East MUMBAI MUMBAI MAHARASHTRA 400063
Contact No	: 9456457577	Email ID	: prabhatmalik66@gmail.com
Date of Birth	: 10/07/1989	Business Type	: NEW
Gender	: Male	Zone	: B

POLICY DETAILS

Cover Type	: Floater	Plan Opted	: Plus
Base Sum Insured	: 500000	Policy Tenure	: 1 year
Policy Period Start Date & Time:	: 09/06/2023 At 00:01 Hrs	Policy Period End Date & Time	: 08/06/2024 At 23:59 Hrs.
Previous Policy No. & end Date	: NA	Renewable Date	: 09/06/2024
Room Category*	: Actuals		
Loyalty Cover	Please refer renewal benefit section 5.3 loyalty cover for coverage details		
Co-Payment**	<ul style="list-style-type: none"> Zone wise Co-Payment: For Policy issued under Zone B, 20% Zone wise Co-payment applicable, in case of claims being administered from Delhi, New Delhi & NCR including Faridabad, Noida, Ghaziabad, Gurugram, Noida, Gautam Buddha Nagar, Mumbai & Suburbs, MMR (Mumbai Metropolitan Region), Navi Mumbai & Suburbs, Thane City & Suburbs, Mira Road, Bhayandar, Panvel, Kalyan & Dombivali, State of Gujarat, Kolkata & Suburbs 		
Premium Payment Frequency	: Lump Sum		

INTERMEDIARY DETAILS

TURTLEMINT INSURANCE BROKING	11BRG387	1800266010	
Intermediary Name	Intermediary Code	Intermediary Contact No	POSP ID
NA	NA		
VLE Name	VLE ID	VLE Contact No	

DETAILS OF INSURED PERSON	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of the Insured Person	: Mr. Prabhat Malik	Ms. Manisha Manisha	Ms. Vanya malik	Ms. Navya malik
Gender	: Male	Female	Female	Female
Date of Birth	: 10/07/1989	14/12/1997	25/03/2020	01/12/2022
Relationship with Policyholder	: Self	Spouse	Daughter	Daughter
Insured with the Company, since	: 09/06/2023	09/06/2023	09/06/2023	09/06/2023
UHID	: 28682230369491	28682230369492	28682230369493	28682230369494
Any Pre-existing Disease	: No	No	No	No
Pre-existing Disease – Name	: NA	NA	NA	NA
Pre-existing Disease – Since	: NA	NA	NA	NA
Permanent exclusions (if any) as agreed by the customer	:			
Special Remarks/Conditions	:			
Cumulative Bonus (`) Floater	: 0	0	0	0
Cumulative Bonus Sub-Limit (`)	: 0	0	0	0
Cumulative Bonus (`) Individual	: 0	0	0	0
Insured Person covered under : Health Insurance with any Company, Since (If, yes)	: NA	NA	NA	NA

PREMIUM DETAILS	AMOUNT	Discount Details
Zone	B	Girl Child Discount
Base Premium	9740	ZoneBOptionalCoverDiscount
Addon Premium (If any)	0.00	
Loading (if any)	0	
Discount (if any)	487.00	
Total Premium excluding Taxes and Levies	9253.00	
IGST (18.00%)	1665.54	
Total Premium including Taxes and Levies	10919.00	

GSTIN :27AABCR6747B1ZG, HSN : 997133, Description of services : Accident and health insurance services
Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/662/2023/(Validity Period Dt.27/03/2023 to Dt.01/12/2023)/1156 DT.27
MAR 2023" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir

NOMINEE DETAILS			
Name of Nominee	: Manisha Manisha	Relationship with Policyholder	: Spouse
Date of Birth	: 14/12/1997	Address of Nominee	: Makhmoolpur Makhmoolpur,Makhmoolpur Makhmoolpur,
Contact No. / Mobile No.	:	Email ID	:

APPOINTEE DETAILS			
Name of Appointee	:	Relationship with Nominee	:
Date of Birth	:	Address of Appointee	:
Contact No. / Mobile No.	:	Email ID	:

NOTE

The maximum liability of the Company to pay the claims under this Policy is limited to Total Liability defined in the Policy Wordings. Please refer the policy wordings for detailed information and understanding of the coverages.

CONDITIONS

Waiting Period

1. 36 Months Pre-Existing Disease waiting period (Code: Excl01)
2. 24 months Specified disease/procedure waiting period (Code:Excl02)
3. 30 Days initial Waiting Period (Code:Excl03)
4. 15 days initial Waiting Period for treatment of Covid-19

EXCLUSIONS

Below are the Standard Exclusions

- | | |
|---|---|
| a. Investigation & Evaluation (Code:Excl04) | d. Change-of-Gender treatments (Code:Excl07) |
| b. Rest Cure, rehabilitation and respite care (Code:Excl05) | e. Cosmetic or Plastic Surgery (Code: Excl08) |
| c. Obesity/ Weight Control (Code:Excl06) | f. Hazardous or Adventure sports(Code:Excl09) |
| h. Excluded Providers (Code:Excl11) | g. Breach of law (Code: Excl10) |
| i. Substance Abuse and Alcohol (Code: Excl12) | l. Refractive Error (Code: Excl15) |
| j. Wellness and Rejuvenation (Code:Excl13) | m. Unproven Treatments-Code (Code: Excl16) |
| k. Dietary Supplements & Substances (Code:Excl14) | n. Sterility and Infertility (Code: Excl17) |
| | o. Maternity Expenses (Code - Excl 18) |

In addition to above below mentioned are Specific Exclusions applicable to this Policy

- | | |
|---------------------------------------|--|
| p. Treatment outside Discipline | x. Overseas Treatment |
| q. Hearing Aids and spectacles | y. Self-injury |
| r. External durable medical equipment | z. Documentation charges |
| s. Sleep Apnea | aa Charges other than Reasonable & Customary Charges |
| t. External Congenital Anomaly | ab. RMO charges and Service charge |
| u. Artificial Life support equipments | ac. Nuclear Attack. |
| v. Non-payable items | ad. War |
| w. Outpatient Treatment | |

Note: Please refer the Policy Wordings for complete description, exclusions, terms and conditions related to the Covers listed above

ENDORSEMENTS

Serial No:	Particulars

CONTACT DETAILS FOR POLICY SERVICING

Name: Reliance General Insurance Company Limited
 Correspondence Address: Reliance General Insurance.
 Winway Building 2nd and 3rd Floor, 11/12 Block No - 4,
 Old No - 67, South Tukoganj, Indore (M.P) - 452001
 Email ID : rgicl.services@relianceada.com
 Contact No.: 022-4890 3009 (paid)
 Website: www.reliancegeneral.co.in

CONTACT DETAILS FOR CLAIM SERVICING

Name: Reliance General Insurance Company Limited
 Correspondence Address: Reliance General Insurance.
 No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block
 Krishe Sapphire, Madhapur, Hyderabad - 500081
 Email ID : rgicl.rcarehealth@relianceada.com
 Contact No.: 022-4890 3009 (paid)
 Website: www.reliancegeneral.co.in

PLEASE NOTE

- The Policy has been issued based on the information provided by the Proposer in the Proposal Form or medical test reports or through Interactive Voice Response(IVR)/online web service or through any other oral or written form of communication which is the basis of evaluating the Health status of the proposed Insured Persons as on Proposed date of Insurance. *Please note that in the event of this information provided by the Proposer being found incorrect, the policy would become void and all the benefits under the policy shall stand forfeited
- The Base Sum Insured has been enhanced under the Policy on the request of the Policyholder to exercise the Benefit-5.2 Call Option for Enhancement of Base Sum Insured
- Subject otherwise to the terms and conditions of Policy Wording click [here](#)
- In the event of any incorrect representation, the liability shall be upon the Policyholder
- In case of any discrepancy, the Policyholder is requested to let us know immediately. You can write to us at rgicl.services@relianceada.com or call us at 022-41112600 for necessary changes/rectification/documents required.

GRIEVANCE CLAUSE

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.

Details of the offices of the Insurance Ombudsman are

Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960
Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in | Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in

IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in.

Help line number: 022-4890 3009 (paid)

Timings: 8 AM to 8 PM -- (Monday to Saturday)

Ombudsman

In case you/insured person are not satisfied with our decision/resolution, you may approach the Insurance Ombudsman

PLEASE NOTE

- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.
- In the event of non-realization of premium, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not
- In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy

For Reliance General Insurance Co. Ltd.



Authorised Signatory

The coverage's under Reliance HealthGain Policy are listed below:

Sr. No.	Covers	Plus
Benefit-Hospitalization Cover:		
1.1	Hospitalization Expenses: • In Patient Treatment • Day Care Treatment • Accommodation Bonus	This benefit indemnifies the Insured for the medical expenses on In-Patient Treatment or Day Care Treatment including the expenses incurred on AYUSH Treatment up to the Sum Insured Accommodation Bonus: Additional fixed daily amount of ` 1000 shall be payable only if Insured undergoes Hospitalization for In-Patient Treatment and occupies Twin sharing Room or below
1.2	Domestic Road Ambulance	This benefit indemnifies the Insured Person on availing Ambulance services offered by a Hospital or by an Ambulance service provider up to ` 1500 per hospitalization \n For Intercity Ambulance (beyond 100km): up to ` 20,000
1.3	Domiciliary Hospitalization	This benefit pays reasonable and customary charges for the medical expenses incurred during Domiciliary Hospitalization within the Sum Insured, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days
1.4	Modern Treatment	This benefit indemnifies for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods up to 50% of Base Sum Insured
1.5	Pre Hospitalization	Coverage for Pre-hospitalization upto 60 days, within the Sum Insured
1.6	Post Hospitalization	Cover for Post-hospitalization upto 60 days, within the Sum Insured
1.7	Organ Donor Expenses	This benefit indemnifies for the medical expenses incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on Insured Person during the Policy Year. Up to 50% of Base Sum Insured,subject to maximum of ` 5 lakhs
Benefit -Extra Cover		
2.1	Reinstatement of Base Sum Insured	On subsequent claim one reinstatement up to 100% of Base Sum Insured for unrelated illness/injury, sub-limit of 20% of Base Sum Insured for related illness/injury.
2.2	Extra Sum Insured	This benefit provides an additional 20% of Base Sum Insured on same claim, in single hospitalization after exhaustion of Base Sum Insured under the Policy
Benefit Personal Accident Cover		
3.1	Accidental Death Cover	Not Applicable
Benefit - Critical Illness Cover		
4.1	Waiver of Premium	Not Applicable

Sr. No.	Cover	Plus															
Benefit -Renewal Benefits																	
5.1	Cumulative Bonus	On renewal the Base Sum Insured increases by 33.33% for every claim free Policy Year, subject to a maximum of 100% of Base Sum Insured and decreases by 33.33 % of Base Sum Insured for every claim year.															
5.2	Call Option for Enhancement of Base Sum Insured	After 4 continuous and consecutive claim free Policy years,if Policyholder avails this benefit then enhanced Sum Insured will be sum of expiring Policy's Base Sum Insured and accumulated Cumulative Bonus															
5.3	Loyalty Cover	At the end of each completed and continuous Policy Year, the Company shall provide Loyalty Cover to the Policyholder(who is also an Insured Person) under the Policy.															
<table><tr><th colspan="5">Year-wise availability of Sum Insured for Loyalty Cover</th></tr><tr><th>Policy Year</th><th>Accidental Death and Permanent Total Disability</th><th>Critical Illness</th><th>Hospital Cash</th><th>Leave Compensation Benefit</th></tr><tr><td>Maximum limit</td><td>50% of Base Sum Insured or 25 lakhs, whichever is lower</td><td>50% of Base Sum Insured or 25 lakhs, whichever is lower</td><td>30 days of payment</td><td>30 days of payment</td></tr></table>			Year-wise availability of Sum Insured for Loyalty Cover					Policy Year	Accidental Death and Permanent Total Disability	Critical Illness	Hospital Cash	Leave Compensation Benefit	Maximum limit	50% of Base Sum Insured or 25 lakhs, whichever is lower	50% of Base Sum Insured or 25 lakhs, whichever is lower	30 days of payment	30 days of payment
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Maximum limit	50% of Base Sum Insured or 25 lakhs, whichever is lower	50% of Base Sum Insured or 25 lakhs, whichever is lower	30 days of payment	30 days of payment													

Sr. No.	Cover	Plus
Benefit-Value Added Covers:		
6.1	Wellness Services	This is a Service benefit in which Insured Person can seek Medical advice through telephonic or online mode
6.2	Claim Service Guarantee	Cashless Claim - 1% of Delayed Claim Amount(for delay beyond 6 hours to 12 hours),additional 1% for every additional delay of 6 business hours Reimbursement Claim-1% of Delayed Claim Amount(for delay beyond 21 days to upto 42 days),additional 1% for every additional delay of 6 business hours Maximum limit - 6% of Delayed Claim Amount
6.3	Policy Service Guarantee	In the event of delay in the process of issuing a Policy beyond 10 Working days from date of receipt of all required and completed documents,the Company shall provide a onetime additional amount of ₹ 10,000 Applicable only for the first Policy Year.
8.1	Change in Room Rent limits	This benefit gives an option to Policyholder to change the allowable Room Category Category of Room capped to: Twin sharing



Premium Certificate

Premium Certificate for the purpose of deduction under Section 80D of Income Tax Act, 1961.

This is to certify that Reliance General Insurance Company Limited has received an amount of 10919.00 from Mr. PRABHAT MALIK towards payment of health insurance premium for policy 110522328680041115 for the period 09/06/2023 to 08/06/2024 issued on 09/06/2023.

The premium paid for this policy is eligible for applicable benefits under section 80D of the Income Tax Act, 1961 and amendments thereof.

Note :

- Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- Health insurance premium for multiple year policy is eligible for proportionate deduction in the years in which the health insurance continues to be effective. For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 and/or consult your tax consultant.
- The Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy.

For Reliance General Insurance Co. Ltd.

Authorised Signatory

Know what's in here for you.

Remember to carefully go through the policy documents and confirm your details.
In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 1800 3009 (toll free) or visit any of our branches or mail us at rgicl.services@relianceada.com
Kindly refer to the Customer Information Sheet and Policy Wording to understand your policy better and learn more about the policy coverages & Policy Exclusion.



Reimburse your registered claim.



Intimate the claim details on our toll free no 1800-3009



Submit all the original documents and bills to RCare



RCare adjudicates the case as approval/ denial or seeks additional details



If Claim is approved, payment will be made to you by NEFT

Got the documents to register a claim?

For All Claims

- ✔ Complete filled claim form (all pages) duly filled & signed by the Insured/Claimant
- ✔ Copy of Photo ID proof of the Insured / Nominee (PAN / Driving Licence / Passport Copy / Ration Card)
- ✔ Original CTS 2010 complaint cancelled cheque with printed name / account no. of the Insured / Claimant

In case of Permanent Total Disability

- ✔ Disability certificate issued by the Govt. Medical Officer mentioning the disability percentage
- ✔ Complete treatment record like discharge summary, consultation papers with supporting investigation reports like X-ray / MRI etc
- ✔ Colored and clear photographs of disable person showing the disability
- ✔ Income proof like pay slips / salary slips prior to the date of loss

In Case of Personal Accident Death

- ✔ Attested copy of First Information Report (In case of Death & Permanent Total Disability)
- ✔ Attested copy of Post Mortem Report (In case of Death)
- ✔ Attested copy of Death Certificate (In case of Death)

In case of Temporary Total Disability

- ✔ Medical certificate confirming the disability period and the probable date to resume duty / service
- ✔ Complete treatment record like discharge summary, consultation papers with supporting investigation report like x-ray / MRI etc.
- ✔ Copy of medical - legal certificate (if made)
- ✔ Leave certificate from the employer
- ✔ Income proof like pay slips / salary slips prior to the date of loss

*Any other document as required by the Company to assess the claim

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Cheque/DD



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Bhim / Google Pay / Paytm



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RELIANCE HEALTH GAIN POLICY - PROPOSAL FORM

Proposal Form No : R08062391225

1. To be filled and signed by Proposer and all fields are mandatory to be filled.
2. This proposal shall be the basis of contract for Policy issuance
3. Reliance General Insurance Company Ltd. (the Company) is under no obligation to accept any proposal for insurance. The liability of the Company does not commence until the proposal is accepted and underwritten by the Company and premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions

INTERMEDIARY DETAILS

Intermediary Name : TURTLEMINT INSURANCE BROKING SERVICES Intermediary Code : 11BRG387
 IMD Branch Name : Andheri IMD Branch Code : 1105

REFERENCE DETAILS

RGICL Employee Name and Code :

PROPOSER DETAILS (ALL THE DETAILS ARE MANDATORY)

Name of the Proposer : Mr. PRABHAT MALIK
 Permanent Address : Makhmoolpur, Makhmoolpur, SHAMLI RURAL, MUZAFFARNAGAR, UTTAR PRADESH, 247775
 City : SHAMLI RURAL
 State : UTTAR PRADESH PinCode : 247775
 Communication Address : Makhmoolpur, Makhmoolpur, SHAMLI RURAL, MUZAFFARNAGAR, UTTAR PRADESH, 247775
 City : SHAMLI RURAL
 State : UTTAR PRADESH Pin Code : 247775
 Contact Number : 9456457577 Email ID : prabhatmalik66@gmail.com
 Date Of Birth : 10/07/1989 Nationality : Indian
 Gender : Male Marital Status : Married
 Maiden Name : Occupation : Salaried
 Annual Income :
 Source of Income :
 PAN No. :

GST Registration No. (if applicable)

Avail Zone B discount?

Yes: Discount of 20% shall apply. Copay of 20% shall apply if treatment is taken in Zone A: Delhi / NCR, Mumbai including Navi Mumbai, Thane and Kalyan; Gujarat or Kolkata

Do you have an existing Health Insurance policy with us? : No

Policy No. :

Do you have any other existing Insurance policy with us? : No

Policy No. :

Are you an employee of Reliance General Insurance Company (RGICL)? : No

Are you an employee of Anil Dhirubhai Ambani Group (other than RGICL)? : No

Were you referred by an employee of Reliance General Insurance Company (RGICL)? : No

NOMINATION DETAILS

The nominee as declared hereunder shall become eligible for claim payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself

Name of Nominee : Manisha Manisha
 Contact No. / Mobile No : Email ID :
 Relationship with Proposer : Spouse Date of Birth : 14/12/1997
 Address of Nominee : Makhmoolpur Makhmoolpur, Makhmoolpur Makhmoolpur,



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IRDAI Registration No. 103 Reliance General Insurance Company Limited

An ISO 9001:2015 Certified Company

Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity No. U66603MH2000PLC128300. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance Health Gain Policy. UIN. RELHLP22229V032122. RGI/MCOM/CO/RHGP-PS/Ver. 1.0/240322

POLICY DETAILS (TICK THE REQUIRED OPTION)

Cover Type : Floater Policy Tenure : 1 year
Plan & Base Sum Insured opted(in lakhs) : Plus & 500000

OPTIONAL COVERS* (TICK THE REQUIRED OPTION)

Enhanced Cover: Guaranteed Cumulative Bonus, Unlimited No
Reinstatement of Base Sum Insured, Consumable Cover :
Double Cover : No
Change in Room Rent Limits : Yes
If Yes, please confirm the capping on Category of Room according to Plan Opted above. Actuals
Reduction in PED Waiting Period Limit Required: No
Voluntary Aggregate Deductible :
Removal of Co-Payment: No
Hospital Cash Limit: No
Convenience Cover: Change in Pre-Post Hospitalization, Air Ambulance, Radio Taxi, Convalescence Cover : No
Preventive Cover: Health Check-up and Vaccination: No
Smart Cover: Change in Modern Treatment, Vision Correction, Second Opinion : No
Family Care Cover: Home Care Treatment, Companion and Child Cover : No
*Optional Covers are available for S.15 lacs and above except for Change in Room Rent limits and Voluntary Deductible

PROPOSER BANK DETAILS

Name of Bank Account Holder : Mr. PRABHAT MALIK
Bank Name : Account type :
Bank Account Number : Branch
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
IFSC Code (11 character code appearing on your cheque leaf)
☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account. *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.



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DETAILS OF PERSON(S) PROPOSED TO BE INSURED
SECTION A : PERSONAL DETAILS

DETAILS	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of the Insured Person	Mr. Prabhat Malik	Ms. Manisha Manisha	Ms. Vanya malik	Ms. Navya malik
Gender	Male	Female	Female	Female
Date of Birth (DD/MM/YYYY)	10/07/1989	14/12/1997	25/03/2020	01/12/2022
Relation with Proposer	Self	Spouse	Daughter	Daughter
Nationality	Indian	Indian	Indian	Indian
Occupation	Salaried	Self Employed	Student	Student

MEDICAL QUESTIONS

	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
The following Medical questions are compulsory for each proposal. Where any of the below responses are positive (Yes), the list of PED questions shall be triggered				
Name of the Member :				
Is any person proposed to be insured on (or prescribed to be on) regular medication (Medication prescribed for more than two weeks)?	No	No	No	No
Is any person proposed to be insured presently suffering (or suffered in the past 15 days) from any disease/illness/accident/injury other than common cold or fever?	No	No	No	No
Is any person proposed to be insured been advised to undergo any investigation or further tests other than routine health check-up or pre-employment check-up or routine maternity checkup in last 3 years?	No	No	No	No
Has any person proposed to be insured, undergone any surgery in the last 3 years or is planned to undergo any surgery at present or in the near future?	No	No	No	No


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PED QUESTIONS

	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Pre-Existing Disease :	NA	NA	NA	NA
Disease Since :	NA	NA	NA	NA

LIFESTYLE QUESTIONS

Does any of the persons proposed to be insured use tobacco products/cigarettes or drink alcohol? :

Note: The Company may apply a risk loading upto 150% on the premium payable (based upon the declarations made in the Proposal form and the health status of the members proposed to be insured). These loadings would be applied from the first policy and its subsequent renewals with the Company.

Any loadings, if applicable, shall be suitably intimated to the Proposer based on the assessment of the Proposal form and/or medical tests. The Proposer shall be required to pay an additional premium within 7 days of such intimation. The Company shall only be at any risk once it receives and accepts this additional premium. In the event of non-receipt of this additional premium within the stipulated time, Company shall cancel your proposal and refund the amount after deducting cost of medical tests, if any.

ATTENDING PHYSICIAN'S DETAIL

Name of Family Physician : NA
(Title) (First Name) (Last Name)
Contact Number : NA E-mail ID NA

PREMIUM PAYMENT DETAILS

Payment frequency : Lump Sum
Payment by : Online
Cheque or DD amount in figures : Cheque/DD Date :
Cheque or DD amount in words :
Bank Name :
Cheque No./DD No./Card No. :
Bank Name :
Name of Premium Payer : Mr. PRABHAT MALIK

Note- In case the payment is made through Cheque/DD then please issue an a/c payee instrument in favour of Reliance General Insurance Company Limited. In case the payment is made through Credit/Debit Card the Card needs to be in the name of Proposer.


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022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103 Reliance General Insurance Company Limited

An ISO 9001:2015 Certified Company

Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity No. U66603MH2000PLC128300. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance Health Gain Policy. UIN. RELHLP22229V032122. RGI/MCOM/CO/RHGP-PS/Ver. 1.0/240322

STANDARD DECLARATIONS & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- i. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and / or particulars given by me are true and complete in all respects to the best of my knowledge and that I / authorized to propose on behalf of these other persons.
- ii. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- iii. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- iv. I declare and consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured / proposer and seeking information from any insurer to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- v. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting and / or claims settlement and with any Governmental and / or Regulatory authority

Signature

Date:

Place:

09/06/2023

Andheri

OTHER DECLARATIONS & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- i. I consent to receive information from the Company through physical, electronic or telecommunication means from time to time
- ii. I hereby state that the above-mentioned address shall be taken as address on record for the purpose of GST
- iii. I hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I have fully understood the significance of the proposed contract
- iv. I understand that the Policy shall become void at the Company's option, in the event of misrepresentation, mis-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf
- v. I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- vi. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- vii. I agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this Proposal form.
- viii. I authorize the Company to auto renew the policy issued against this proposal form for ___ years. I understand and agree that the renewal would be effective subject to receipt of applicable premium before the due date. The premium applicable would be as per age and premium rates on the due date of renewal
- ix. I hereby permit/authorise Reliance General Insurance Company Limited to collect, store, communicate and process information relating to the Policy(ies) and all transactions related therewith, including sharing and disclosing to public authorities, of any confidential information as required by law and to send me information in relation to the Policy and General Insurance products & services, irrespective of whether I am registered with the National Customer Preference Register (NCPR) [formerly the National Do Not Call Registry (NDNC)] or not.
- x. To protect the environment and save paper, I hereby give my consent to Reliance General Insurance Company Limited to send me the executed Policy copy and all related documents and other communications in electronic form by way of email to the aforesaid email id instead of physical form and also to share all such documents and any updates & alerts via Whatsapp on my registered mobile number with the Company
- xi. I hereby authorise Reliance General Insurance Company Limited to collect, store and share the information provided by me for the purposes as detailed under the Reliance General Insurance Company Limited Privacy Policy [Link to the policy] and the Terms of Use [Link to terms of use] which I acknowledge to have been read and understood by me and shall be bound by the same, subject to the understanding that use and transmission of such personal information shall be done in a secure and confidential manner and that I shall have the right to withdraw such consent at any given time by intimating as such to Reliance General Insurance Company Limited.

Signature

Date:

Place:



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VERNACULAR DECLARATION FOR INTERMEDIARY AND PROPOSER

The contents of this Proposal form have been read over and fully explained to me in _____ language. I further confirm and declare that the contents read over and explained to me have been understood by me.

Place: _____ Date: _____ Signature/Thumb impression of (Proposer) _____
Explained By Intermediary (Name): _____

Place _____ Date: _____ Signature of Intermediary _____

PROHIBITION OF REBATES – SECTION 41 OF INSURANCE ACT, 1938

1. 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 or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. 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.

AML GUIDELINES

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act, 2002
2. I Understand that the Company has the right to call for document to established sources of funds
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____ Date: _____ Signature/Thumb impression of (Proposer) _____

*Optional Covers are available for Sum Insured Rs 5 lakhs and above except for Benefit no.3.7.3 Change in Room Rent Limits and Benefit no-3.7.5 Voluntary Aggregate Deductible

Note-The maximum liability of the Company to pay the claims under this Policy is limited to Total Liability defined under the Policy.



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RELIANCE HEALTH GAIN POLICY - CUSTOMER INFORMATION SHEET

(Description is illustrative and not Exhaustive)

SI NO	TITLE	DESCRIPTION	Refer to Policy Clause Number
1	Product Name	Reliance Health Gain Policy	
2	What am I covered for	<p>Hospitalization Covers</p> <p>a. Hospitalization Expenses - This benefit indemnifies the Insured Person for any medical expenses incurred on In-Patient Treatment or Day Care Treatment including the expenses incurred on AYUSH Treatment.</p> <p>b. This benefit pays fixed daily amount of Rs 1000, if the Insured Person undergoes Hospitalization for In-Patient Treatment and occupies the following Room Categories Plan Plus & Power : Twin sharing Room or below Plan Prime: Single Private Air Conditioned Room or below</p> <p>b. Domestic Road Ambulance - This benefit indemnifies the Policyholder/ Insured Person up to an amount of Rs. 1,500 , Rs. 3,000 or actual (as per Plan opted), per Hospitalization on availing Ambulance services offered by a Hospital or by an Ambulance service provider. The benefit is extended to provide Rs 20000 or actual (as per plan opted) intercity transportation cost beyond 100 km.</p> <p>c. Domiciliary Hospitalization - This cover pays reasonable and customary charges for the medical expenses incurred during Domiciliary Hospitalization as defined under this Policy, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days.</p> <p>d. Modern Treatment - Coverage up to 50% or 100% of Base S.I (as per Plan opted) under this benefit for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods</p> <p>e. Pre and Post - Hospitalization - This cover indemnifies the Insured Person for Pre-Hospitalization Expenses for a period of 60 days and Post Hospitalization Expenses for a period of 60 or 90 days (as per Plan opted)</p> <p>f. Organ Donor Expenses - This cover indemnifies the Policyholder/Insured Person up to 50% of Base Sum Insured subject to maximum of Rs. 5 Lakhs or 10 Lakhs (as per plan opted), incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on Insured Person during the Policy Year</p> <p>Extra Cover</p> <p>g. Reinstatement of Base Sum Insured - On subsequent claim, one reinstatement up to 100% of Base Sum Insured for unrelated illness/injury, sub-limit of 20% of Base Sum Insured for related illness/injury</p> <p>h. Extra Sum Insured - This benefit provides an additional 20% of Base Sum Insured on same claim, in single hospitalization after exhaustion of Base Sum Insured under the Policy</p> <p>Personal Accident</p> <p>i. Accidental Death Cover - This benefit provides Personal Accident Death cover of 5% of Base Sum Insured subject to minimum of Rs 1 lakh to the Insured Person, if during the Policy Year, Insured Person sustains an injury from an Accident which is the sole and direct cause of his/her death.</p> <p>This benefit shall be applicable for Plan-Power and Plan-Prime</p>	<p>3.1</p> <p>3.1.1</p> <p>3.1.2</p> <p>3.1.3</p> <p>3.1.4</p> <p>3.1.5 3.1.6</p> <p>3.1.7</p> <p>3.2</p> <p>3.2.1</p> <p>3.2.2</p> <p>3.3</p> <p>3.3.1</p>


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	<p>Critical illness</p> <p>j. Waiver of Premium- This benefit waives off the renewal Policy premium for one year, in case of first Diagnosis of any of the listed(mentioned in Policy wordings)Critical Illness. For long term policies, the Company shall waive off one-year proportionate renewal Policy Premium.</p> <p>This benefit is provided once in the lifetime of the Policyholder</p> <p>This benefit shall be applicable for Plan-Power and Plan-Prime</p> <p>Renewal Benefits</p>	<p>3.4</p> <p>3.4.1</p>
	<p>k. Cumulative Bonus- This renewal benefit increases the Base Sum Insured by 33.33% for every claim free Policy Year, subject to a maximum of 100% of Base Sum Insured and decreases by 33.33 % of Base Sum Insured for every claim year.</p>	<p>3.5</p> <p>3.5.1</p>
	<p>l. Call Option for Enhancement of Base Sum Insured - After 4 continuous and consecutive claim free Policy Years, if Policyholder avails this benefit then enhanced Sum Insured will be sum of expiring Policy's Base Sum Insured and accumulated Cumulative Bonus</p>	<p>3.5.2</p>
	<p>m. Loyalty Cover: At the end of each completed and continuous Policy Year, the Company shall provide Loyalty Cover to the Policyholder (who is also an Insured Person) under the Policy.</p> <p>Policy Year-2: Accidental Death +Permanent Total Disability</p> <p>Policy Year 3: Accidental Death +Permanent Total Disability+ Critical Illness</p> <p>Policy Year 4: Accidental Death +Permanent Total Disability+ Critical Illness+ Hospital Cash</p> <p>Policy Year 5: Accidental Death +Permanent Total Disability+ Critical Illness+ Hospital Cash+ Leave Compensation Benefit.</p> <p>Value Added Services</p>	<p>3.5.3</p> <p>3.5.3.1</p> <p>3.5.3.2</p> <p>3.5.3.3</p> <p>3.5.3.4</p> <p>3.5.3.5</p>
	<p>n. Wellness Services-This is a service benefit in which Insured can seek Medical advice through telephonic or online mode</p>	<p>3.6</p> <p>3.6.1</p>
	<p>o. Claim Service Guarantee -The Company is liable to pay the Insured Person for the delay in processing of claim for Benefit-Hospitalization Expenses in the following manner:</p> <p>i. Cashless Claims - 1% for every delay of 6 hours beyond 6 hours of receipt of all information / documents</p> <p>ii. Re-imbursement Claims - 1% for every delay of 21 days beyond 21 days of receipt of all information/documents</p> <p>Maximum liability is limited to 6% Delayed Claim Amount</p>	<p>3.6.2 (i,ii)</p>
	<p>p. Policy Service Guarantee - In the event of delay in the process of issuing a Policy beyond 10 Working days from date of receipt of all required and completed documents, the Company shall provide a one time additional amount of Sum Insured of Rs. 10,000 or Rs. 20,000 (as per Plan opted)</p>	<p>3.6.3</p>



	Optional Covers	3.7
q.	Enhanced Covers	
i.	Guaranteed Cumulative Bonus: This benefit is an extension to Benefit-Cumulative Bonus, this benefit waives off the condition to reduce Cumulative Bonus in case of a claim in immediate previous Policy Year	3.7.1.1
ii.	Unlimited Reinstatement of Base Sum Insured: On subsequent claims, Unlimited reinstatement of Base Sum Insured on unrelated illness or injury, sub-limit of 100% of Base Sum Insured for related illness/injury	3.7.1.2
iii.	Consumable Cover: This benefit pays the Reasonable and Customary expenses which are listed in Annexure - A List I as Optional Items	3.7.1.3
r.	Double Cover: This benefit provides an additional 100% of Base Sum Insured which can be utilized on the same claim, after exhaustion of Base Sum Insured. This benefit supersedes Benefit-Extra Sum Insured	3.7.2
s.	Change in Room rent Limit: This benefit gives an option to Policyholder to change the allowable Room Category	3.7.3
t.	Reduction in Pre-Existing Waiting Period: This benefit reduces the Pre-Existing Waiting Period to 24 months or 12 months	3.7.4
u.	Voluntary Aggregate Deductible: The benefit gives an option to the Policyholder to avail discount in premium by choosing (10000,25000,50000,100000) as the Voluntary annual Aggregate Deductible	3.7.5
v.	Removal of Co-Payment: This benefit waives off the Co-Payment condition of 20% on the assessed claim amount, applicable on Policies where at the time of inception of the first Policy, the age of the Insured Person (or eldest Insured Person in case of Family Floater Policy) is 61 years and above	3.7.6
w.	Hospital Cash:	
i.	In Patient Cash: This benefit pays equal to selected Daily Cash Amount, max up to 30 days, provided the Company has accepted the claim under Benefit - In Patient Treatment.	3.7.7.1
ii.	ICU Cash: This benefit pays an additional 100% of selected Daily Cash Amount, max up to 15 days for ICU Hospitalization, provided the Company has accepted the claim under Benefit - In Patient Treatment. Minimum Hospitalization of 72 hours is must under this benefit	3.7.7.2
x.	Convenience Cover	3.7.8
i.	Change in Pre -Post Hospitalization limit: The benefit, enhances the Pre Hospitalization limit to 90 days and Post Hospitalization limit to 180 days	3.7.8.1 3.7.8.2
ii.	Air Ambulance: This benefit indemnifies up to 7.5% of Base Sum Insured or Rs. 5 Lakhs whichever is higher, for the expenses incurred on availing Air Ambulance services	3.7.8.3
iii.	Radio Taxi: This benefit indemnifies up to Rs. 1000 per Hospitalization on availing registered Radio cab operator services	3.7.8.4
iv.	Convalescence Cover: This benefit pays a lumpsum amount of Rs. 10000 or Rs. 25000 (as per Plan opted), if the Insured Person is hospitalized for a minimum period of 7 continuous and consecutive days	3.7.9 3.7.9.1



		<p>y. Preventive Care Cover</p> <p>i. Health Checkup: At the end of every Policy Year, this benefit indemnifies up to Rs 3000 towards the diagnostic or preventive medical tests (listed in Policy wordings) taken by the Insured Persons in the Policy</p> <p>ii. Vaccination Cover: At the end of every Policy Year, this benefit indemnifies up to Rs. 2000 or Rs. 3500 (as per Plan opted) towards the expenses for the vaccine (listed in policy wordings) taken by the Insured Persons in the Policy</p>	<p>3.7.9.2</p> <p>3.7.10 3.7.10.1</p>
		<p>z. Smart Cover</p> <p>i. Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured This benefit is applicable only for Plan- Plus and Plan- Power</p> <p>ii. Vision Correction: This benefit indemnifies up to Rs. 50000 or Rs. 100000 (as per plan opted) for the medical expenses incurred for correction of eyesight due to refractive error on the written advice of the Medical Practitioner</p> <p>iii. Second Opinion: This benefit indemnifies up to Rs. 3000 or Rs. 5000 (as per plan opted) for availing second medical opinion from a Medical Practitioner within India</p>	<p>3.7.10.2 3.7.10.3</p> <p>3.7.11</p>
		<p>aa. Family Care Cover</p> <p>i. Home Care Treatment: This benefit indemnifies the Insured for the medical expenses incurred towards Home Care Treatment for any of the treatments (listed in the Policy wordings) under the Policy</p> <p>ii. Companion Cover: This benefit pays a fixed daily amount of Rs. 1000 towards expenses incurred by the Companion towards accommodation, transportation, food or any other miscellaneous expenses. Minimum 72 hours of Hospitalization is must</p> <p>iii. Child Care Cover: This benefit pays a fixed daily amount of Rs. 1000 towards child care expenses for any one dependent child covered under the Policy up to 12 years of age. Minimum 72 hours of Hospitalization is must</p>	<p>3.7.11.1 3.7.11.2</p> <p>3.7.11.3</p>
3	What are the major exclusion in the policy	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <p>a. Investigation & Evaluation (Code:Excl04)</p> <p>b. Rest Cure, rehabilitation and respite care (Code:Excl05)</p> <p>c. Obesity/ Weight Control (Code:Excl06)</p> <p>d. Change-of-Gender treatments (Code:Excl07)</p> <p>e. Cosmetic or Plastic Surgery (Code: Excl08)</p> <p>f. Hazardous or Adventure sports(Code:Excl09)</p> <p>g. Breach of law (Code: Excl10)</p> <p>h. Excluded Providers (Code:Excl11)</p> <p>i. Substance Abuse and Alcohol (Code: Excl12)</p> <p>j. Wellness and Rejuvenation (Code:Excl13)</p> <p>k. Dietary Supplements & Substances (Code: Excl14)</p> <p>l. Refractive Error (Code: Excl15)</p> <p>m. Unproven Treatments-Code (Code: Excl16)</p> <p>n. Sterility and Infertility (Code: Excl17)</p> <p>o. Maternity Expenses (Code - Excl 18)</p>	4



		<p>Specific Exclusions</p> <ul style="list-style-type: none"> p. Treatment outside Discipline q. Hearing Aids and spectacles r. External durable medical equipment s. Sleep Apnea t. External Congenital Anomaly u. Artificial Life support equipment's v. Non-payable items w. Outpatient Treatment x. Overseas Treatment y. Self-injury z. Documentation charges aa. Charges other than Reasonable & Customary Charges bb. RMO charges and Service charge cc. Nuclear Attack dd. War 	
4	Waiting Periods	<ul style="list-style-type: none"> a. 36 months waiting period for Pre-Existing Disease (Code: Excl01) b. 24 months waiting period for Specified disease/procedure waiting period code (Code: Excl02) c. 30 Days Waiting Period (Code: Excl03) d. 15 days Waiting Period for treatment of Covid-19 	<p>4.1.1</p> <p>4.1.2</p> <p>4.1.3</p> <p>4.2.1</p>
5	Payment Basis	Payment on indemnity basis for all covers except for Accommodation Bonus, Accidental Death Cover, Loyalty Cover and Hospital Cash, Convalescence Cover, Companion Cover and Child Care Cover which are on Benefit basis	
6	Loss Sharing	<p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-Limits</p> <ul style="list-style-type: none"> a. Domestic Road Ambulance: Plan-Plus up to 1500 per hospitalization and Intercity (beyond 100 km) ambulance cost: Rs 20000 per hospitalization Plan-Power: up to 3000 per hospitalization and Intercity (beyond 100km) ambulance cost: Rs 20000 per hospitalization Plan Prime: Actuals (even for intercity transportation beyond 100km) b. Modern Treatment: Plan-Plus and Power: up to 50% of Base Sum Insured c. Organ Donor Expenses: Plan-Plus and Plan-Power: Up to 50% of Sum Insured subject to maximum of 5 lacs Plan-Prime: Up to 50% of Sum Insured subject to maximum of 10 lacs d. Air Ambulance: 7.5% of Base Sum Insured or Rs 5 Lakhs whichever is higher. e. Radio Taxi: 1000 per Hospitalization f. Health Checkup: 3000 g. Vaccination Cover: Plan - Plus & Power: 2000 and Plan - Prime: 3500 h. Vision Correction: Plan - Plus: 50000 and Plan - Power and Prime: 100000 i. Second Opinion: Plan- Plus: 3000 and Plan - Prime: 5000 	<p>3.1.2</p> <p>3.1.4</p> <p>3.1.7</p> <p>3.7.8.2</p> <p>3.7.8.3</p> <p>3.7.9.1</p> <p>3.7.9.2</p>



		<p>Co-Payment</p> <p>20% co-payment on the Assessed Claim Amount if at the time of inception of the first Policy with the Company, the age of the Insured Person (or eldest Insured Person in case of Family Floater Policy) is 61 years and above.</p> <p>Zone based Co-payment: 20% co-payment for claims administered from Zone A, if policy was issued for Zone B.</p>	6.2									
7	Renewal Condition	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years	5.1.10									
8	Renewal Benefits	a. Cumulative Bonus b. Call Option for Enhancement of Base Sum Insured c. Loyalty Cover d. Waiver of Premium e. Guaranteed Cumulative Bonus(if applicable)	3.5.1 3.5.2 3.5.3 3.4.1 3.7.1.1									
9	Cancellation	a. The Policyholder may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions. The Company may cancel the policy at any time on grounds of misrepresentation, nondisclosure of material facts, fraud by the Insured Person by giving 15 days' written notice b.	5.1.7									
10	Claims	a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.reliancegeneral.co.in/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals b. For Reimbursement of Claim : For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified here under	6.1.2 (i) 6.1.2 (ii)									
		<table><tr><th>Sr no.</th><th>Type of Claim</th><th>Prescribed Time limit</th></tr><tr><td>1</td><td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td><td>Within fifteen days from completion of hospitalization</td></tr><tr><td>2</td><td>Reimbursement of post expenses post hospitalization treatment</td><td>Within fifteen days from completion of post hospitalization</td></tr></table>	Sr no.	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within fifteen days from completion of hospitalization	2	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of post hospitalization	
Sr no.	Type of Claim	Prescribed Time limit										
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within fifteen days from completion of hospitalization										
2	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of post hospitalization										
		For details on claim procedure please refer the policy document										
11	Policy Servicing	Any issues related with respect to policy, kindly E-mail us at rgicl.services@relianceada.com and for correspondence contact us Reliance General Insurance Company Limited Correspondence Address – Reliance General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No.- 022- 41112600										



12	Grievances/ Complaints	a. Details of Grievance redressal officer refer the link (https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx b. IRDAI Integrated Grievance Management System-https://igms.irda.gov.in/ c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document	5.1.17									
13	Insured's Rights	a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception	5.1.15									
		b. Lifelong renewability (except on certain specific grounds)	5.1.10									
		c. Right to migrate from one product to another product of the company (E-mail us at rgicl.services@relianceada.com and For correspondence contact us Reliance General Insurance, Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore(M.P) -452001 Contact No. - 022-41112600	5.1.8									
		d. Right to port the from one company to another company (E-mail us at rgicl.services@relianceada.com and For correspondence contact us Reliance General Insurance, Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj Indore (M.P) -452001 Contact No. - 022-41112600	5.1.9									
		e. Change in SI during the policy term or at the time of renewal E-mail us at rgicl.services@relianceada.com	5.2.6									
		f. Norms on TAT for Pre-Auth and Settlement of reimbursement.	3.2.6									
		<table><tr><td>Sr no.</td><td>Type of Claim</td><td>Prescribed Time limit</td></tr><tr><td>1</td><td>Pre-Authorization</td><td>Within six hours of receipt of necessary document</td></tr><tr><td>2</td><td>Reimbursement of hospitalization, day care and expenses</td><td>Within twenty one days of date of receipt of last necessary document.</td></tr></table>	Sr no.	Type of Claim	Prescribed Time limit	1	Pre-Authorization	Within six hours of receipt of necessary document	2	Reimbursement of hospitalization, day care and expenses	Within twenty one days of date of receipt of last necessary document.	
Sr no.	Type of Claim	Prescribed Time limit										
1	Pre-Authorization	Within six hours of receipt of necessary document										
2	Reimbursement of hospitalization, day care and expenses	Within twenty one days of date of receipt of last necessary document.										
14	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid	5.2.4									
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.												



Premium Illustration

Benefit Illustration in respect of policies offered on Individual and Family Floater basis

Benefit Illustration in respect of policies offered on Individual and Family Floater basis										
Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
51 years	14,524	5 lakhs	14,524	10%	13,072	5 lakhs	25,691	0%	25,691	5 lakhs
44 years	7,551	5 lakhs	7,551		6,796	5 lakhs				
23 years	5,055	5 lakhs	5,055		4,550	5 lakhs				
18 years	3,428	5 lakhs	3,428		3,085	5 lakhs				
Total Premium for all members of the family is Rs. 30,558 when each member is covered separately.			Total Premium for all members of the family is Rs. 27,502 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 25,691			
Sum insured available for each individual is Rs. 5 lakhs			Sum insured available for each family member is Rs. 5 lakhs				Sum insured of Rs. 5 lakhs is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates for Zone A without any loading. Also, the premium rates are exclusive of taxes applicable										


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IRDAI Registration No. 103 Reliance General Insurance Company Limited

An ISO 9001:2015 Certified Company

Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity No. U66603MH2000PLC128300. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance Health Gain Policy. UIN. RELHLIP22229V032122. RGI/MCOM/CO/RHGP-PS/Ver. 1.0/240322

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Tech+❤️ = Live Smart

POLICY NO : 110522328680041115

VALID UPTO: 08/06/2024

REG. MOBILE NO: 9456457577

Insured Name	Date Of Birth	UHID
Mr. Prabhat Malik	10/07/1989	28682230369491
Ms. Manisha Manisha	14/12/1997	28682230369492
Ms. Vanya malik	25/03/2020	28682230369493
Ms. Navya malik	01/12/2022	28682230369494

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Please quote your UHID No. for assistance

- This card is invalid if the policy is cancelled
- Immediate intimation to RCare is a must in case of hospitalization
- To avail cashless facility at our Network Hospitals, please carry your Health Card & Photo ID proof at the Hospital Helpdesk
- Updated list of Network Hospitals is available on www.reliancegeneral.co.in

**RCare Health:**

Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081.

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