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RELIANCE

Life Insurance

“She made sure that I’m well taken care of and I ensured that she never has to worry about my medical expenses.”

Reliance Health Total

A plan that covers not only hospitalisation and critical illnesses, but also incidental expenses like medicines, doctors’ fee and diagnostic tests.



reliance.life.com

Over 1 crore lives insured | 86,110 claims settled^ | Over 8,000* outlets | Over 1,00,000 advisors*



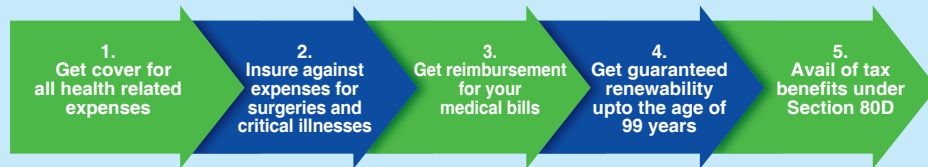
Reliance Health Total

A non-linked, non-participating, non-variable, health insurance plan

When it comes to health insurance, we often worry about hospitalisation. While hospitalisation expenses are significant, there are also other incidental expenses such as medicines, doctors' fee, diagnostic tests, etc. that can add upto a sizeable amount.

Reliance Health Total provides you a complete health cover that includes a fixed benefit cover for hospitalisation, critical illnesses and surgeries along with reimbursement for other health related expenses.

With Reliance Health Total



Key benefits

SUM INSURED OPTIONS

Choose between two options:

- Option I: Higher Medical Reimbursement Benefit
- Option II: Higher Sum Insured



MEDICAL REIMBURSEMENT BENEFIT

Get reimbursement for all other medical expenses



HOSPITALISATION BENEFIT

- Cover against expenses for hospitalisation, ICU treatment and Surgeries
- Get fixed benefit amounts, over and above other medical insurance plans, irrespective of actual billing
- Settle cashless claims across an extensive network of 4000+ hospitals



GUARANTEED RENEWABILITY

Renew policy upto the age of 99 years



TAX BENEFITS

Receive tax benefits under Section 80D as per applicable tax laws



CRITICAL ILLNESS BENEFIT

- Cover against 10 critical illnesses
- Get fixed benefit amounts, over and above other medical insurance plans, on diagnosis of specified critical illnesses



MRB rates for value of X% during 5th Policy year

Medical Reimbursement Benefit Rates as a percentage of Annual Premium				
Age/SA	Male		Female	
	Sum Insured Option I	Sum Insured Option II	Sum Insured Option I	Sum Insured Option II
51	175%	90%	160%	70%
52	165%	75%	155%	55%
53	160%	60%	150%	40%
54	150%	40%	140%	20%
55	140%	20%	135%	5%
56	130%	NA	125%	NA
57	120%	NA	115%	NA
58	105%	NA	105%	NA
59	95%	NA	90%	NA
60	80%	NA	80%	NA
61	70%	NA	70%	NA
62	60%	NA	60%	NA
63	45%	NA	50%	NA
64	35%	NA	40%	NA
65	25%	NA	30%	NA

MRB rates for value of X% during 5th Policy year

Medical Reimbursement Benefit Rates as a percentage of Annual Premium				
Male			Female	
Age/SA	Sum Insured Option I	Sum Insured Option II	Sum Insured Option I	Sum Insured Option II
18	240%	225%	240%	230%
19	240%	225%	240%	225%
20	240%	225%	240%	225%
21	240%	225%	240%	225%
22	240%	225%	240%	225%
23	240%	220%	235%	220%
24	235%	220%	235%	220%
25	235%	220%	235%	220%
26	235%	220%	235%	215%
27	235%	220%	235%	215%
28	235%	215%	235%	215%
29	235%	215%	230%	210%
30	235%	215%	230%	210%
31	235%	215%	230%	205%
32	235%	210%	230%	205%
33	230%	210%	225%	200%
34	230%	210%	225%	195%
35	230%	205%	225%	195%
36	230%	205%	220%	190%
37	230%	200%	220%	185%
38	225%	200%	220%	180%
39	225%	195%	215%	175%
40	220%	190%	210%	170%
41	220%	185%	210%	165%
42	215%	180%	205%	160%
43	215%	175%	200%	150%
44	210%	165%	200%	140%
45	205%	160%	195%	135%
46	200%	150%	190%	125%
47	195%	140%	185%	115%
48	190%	130%	180%	105%
49	185%	115%	175%	90%
50	180%	105%	170%	80%

How does the plan work?

Sanjay Kumar, aged 35 years, is a Sales Manager with an FMCG Company, and stays with his wife and 3 year old son.

Recently, Sanjay's friend Girish was diagnosed with cancer. This made Sanjay realise that he needs a comprehensive health cover for any adverse health related emergency and day-to-day health expenses, so that an untimely illness does not significantly deplete his savings or impact his long-term goals.

Sanjay opts for Reliance Health Total, selecting Sum Insured Option II that gives him a higher Sum Insured of ₹2,00,000 at a yearly premium of ₹15,000.

- ▷ The Sum Insured of ₹2 lakh covers him for Hospitalisation Benefit and Critical Illness Benefit, where the payout is over and above other medical plans
- ▷ He is eligible to claim under Medical Reimbursement Benefit (MRB) as mentioned below:

Policy Year	2	3	4	5	Total
Claim amount as a % of Annual Premium	25%	50%	60%	205%	340%
Claim amount (₹)	3,750	7,500	9,000	30,750	51,000

- ▷ His tax consultant advises him that he can avail tax benefits under Section 80D for all premiums paid, which may result in an approximate tax savings of ₹23,175 (given he is in the highest (30%) income tax slab)
- ▷ Hence, his tax consultant points out that the net effective cost for the Sum Insured of ₹2 lakh can work out to only ₹165 p.a., as shown below:

Sum Insured (₹)	Total Premiums for 5 years (₹)	Total approximate Tax Benefit under Section 80D (₹)	Total MRB Payout (₹)	Net Effective Cost p.a. (₹)
2 lakh	75,000	23,175	51,000	165

Further, Sanjay is satisfied that he has a comprehensive cover at a nominal cost.

► In the 4th policy year:

Unfortunately, during the 4th policy year, Sanjay suffers a sudden heart attack and is immediately hospitalised. His wife, Priti, fills up the details to avail the cashless facility under the Reliance Health Total policy.

He stays in the ICU for 4 days and undergoes Heart Coronary Artery Bypass Surgery. Post surgery, he recuperates in the hospital for another 10 days. During this period, his family incurs additional expenses towards medicines, diagnostic tests and doctors' fees, etc.

His family receives the following benefits under Reliance Health Total:

Benefit	How does it work?	Benefit Amount
Critical Illness (CI) Benefit	100% of Sum Insured	₹200,000
Major Surgical Benefit (MSB)	100% of Sum Insured	₹200,000
Daily Hospitalisation Cash Benefit (DHCB)	₹1000 x 14 days	₹14,000
Intensive Care Unit (ICU) Benefit	₹1000 x 4 days	₹4,000
Recuperation Benefit (RB)	1.5% of Sum Insured	₹3,000
MRB/Medicines through Out-patient treatment benefits	60% of the Yearly Premium	₹9,000
Total amount received towards comprehensive health benefits		₹4,30,000

Sanjay renews the policy at the end of 5th policy year and knows that he gets guaranteed renewability till age of 99 years.

Reliance Health Total at a glance

Parameters	Minimum	Maximum
Policy Term (Years)	5 Years	
Age at Entry (Years)	Option I	65 (last birthday)
	Option II	55 (last birthday)
Renewal Age (Years)	23 (last birthday)	99 (last birthday)
Premium (₹)	10,000	50,000
Sum Insured (₹)	66,667	6,66,667
Premium Payment Term (Years)	5 Years	
Premium Payment Option	Regular Premium Payment	
Premium Payment Modes	Yearly and Monthly (through ECS and direct debit)	
Plan Options		
Option I	Annual premium = ₹150.00 per ₹1,000 Sum Insured ^{T&C11}	
Option II	Annual premium = ₹75.00 per ₹1,000 Sum Insured ^{T&C11}	

Benefits in detail

► Sum Insured Options

At inception of your Policy, you can choose between two options:

Plan Options	Benefit Comparison	Sum Insured Multiple (as a multiple of Annual Premium)
I	Higher Medical Reimbursement Benefit	6.66667
II	Higher Sum Insured	13.33335

► Hospitalisation Benefit (HB)

Reliance Health Total provides fixed benefit health cover in case of hospitalisation due to illnesses or injury, minor & major surgeries and other domiciliary expenses, incurred in India only.

All benefits under Hospitalisation Benefit do not require submission of original bills and are available in conjunction with other benefits under this or any other existing health insurance plan.

The details of Hospitalisation Benefit are as follows:

► Major Surgical Benefit (MSB):

- A lump sum benefit of 100% of Sum Insured will be payable in case the Life Insured is hospitalised for at least 24 hours to undergo any one of Major Surgeries listed below:

13. Nomination

Nomination is allowed as per Section 39 of the Insurance Act, 1938, as amended from time to time.

14. Assignment and Transfer

Assignment is allowed under this plan as per Section 38 of the Insurance Act, 1938, as amended from time to time.

15. (Section 41 of the Insurance Act, 1938, as amended from time to time)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published 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.

10. Underwriting

Underwriting involves classification of risk associated with lives insured as standard & non-standard lives depending on their current financial status and health condition, smoker or non-smoker status or occupation practiced. Depending on these factors, the Company may decide to charge an extra premium at the inception, revival or renewal stage for the policy.

11. Sum Insured

- ▶ Sum Insured is a multiple of Annual Premium. The multiples are given below:
 - ▷ Option I: Sum Insured is 6.66667 times of Annual Premium
 - ▷ Option II: Sum Insured is 13.33335 times of Annual Premium
- ▶ For this purpose, Annual Premium excludes any extra premiums due to underwriting or Service Tax/cess, etc.
 - ▷ Example: For Annual Premium of ₹30,000 and ₹15,000 for Option I and Option II respectively, eligible Sum Insured shall be as under:
 - i. Option I: Higher Medical Reimbursement: $6.66667 \times 30,000 = ₹200,000.10$
 - ii. Option II: Higher Sum Insured: $13.33335 \times 15,000 = ₹200,000.25$
- ▶ For simplicity of understanding, we have converted the Sum Insured calculation to 'Premium per ₹1000 Sum Insured'. Hence, due to the rounding up effect, your Sum Insured or premium amount may vary by a few rupees. Please refer to the Benefit Illustration for exact calculations.
 - ▷ Example: For Sum Insured of ₹200,000, Annual Premium payable shall be as under:
 - i. Option I: Higher Medical Reimbursement: $(200,000/1,000) \times 150.00 = ₹30,000$
 - ii. Option II: Higher Sum Insured: $(200,000/1,000) \times 75.00 = ₹15,000$

12. Free Look Period

In the event, you disagree with any of the terms and conditions of this policy, you may cancel this policy by returning the Policy Document to the Company within 15 days (applicable for all distribution channels except for Distance Marketing* channel, which will have 30 days) of receiving it, subject to stating your objections. The Company will refund the premiums paid by you less a deduction of the proportionate risk premium for the time that the Company has provided you life cover upto the date of cancellation and for the expenses incurred by the Company, on medical examination and stamp duty charges.

*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes:

- i. Voice mode, which includes telephone-calling
- ii. Short Messaging Services (SMS)
- iii. Electronic mode which includes e-mail, internet and interactive television (DTH)
- iv. Physical mode which includes direct postal mail and newspaper and magazine inserts and
- v. Solicitation through any means of communication other than in person

For online channel, MRB in the fifth policy year will be equal to $(X\% + 25\%)$

- ▷ Major Surgeries covered under MSB:

1. Hip or Knee joint replacement surgery necessitated due to an accident only
2. Heart valve replacement surgery
3. Excision of tissue of brain with craniotomy
4. Transplantation of Heart
5. Coronary artery bypass surgery
6. Bone marrow transplant
7. Liver transplantation (recipient)
8. Renal transplantation (recipient)
9. Total Excision of Esophagus and Stomach
10. Transplantation of lung

- ▷ Once a claim is accepted for any particular Major Surgery, the benefit will terminate for that particular surgery with no further claims admissible for that surgery or its complications. However, this benefit will continue for the remaining Major Surgeries.
- ▷ All other surgeries are excluded from the MSB.
- ▶ **Surgical Cash Benefit (SCB):**
 - ▷ A lump sum benefit of 5% of Sum Insured is payable in case the Life Insured is hospitalised for at least 24 hours to undergo any valid and Medically Necessary surgery (excluding the Major Surgeries as mentioned earlier)
 - ▷ Multiple surgeries performed under the same anesthesia will be considered as a single event and be eligible for a lump sum payment of 5% of Sum Insured only
 - ▷ Out-patient department (OPD) procedures and day care procedures will not be covered under SCB
- ▶ **Daily Hospital Cash Benefit (DHCB):**

A fixed amount of 0.5% of Sum Insured per day will be payable for the duration of hospitalisation in case the Life Insured is hospitalised for at least 24 hours to undergo medically necessary treatment for any illness^{T&C8,9}, including critical illnesses, surgeries or injury.
- ▶ **Intensive Care Unit (ICU) Benefit:**
 - ▷ An additional amount of 0.5% of Sum Insured per day will be payable for the duration of stay in the Intensive Care Unit (ICU) for the Life Insured
 - ▷ This additional benefit is payable if the base benefit of DHCB is payable
- ▶ **Recuperation Benefit (RB):**
 - ▷ A lump sum benefit of 1.5% of Sum Insured is payable, once in a policy year, in case the Life Insured is hospitalised for 7 or more continuous days for the same injury or disease
 - ▷ The benefit is payable irrespective of whether the patient is admitted to one or more hospitals during one and the same episode
 - ▷ The benefit is not payable if the patient dies during hospitalisation
- ▶ **Critical Illness (CI) Benefit:**
 - ▷ A lump sum benefit of 100% of Sum Insured will be payable on confirmed diagnosis of the Life Insured suffering from one of the insured Critical Illness conditions mentioned below and fulfilling all the definition criteria of the relevant condition, provided the Life Insured survives for 30 days from the date of diagnosis.

▷ Critical Illnesses covered under CI Benefit:

1. Cancer
2. Heart Attack
3. Stroke
4. Major Burns
5. Loss of Speech
6. Loss of Hearing
7. Alzheimer's Disease
8. Parkinson's Disease
9. Coma
10. Terminal Illness

All other Critical Illnesses^{T&C 8,9} are excluded from Critical Illness (CI) Benefits.

- ▷ All benefits under Critical Illness Benefit do not require submission of original bills and are available in conjunction with other benefits under this or any other existing health insurance plan.
- ▷ Once a CI claim is admitted, no further Critical Illness claims for the above mentioned 10 illnesses will be payable during the remaining policy term and even after the renewal of the policy.

▶ **Medical Reimbursement Benefit (MRB):**

- ▷ MRB provides coverage for medical expenses not covered under Hospitalisation Benefit and Critical Illness Benefit. MRB cover includes reimbursement for medicines and drugs, medical equipments (such as BP machine, thermometer, etc.), Out-patient (less than 24 hours) treatment, diagnostic expenses, dental treatment, maternity expenses, spectacles or contact lenses, annual health check-up and so on.
- ▷ In addition to the above mentioned benefits any claim amount which is not covered under Hospitalisation Cash Benefit, ICU Benefit, Recuperation Benefit, Surgical Cash Benefit and Major Surgical Benefit due to the respective maximum limits applicable would also be covered under MRB, subject to the maximum limits provided in the table below:

During Policy Year	2	3	4	5
MRB (as a % of Annual Premium ^{T&C 1})	25%	50%	60%	X%

Where X% depends on gender, age at entry and Sum Insured Option selected. The values for X are provided in Annexure^{T&C 13}.

- ▷ Submission of medical expenses bills is mandatory for reimbursement under MRB and this benefit can be claimed upto three times during a policy year. Medical expense bill refers to expense bill against any medicine/drugs/equipments/treatment/advice which is medically necessary
- ▷ Any unclaimed MRB is not carried forward to the subsequent policy year

- vi. Obesity or morbid obesity and any weight control program, regardless of whether the same is caused directly or indirectly by a medical condition.
- vii. Psychiatric, mental disorders (including mental health treatments and study and treatment of sleep apnoea; congenital internal or external diseases, defects or anomalies, including defects present from birth, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
- viii. AIDS, HIV related complications or any sexually transmitted disease.
- ix. Pregnancy child birth (including voluntary termination) and their complications, abortions, medical termination of pregnancy, infertility or sex change operation, sterilisation, contraception, miscarriage except in ectopic pregnancy.
- x. Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- xi. Dental treatment and surgery of any kind, unless requiring hospitalisation caused by traumatic injury. The exclusion would include dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics and treatment of similar cosmetic nature.
- xii. Expenses for donor screening.
- xiii. Treatment for nasal septum deviation and nasal concha resection; circumcisions unless necessitated by an accident, laser treatment for correction of eye due to refractive error, aesthetic or change of life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance, cosmetic or plastic surgery unless necessitated by accident.
- xiv. Any unproven treatment/procedure/pharmacological regimen not recognised by Indian medical council.
- xv. Convalescence cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, home for the aged, long-term nursing care or custodial care.
- xvi. Any non-allopathic treatment.
- xvii. All preventive care, vaccination including inoculation and immunisations, any physical, psychiatric or psychological examinations or testing during these examinations.
- xviii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family.
- xix. Hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness.
- xx. Stay in hospital for non-medical reasons, where no active regular treatment is given by a Doctor and wherein the length of stay in the hospital is beyond the medically necessary hospitalisation for the specific illness or injury.
- xxi. Any exclusion mentioned in the policy terms and conditions or the breach of any specific condition mentioned in the policy terms and conditions.
- xxii. Death within 30 days of confirmed diagnosis of Critical Illness (CI).
- xxiii. This Policy covers medical treatment taken within India only.

ii. Any hospitalisation for treatment of any of the following diseases or surgeries or procedures and any complications arising out of them within 1 year of the policy commencement date or date of revival.

- a. Hernia Repair
- b. Corrective procedure for gall stones
- c. Corrective procedure for kidney or urinary tract stones
- d. Discectomy, laminectomy
- e. Hemi/Partial thyroidectomy
- f. Corrective procedure for anal fistula or anal fissure
- g. Removal of uterus, fallopian tubes and/or ovaries, except for malignancy
- h. Corrective procedure for fibroids, uterine prolapse, or dysfunctional uterine bleeding
- i. Corrective procedures for haemorrhoids
- j. Cataract & Joint replacement surgeries

Note:

- a. The waiting period is not applicable if the claims are as a result of an accident
- b. The 1 year waiting period as mentioned above will not be applicable for the Critical Illness Benefit
- c. The 1 year waiting period includes the 90 days waiting period mentioned above

9. Exclusions, if any (e.g. occupational hazard, travel)

1. Medical Reimbursement Benefit (MRB) claims are excluded from 9.2 and are admissible upto the limits as specified under 'Medical Reimbursement Benefit' section.
2. We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy. All other conditions other than ones listed below are eligible for claim under the plan subject to policy conditions.
 - i. Pre-existing Diseases Exclusion:

“Pre-existing Condition” means any condition, whether diagnosed or not, ailment or injury or related condition(s) for which Insured had signs or symptoms, and/or were diagnosed, and/ or received medical advice/treatment within 48 months prior to the first Policy issued by the Insurer. We will cover pre-existing diseases after an initial waiting period of 4 years. For a renewed policy, no such waiting period will be applicable.
 - ii. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), terrorism, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
 - iii. Insured Person committing or attempting to commit a criminal or illegal acts with criminal intent or intentional self injury or attempted suicide while sane or insane.
 - iv. Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
 - v. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies, or accidental physical injury which may be suffered after consumption of intoxicating substances, liquors or drugs except those prescribed by a Doctor as part of treatment.

► Policy Limits

All claim payouts will be subject to the following limits:

Benefit Type	Annual Limit	Lifetime Limit
DHCB	45 x DHCB per policy year (including the ICU benefit)	8 times maximum limit
RB	Once per policy year	
SCB	Thrice per policy year	
MSB	Once per policy year	5 times maximum annual limit
CI Benefit	Once per policy during the policy's lifetime	Once per policy during the policy's lifetime
DHCB + RB + SCB	100 x DHCB amount per policy year for all hospitalisation benefits (excluding MSB)	Not Applicable
MRB	As specified under 'Medical Reimbursement Benefit', during the policy term	Not Applicable

How to claim your benefit amount?

► Hospitalisation Benefit and Critical Illness Benefit claims

- You will have an option to avail cashless service facility in network hospitals as specified by the Company/Third Party Administrator (TPA) through an identity card with a unique membership number issued to you by the TPA/Company
- In case of a planned hospitalisation, you will have to take pre-authorisation from the TPA or from the Company prior to taking admission at any network medical hospital and in case of emergency hospitalisation, you will have to notify to the TPA or to the Company in writing within 24 hours of the hospitalisation
- If you do not wish to avail cashless facility or are hospitalised in any hospital other than the specified network hospitals or cashless facility has been disapproved by the Company/TPA, you have to notify the Company in writing, within 7 days of hospitalisation
- We will pay defined benefit amounts subject to specified conditions and will not reimburse actual medical expenses

► Medical Reimbursement Benefit claims

To claim the MRB amount, you may avail of this facility maximum three times in a Policy year, subject to minimum ₹1000 for each claim.

We have an authorised TPA for processing and paying your reimbursement claims. You may follow below mentioned simple steps to claim the reimbursement amount:

- Fill up the “Health Claim Form” available on our or the TPA's website or collect physical form from the TPA
- Mentioned type of claim i.e. Medical Reimbursement Benefit
- Attach required documents as mentioned in the policy document along with original medical bills
- Submit the duly completed “Health Claim Form” with required documents to our authorised TPA
- Mention your bank account details

You may visit our website for the TPA's contact details.

Other Features

▶ Riders

You may opt for following riders with this plan by paying additional premiums over and above the Base Plan.

- ▶ Reliance Accidental Death Benefit & Total and Permanent Disablement Rider – Regular Premium (121B002V02)
- ▶ Reliance Critical Condition (25) Rider (121B012V02)
- ▶ Reliance Major Surgical Benefit Rider (121B014V02)

For further details on all the conditions, exclusions related to the insurance riders, please read the rider terms and conditions and rider sales brochure carefully or contact our insurance advisor.

▶ Grace Period for Payment of Regular Premiums

If you are unable to pay your premium by the due date, you will be given a grace period of 30 days (15 days for monthly mode). During the grace period the policy shall continue to remain in-force along with all benefits under this policy and claim, if any, shall be payable subject to deduction of the unpaid due premium.

▶ Premium discontinuance

The policy will be lapsed if the due premiums are not paid within the grace period. The Company will not be liable to make any payments if claims are made due to any treatment of illness/ailment/disease diagnosed or hospitalisation taking place during the period the policy was in lapse status.

If the lapsed policy is not revived within 2 years of the due date of the first unpaid premium then the policy will be terminated.

- ▶ **Paid-up:** No Paid-up value is available under the policy
- ▶ **Revival**

A policy, which has lapsed for non-payment of premium within the days of grace period, may be revived subject to the following conditions:

You can revive your lapsed/Paid-up policy and the riders for its full coverage within two years from the due date of the first unpaid premium but before policy maturity date, by paying all outstanding premiums together with the interest, as applicable. The current rate of interest is 9.00% p.a. and is subject to change from time to time, depending on the economic environment, experience and other factors. Revival of the policy and riders, if any, is subject to the Board approved underwriting policy, i.e. the Life Assured may have to undergo medical tests, financial underwriting, etc.

- ▶ **Surrender:** No benefit will be payable in case of surrender of the policy

▶ Renewal of policy after expiry of the 5 years policy term

- ▶ You have an option to renew the policy within 30 days from the expiry of the previous policy term, at the prevailing premium rates, terms and conditions
- ▶ Coverage ceases on the expiry of the previous policy term and is reinstated on payment of due premium, subject to underwriting ^{T&C10} acceptance, if any
- ▶ Company can revise the premium rates and terms and conditions, or offer a new plan, as per the experience of the plan and prevailing standard practice at the time of renewals after approval from the IRDA of India

- ▶ Company will intimate you by sending a notice for such revision in premium rates and the terms and conditions at least three months prior to the date of renewals of the cover
- ▶ If the Sum Insured chosen on renewal is higher than the Sum Insured opted for the previous policy, the renewal of the policy would be subject to the Board approved underwriting ^{T&C10} policy of the Company
- ▶ On renewal, waiting period will not be applicable except in case the Sum Insured has increased, where waiting period will apply on the difference between the revised and the earlier Sum Insured

Terms and Conditions^(T&C)

1. Annual Premium

Annual Premium is a due premium contribution as calculated and applicable for entire policy year. It excludes extra premium, Service Tax and Government cess, if any.

2. Alterations

The policy term is fixed for 5 years and cannot be altered.

Plan Option i.e. I and II, as opted at the commencement of the policy, cannot be changed during the policy term of 5 years. However, it can be changed on renewal of the policy which occurs after the end of the policy term of 5 years, subject to Board approved underwriting ^{T&C 8, 10} policy of the Company and the terms and conditions applicable at the time of renewal.

The premium payment frequency may be changed at any Policy Anniversary.

3. Loan

No loan is available under this plan.

4. Tax benefit

Premium(s) paid under Reliance Health Total and Riders, if any, are eligible for tax exemption, subject to the applicable tax laws and conditions. Income tax benefits under the Income Tax Laws are subject to amendments and interpretation from time to time. Kindly consult a tax expert.

5. Service Tax

The Service Tax and education cess will be charged over and above the base premium and rider(s) premium, if any, as per the applicable rates declared by the Government from time to time.

6. Taxes levied by the Government in future

In future, the Company shall pass on any additional taxes levied by the Government or any statutory authority to the Policyholder, the method of collection of these taxes shall be informed to the policyholders under such circumstances.

7. Suicide Exclusion

Self affected injuries or conditions (attempted suicide) and or the treatment directly or indirectly arising from alcoholism or drug abuse and any Illness or Physical Injury which may be suffered after consumption of intoxication liquors or drugs.

8. Waiting Period

The Company shall not be liable to make any payment for Hospitalisation Benefit and Critical Illness Benefit if claims are made due to;

- i. Any treatment of illness/ailment/disease diagnosed or hospitalisation taking place during the first 90 days of the policy commencement date.