

1. Part A

Forwarding Letter

Date: <<dd-mm-yyyy>>

<<Master Policyholder' Name>>
<<Addrs1>>
<<Addrs2>>
<<Addrs3>>
<<Addrs4>>
<<Addrs5>>
<<Postcode>> Telephone No.: <<Telno >>

Master Policy No.	<<MP No.>>
Client Id	<<Client ID>>
Date	<<Iss_Date>>

Dear Sir / Madam,

Welcome to Reliance Life Insurance.

We value our relationship with you and thank you for choosing <<Plan Name>>.

Your Master Policy document comprises of the following documents:

- Policy Schedule
- Policy Terms & Conditions
- Process Guidelines
- Acknowledgement letter
- Other relevant documents

You are requested to examine this Master Policy document carefully. Please intimate us immediately if you notice any error in your document for rectification of the same.

<<RSM Name>>, Corporate Relationship Manager, (<<RSM email>>/<<RSM #>>) has been appointed as your key account manager. He/She will be happy to address all queries and provide you with any information that you may require from time to time.

Please find enclosed the Acknowledgement letter. Request you to fill in the necessary details and return the same within 5 days of receipt of this Master Policy document.

We are delighted to bring to you the convenience of lifeline – your personal online account with Reliance Life. Your Lifeline account provides you a one-window access to information related to your policy.

You may access your account by registering on www.reliancelife.com, and follow a 4 step process:

Step 1: Visit www.reliancelife.com

Step 2: Click on customer tab in the member login area

Step 3: Click on new user under corporate customer section

Step 4: Enter your Client id (mentioned above) and one of your email id as mentioned in proposal form

Step 5: Your password shall be generated and sent to the email id provided

Login with your client id & password and enter a world of convenience!

In the event, you are in disagreement with the terms, features and conditions stipulated in the Master Policy document, you may wish to opt out of this plan, by stating the reasons of your disagreement in writing and return the policy to RLIC within 15 days (30 days if policy is purchased through Distance Marketing channel) of

Policy document - Reliance Group Term Assurance Plus

its receipt, for cancellation. You are requested to take appropriate acknowledgement of your request letter and return of policy. In which event, RLIC will refund the premium paid subject to a deduction of a proportionate premium for a period of cover less expenses incurred by RLIC on medical examination, if any, and stamp duty charges.

Thank you once again for your patronage. We look forward for a long term and mutually beneficial relationship.

Yours sincerely

For Reliance Life Insurance Company Limited

Head - Group Business & Bancassurance

SAMPLE

A non-linked, non participating, group term insurance plan

1.1. Policy Preamble

Policy Terms and Conditions and Privileges within referred to

This Policy is the evidence of a contract between Reliance Life Insurance Company Limited and the Master Policyholder referred below.

Reliance Life Insurance Company Limited (hereinafter called “RLIC”) agrees to pay the benefits, as stipulated in the Master Policy Schedule to the Master Policyholder on the basis of the statements, proposal, declarations and premium along with taxes as applicable from the Master Policyholder on the assurance that the Master Policyholder has agreed to all the policy terms and conditions referred to in the Reliance Group Term Assurance Plus (UIN: 121N104V01) Master Policy document. The proposal, declaration and other information called for from the Master Policyholder form the basis of this contract. If any of the details furnished to RLIC are incorrect or incomplete, then the policy will be void. The benefits shall be paid only when the same are payable as per the stipulations in the Master Policy document. The claimant/nominee needs to submit satisfactory proof of title and other applicable documents pertaining to the policy at the RLIC offices for claiming the benefits. It is hereby further declared that this policy shall be subject to the terms, conditions and privileges in this Master Policy document and that the Policy Schedule and every endorsement placed on the policy by RLIC shall be deemed to be a part of the policy.

1.2. Policy Schedule – Reliance Group Term Assurance Plus

THIS MASTER POLICY SCHEDULE MUST BE READ ALONGWITH THE ACCOMPANYING MASTER POLICY DOCUMENT AND IS PART OF THE LIFE INSURANCE CONTRACT

RLIC will pay or provide the benefits specified in the Master Policy document in the events and circumstances described there-in but subject to the terms and conditions of this contract.

Name of the Master Policyholder	<< >>
Address of the Mater Policyholder	<< >>
Client ID of the Master Policyholder	<< >>
Master Policy no.	<< >>
Name of the authorised signatories	<< >>being the principal officer of the Reliance Group Term Assurance Plus at the time this Policy commenced
Date of Commencement of the Policy	<< >>
Date of Commencement of Risk	<< >>
Policy Period	Period commencing ___ day of ___ 20__ to ___ day of ___ 20__
Annual Renewal Date of the Master Policy	<< >>
Annualised Premium (Excl. Service Tax)	<< >>
Instalment Premium at inception of the Master Policy (Excl. Service Tax)	<< >>
Premium frequency	<<Yearly/ Semi-annual/Quarterly/Monthly>>
Minimum and Maximum entry age	<< Min >> and << Max >>
Premium Rate (Rs.)	<<>>
Non-medical / Free Cover Limit (Rs.)	<<>>
Group Size at inception of the Master Policy	<< minimum 10 for EE groups/ Minimum 50 for NEE groups>>

Benefits Payable		
Benefit Type	Benefit Criterion	Eligible Benefit per member (Rs.)

Policy document - Reliance Group Term Assurance Plus

Death benefit	<<Grade Based/ Age Based/ Gratuity Based/ Superannuation Based/ Flat Cover/Salary Based>>	<< >>
Reliance Group Accidental Additional Death Benefit Rider* (UIN: 121B007V02)	<<Not Applicable/ Grade Based/ Age Based/Gratuity Based/ Superannuation Based/ Flat Cover/Salary Based / as a % of the Base Sum Assured >>	<< >>
Reliance Group Accidental Total and Permanent Disablement Rider* (UIN: 121B005V02)	<< Not Applicable/ Grade Based/ Age Based/ Gratuity Based/ Superannuation Based/ Flat Cover/Salary Based / as a % of the Base Sum Assured >>	<< >>
Special Conditions	<< Waiver of Suicide Exclusion/ Not Applicable>>	Not Applicable
Maturity Benefit	Not Applicable	Not Applicable
* If any rider is opted for at inception of the policy, the rider terms and conditions will be attached as an annexure and will form part of the Master Policy Document		

Group Member Details								Basis of Coverage		Basis of Rider Sum Assured, if any	
Sr . No.	Mem ber Code	Mem ber Name	Dat e of Bir th	Date of Joini ng the Gro up	Gen der	Nomi nee Name	Appoi ntee Name, if any	Date of Retire ment	Grade Based/ Age Based/ Gratuity Based/ Superannu ation Based/ Flat Cover/Sala ry Based	Sum Assu red	Grade Based/ Age Based/ Gratuity Based/ Superannu ation Based/ Flat Cover/Sala ry Based / as a % of the Base Sum Assured

Special Provisions	
<<FUP_Code1>>	<<FUP_Desc1>>
<<FUP_Code2>>	<<FUP_Desc2>>
<<FUP_Code3>>	<<FUP_Desc3>>
<<Benefit_Number>>	

Date of Policy Issuance:

Place:

Reliance Life Insurance Company Limited

Policy document - Reliance Group Term Assurance Plus

(Signature of Authorized Signatory)

UIN of Reliance Group Term Assurance Plus Plan: 121N104V01

On examination of the Policy, if you notice any mistake, please return the Policy to RLIC immediately for correction.

Reliance Life Insurance Company Limited (Reg. No. 121)

Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra - 400710, India

Corporate Office: 9th floor/ 10th floor, Building No. 2, R-Tech Park, Nirlon Compound, Next to Hub Mall, Behind Oracle Building, Goregaon (East), Mumbai - 400 063

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Policy document - Reliance Group Term Assurance Plus

Key Benefits

Events	How and when benefits are payable	Size of such benefits/policy monies
Death	Payable on death during the policy term	Base Sum Assured
Rider Benefit	Riders can be opted at inception or on renewal of the Master Policy. Rider benefit is payable on occurrence of an event insured under the rider during the policy term.	Rider Sum Assured
Death Benefit Enhancement Option	Option to increase the death Sum Assured above the base cover provided under the scheme. Enhanced Sum Assured is payable on death during the policy term. This option can be opted at inception or on renewal of the Master Policy.	Base Sum Assured plus Enhanced Sum Assured
Continuation Option	In case of surrender of the Master Policy, the Continuation Option available to the group members	Option to Continue the policy as an individual policy
Maturity	On survival up to the end of policy term	No amount is payable
Surrender	In case of surrender of the Master Policy	No amount is payable

Key service features

Nomination	The Master Policyholder shall register a nomination of beneficiary, or any change of nomination of any beneficiaries, in the member's records.
Assignment	An assignment is allowed, for the Master Policyholder, under this policy.
Loans	No loans are available under this policy.
Premium modes allowed	The Master Policyholder may pay premiums in yearly, half yearly, quarterly and monthly modes.
Premium payment	The premiums shall be paid by the Master Policyholder as per the premium payment conditions, on behalf of the group members
Customer service number	1800 300 08181 Or 022-30338181
Grievance redressal mechanism	Master Policyholder can contact RLIC by sending an email at rlife.customerservice@relianceada.com or by writing to us at our Registered Office address: Reliance Life Insurance Company Limited, H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra - 400710, India.

For detailed benefits, please refer to the Policy terms and conditions

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2. Part B

2.1. Definitions

“**Accident**” means a sudden, unforeseen and involuntary event caused by external and visible means

“**Accidental Death**” means death due to accident, where accident is a sudden, unforeseen and involuntary event caused by external and visible means

“**Age**” means last birthday; i.e. the age in completed years as on the Commencement Date of the policy

“**At Work**” in respect of an Insured Member (being an employee in an employer employee group) means performing their normal duties during their normal work hours

“**Base Policy / Policy/ Base Plan**” means this Reliance Group Term Assurance Plus policy, which is the evidence of the contract between RLIC and the Master Policyholder

“**Certificate of Insurance (COI)**” shall mean the document provided by Master Policyholder as authorized by RLIC stating in brief the benefits, charges, important terms & conditions and the procedure of claim to the member

“**Coverage**” means the benefits as mentioned in the Policy Schedule

“**Claimant**” means the person(s) entitled to receive the benefits under the Plan. In the event of a claim, the claimant is the employee / Insured Member or nominee(s) of the employee / Insured Member. In the absence of the nominee(s), the claimant is the legal heir(s) of the Life Assured / employee.

“**Date of Commencement of Risk / Date of Commencement of Policy**” means the date as mentioned in the Policy Schedule from which the insurance coverage commences under the policy, subject to receipt of duly filled Master Application Form, Member Application Forms, if applicable, Premium amount and underwriting acceptance of the policy, whichever is later. The commencement of risk cover on the employee shall depend on the age of the employee on commencement of the Policy. The insurance cover in respect of new members will start from the date of inclusion of the member in this Policy.

“**Death Benefit**” means the benefit, agreed at inception of the contract, which is payable on death of an Insured Member as specified in the Policy Schedule

“**Employee / Member**” means a group member covered under this plan based on the eligibility criterion as defined in the scheme rules and subject to the satisfaction of eligibility conditions specified under this plan

“**Employer-Employee group**” means groups where an employer-employee relationship exists between the Master Policyholder and the member in accordance with the relevant laws

“**Free cover limit / Non-medical Limit**” means the maximum amount of policy benefit that may be accepted for cover in respect of a particular Insured Member without specific underwriting. It represents the amount, if any, specified as such in the Policy Schedule, and may be subsequently revised from time to time as agreed between the Insurer and the Master Policyholder.

“**Grace Period**” means the time granted by RLIC from the due date for the payment of premium, without any penalty or late fee, during which time the Policy is considered to be in-force with the risk cover without any interruption as per the terms of the Policy

“**Insured Member/ Member/ Life Assured**” means an Eligible Member whose application for cover is accepted by RLIC and is insured under this Policy

“**Master Policyholder/ Policyholder**” means the Proposer for this policy and whose members are covered under the plan, and may include employer-employee groups and non employer-employee homogeneous groups such as banks, non banking financial institutions, employers offering loans to their employees, employee welfare societies etc

“Master Policy / Policy” means the Reliance Group Term Assurance Plus contract entered into between the Master Policyholder and RLIC providing benefits to the members of the Master Policyholder under the terms and conditions of this Policy

"Non Employer-Employee Groups" means groups other than employer-employee where a clearly evident relationship between the member and the group policyholder for services other than insurance exist. A non employer-employee homogenous group shall mean:

- i. Any association, where the members represent a particular profession/ trade/ domestic workers/ Anganwadi workers;
- ii. Government agencies;
- iii. Any Co-operative Society;
- iv. Parents of school/ college students as members;
- v. Any other groups as may be approved by the Authority;

A

“Nominee” means the person or persons appointed under Section 39 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Ordinance Act, 2014 by the Insured Member, to receive the admissible benefits to the Member, under the policy

“Policy Period” means a period for which the contract is applicable

“Policy year” shall be a period of 12 consecutive months from the date of commencement of the policy and every subsequent 12 months

“Policy Term” is a period of one policy year for this Master Policy. The policy term can be renewed annually based on consent from the Master Policyholder

“Policy Schedule” means the Policy Schedule issued by RLIC, together with any amendments to the schedule which may be issued from time to time

“Premium/ Risk Premium” means the amount stipulated in the Master Policy Schedule and paid yearly / half yearly / quarterly or monthly as applicable based on the premium option selected, by the Master Policyholder, as consideration of acceptance of risk and benefits specified as such in the Master Policy Document

“Regulations” means the laws and regulations as in effect from time to time and applicable to this Policy, including without limitation, the regulations and directions issued by the Regulatory Authority from time to time

“Regulatory Authority/IRDA” means the Insurance Regulatory and Development Authority of India (IRDA) or such other authority or authorities, as may be designated under the applicable laws and regulations

“Reliance Life/RLIC/the Company/We/Our/Us” means Reliance Life Insurance Company Limited

"Renewal Date / Annual Renewal date” in relation to the policy shall mean the relevant annual renewal date subsequent to the Date of Commencement, i.e. one year from the date of commencement of the Policy

“Rider” means an optional cover available as an add-on benefit, which can be purchased by you along with the base Plan on payment of additional premium as applicable

“Rider Benefits” means the benefits payable on specified events applicable under the Riders as may be purchased by you

“Rider Premium” means the Premium paid towards the Riders and does not include any taxes and/or levies

“Salary” shall mean all emoluments which are earned by the member while on duty or on leave, in accordance with the scheme rules

“Scheme” shall mean the defined member benefits details, governed by the group administrator/ employer / trustees

"Service" means continuous and uninterrupted service rendered by the member to the employer and includes service which is interrupted by sickness, accident, leave, lay-off, secondment, strike or lock-out or cessation or work not due to any fault of the member concerned, as defined by scheme rules

“Sub-standard lives” means those lives (persons whose medical histories include serious illness such as heart disease or whose physical conditions are such that they are rated below standard) that do not qualify for a standard insurance rate as per the Board approved underwriting policy of RLIC

“Sum Assured/Base Sum Assured” is the absolute amount of benefit in accordance with the details provided in the Policy Schedule

“Surrender” means the termination of the contract in its entirety at the instance of the Master Policyholder

“Total and permanent disability (TPD)” means that the Insured Member has, directly as a result of an accident, suffered a total and irrecoverable:

- loss of sight of both eyes, or
- loss by severance of two limbs, where a limb means an entire arm or entire leg, or

loss by severance of one limb and the total and irrecoverable loss of the sight of one eye, where a limb means an entire arm or entire leg

“Trustees / Administrators” are the persons so appointed under the trust deed / Scheme Rules for furtherance of the objective of the trust / scheme.

“You/your” means the Master Policyholder of this Master Policy document

3. Part C

3.1. Key benefits

Based on the proposal and in consideration of premium payments, we will provide the following Benefits under this policy:

3.1.1. Death benefit

On death of the Insured Member during the policy term, the applicable Sum Assured is payable to the Claimant, provided the Master Policy is in force and all due premiums have been paid.

3.1.2. Maturity benefit

No maturity benefit is payable under this plan

3.1.3. Continuation Option

In case of surrender of the group policy by the Master Policyholder, a Continuation Option is available to the individual members of the group for the remaining Policy Term.

On such surrender, the members have an option to continue the policy as an individual policy and RLIC shall continue to be responsible to serve such members till their coverage is terminated.

3.1.4. Death Benefit Enhancement Option

Individual members can increase the Death Benefit amount above the base Sum Assured provided under the scheme, subject to the Board approved underwriting policy of the Company. Death Benefit can be enhanced at inception or on renewal of the Master Policy on annual renewal date and is referred to as Enhanced Sum Assured.

3.1.5. Rider Benefits

We offer the following riders with this plan at a nominal cost.

- i. Reliance Group Accidental Additional Death Benefit Rider (UIN: 121B007V02):
Provides an additional death benefit if death occurs directly as a result of an accident.
- ii. Reliance Group Accidental Total and Permanent Disablement Rider (UIN: 121B005V02):
Provides a lump sum or continuous income for 5 years will be provided in case of a disablement due to an accident.

The rider benefit is payable to the claimant of the group member on occurrence of the applicable contingent event. The rider(s) can be selected on commencement of the policy or on any policy anniversary on renewal.

The Sum Assured under the rider shall not exceed the Sum Assured under the Base Policy for each member. The sum of all rider premiums shall not exceed 100% of premiums under the base product.

When the Base Policy terminates, the rider benefits attaching to the Base Policy will also terminate.

3.2. Participation in Surplus or Profits

This is a without profits product. However, profit sharing arrangement may be possible based on your request. Profit sharing amount will be calculated as:

Surplus/Deficit at the end of policy year * Profit Sharing Percentage decided at inception.

Where, Surplus/Deficit = (Actual Premium Received excluding stamp duty and service tax & applicable government taxes, if any – Actual Expenses & Commission paid – Actual Benefits paid – Cost of Required Reserve & Capital – loss carried forward (LCF)).

The profit sharing would be subject to the following conditions:

- i. Actuarial mortality assumptions for the Group

Policy document - Reliance Group Term Assurance Plus

- ii. Minimum number of life years covered under a Master Policy should not be less than 1000 for considering profit sharing.
- iii. Where for a policy year the available experience is less than 1000 life years, profit sharing arrangement shall be deferred until the end of the policy year in which the minimum number of life years of 1000 in scheme is reached on cumulative basis prospectively.

Adjustment of Surplus or Profits:

- i. In case of positive refund, the premium would be adjusted in the following year renewal premium and for negative refunds the loss is carried forward to adjust against future premium refund.
- ii. In case of contributory scheme (where contribution is made by the member(s)), the positive refund, if any, will be passed on to the members by way of adjusting the following year's renewal premium, and for negative refund the loss will be carried forward to adjust against future positive refund.

3.3. Premium Payment Conditions

For each Policy Period, the Master Policyholder must pay the premium for each Insured Member's Sum Assured. The premium rates apply to Insured Members that we accept on standard terms. For any Insured Members accepted on special terms, the premium rates will be adjusted and we will advise the Master Policyholder in each case. The Master Policyholder must pay the premium for each Policy Period according to the Premium Payment Frequency. The first premium or first instalment premium is due on the day that the first Policy Period starts.

3.3.1. Calculating the premium

We will calculate the premium for each Policy Period by adding up the premiums for each Insured Member. Each Insured Member's premium is calculated by multiplying together:

- i. Sum Assured for that Policy Period; and
- ii. Premium rate. The Premium rates are mentioned in Policy Schedule of this Master Policy document

However, for any Policy Period that is not exactly 12 months, the Insured Member's premium will be adjusted in the proportion to which the Policy Period bears 12 months.

3.3.2. Sum Assured

The Sum Assured will be calculated according to the group member details provided in the Policy Schedule

3.3.3. Premium frequency loading

When the frequency of premium is half-yearly, quarterly or monthly, loading on premium will be applicable as per the table below:

Frequency	Half - yearly	Quarterly	Monthly
Loading Rate as % of premium	1.50%	2%	3%

3.3.4. Rider premium

Rider premium, if any, should be paid on the due date along with the Base Premium under this policy. The mode of rider premium payment shall be same as the mode of Base Premium under this policy. Refer to the Rider Policy Document for rider specific terms and conditions. The sum of all above mentioned rider premiums shall not exceed 100% of premium under the Base Policy. When the base policy terminates, the insurance benefits including the rider benefits, if any, shall cease immediately and the policy shall be terminated.

4. Part D

4.1. Free look

- a) In the event the Master Policyholder disagrees with any of the terms and conditions of the Policy, Master Policyholder may return the Policy to the Company within 15 days for all distribution channels, except for Distance Marketing* channel, which will have 30 days of its receipt for cancellation, stating the objections in which case the Insurer will refund the entire premium received towards the Policy except for the amounts which will be deducted towards a proportionate risk premium for the period of cover, the expenses incurred on medical examination of the Group members and the stamp duty charges.
- b) In the event an individual group member disagrees with any of the terms and conditions of the Policy, the group member may return the Certificate of Insurance to the Company within 15 days for all distribution channels, except for Distance Marketing* channel, which will have 30 days of its receipt for cancellation, stating the objections in which case the group member shall be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period on cover and the expenses incurred by the insurer on medical examination of the group member and stamp duty charges for the Certificate of Insurance.

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

Voice mode, which includes telephone-calling:

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

4.2. Loans

No loans are available under this Policy.

4.3. Surrender by the Master Policyholder

This policy does not have any surrender value. However, in case of surrender of the group policy, individual members of the group, on such surrender, have an option to continue the policy as an individual policy till their coverage is terminated.

4.4. Policy lapsation

RLIC may lapse the Policy if any amount that the Master Policyholder owes us under this policy is not paid within the grace period.

If the Policy lapses, then:

- i. We do not have to pay any claims in relation to the events that occurred after the date the Policy lapsed and
- ii. It may be reinstated on the terms and conditions that we set

4.5. Revival or Reinstatement of the Policy

Revival or reinstatement shall be allowed within the period of one year during the Policy Term as per the Board approved underwriting policy of RLIC. We shall not charge any revival fee or charges.

4.6. Renewal of the Policy

The policy may be renewed on the subsequent Annual Renewal date, at the then existing terms and conditions, provided the entire renewal premium has been paid for the group subject to the Company's Board approved underwriting policy.

4.7. Group administration

4.7.1. Acceptance of the cover and terms of acceptance

We will consider any information we regard as appropriate to decide whether to insure the nominated employee/ member. If we decide to insure that employee/ member, we will also decide:

- i. What terms will apply to that employee/ member, including, whether only part of the Coverage will be granted; and
- ii. How much the Sum Assured will be applicable for that employee/ member.

4.7.2. Commencement of cover

An Insured Member's Coverage starts on the date of inclusion of the member in the Master Policy and acceptance by RLIC, based on the details provided by the Master Policyholder.

4.7.3. Termination of cover

Coverage will be terminated in the following events:

- i. A member ceases to be a member in the group or on resignation, termination or retirement in case of employer-employee group
- ii. On attainment of maximum permissible Coverage age during the Policy Term
- iii. In case of death of the member
- iv. Master Policyholder does not renew the policy

4.7.4. Records to be provided by Master Policyholder

The Master Policyholder must maintain and provide lists of:

- i. The people nominated to be insured; and
- ii. The people that we have agreed to insure.

If an Insured Member ceases to be covered in accordance with the terms and conditions of this Policy, the Master Policyholder must remove them from the list of Insured Members. Also, the Master Policyholder must give us copies of those lists whenever we ask them to.

In the event, the Master Policyholder fails to provide member record details as sought by RLIC, then insured benefits shall not be payable for those members whose records have not been furnished to RLIC.

4.8. Sub-standard lives

Lives with sub-standard medical conditions and other impairments will be underwritten as per the board approved underwriting policy. The basis of underwriting will be the full amount of cover, including up to the free cover limit. There may be loading for occupations based on the Company's underwriting policy approved by the Board.

The free cover limit for sub-standard lives will be decided on a case to case basis depending upon the proportion of participation and the risk characteristic of the group.

5. Part E

Not applicable as this is not a unit linked insurance policy.

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6. Part F

6.1. Misstatement of Age

RLIC will pay the Sum Assured when it is satisfied of the identity and age of the insured person that the insured person is dead and all relevant provisions of the policy have been met.

In case it is found that the age as declared to us is incorrect, one of the following shall apply:

- i. If the age of the member is found to be higher than the maximum or lower than the minimum entry age that was permissible under the plan of this Policy then RLIC will not accept any death claim, the risk cover shall be void from the inception and the mortality charges or rider premium charges, if any, or any other charges deducted from the Policy Account Value shall not be refunded
- ii. If the age of the member is found to be different from that declared but within the age limits of the plan of this Policy then RLIC will adjust the claims payable such that the benefits are adjusted in the proportion of the amount of mortality charge that was actually paid for that member to the amount that should have been paid, based on the correct age

RLIC has a right to refute any claim/s subject to the section 45 of the Insurance Act.

6.2. Claims

RLIC will pay the Sum Assured to the Claimant when it is satisfied of the identity of the Insured Member that the Insured Member is dead and all relevant provisions of the policy have been met. Claimant means the person who is entitled to receive the death benefits under the Plan. In the event of a death claim, the claimant is the nominee of the employee / Life Assured. In the absence of the nominee, the claimant is the legal heir of the Life Assured / employee.

Company has a right to refute any claim/s subject to the section 45 of the Insurance Act.

6.2.1. Requirement for claims

Claim amount shall be payable to the Claimant for each individual member and may be facilitated through the Master Policyholder.

In the event of a claim arising under this Policy, the claimant shall intimate the Master Policyholder who shall intimate RLIC in writing and provide us the following documents preferably within 90 days of the claim. RLIC may accept/ process claims on merits of case even beyond the period of 90 days provided

- reasons of delay are due to unavoidable circumstances beyond the control of the claimant and
- the submission of documents in respect of said delays are evidenced to the satisfaction of RLIC.

List of documents required in the event of a claim for Death Benefit

- i. Original Master Policy document or Certificate of Insurance, if applicable
- ii. Death certificate in original issued by the competent authority
- iii. Hospitalization documents (discharge summary along with all investigation reports) if the Life Assured has taken treatment for illness leading to his death
- iv. Copies of the First Information Report and the Final Investigation Report thereof, duly attested by the concerned police officials and Copy of the post-mortem report duly attested by the concerned officials, if death arising out of accident or unnatural deaths.
- v. Claim Form (A) to be filled in by the claimant; Claim Form (B) to be filled in by the last treating doctor; Claim Form (C) to be filled in by a third person (who is not a relative of the claimant)
- vi. ECS Mandate form/ Cancelled cheque leaf/ Self-attested passbook copy of the claimant
- vii. Any other document as may be required

Requirement for claims in case of a contract under Lender – Borrower Group Insurance Schemes

The individual member of the Group Life Insurance Policy shall specifically authorise RLIC to make the payment of the outstanding loan balance amount to the Master Policyholder by deducting from the claim proceeds payable on the happening of the contingent event covered by the scheme. The Master Policyholder shall submit a Credit Account statement for the individual member on the happening of the contingent event, containing the following details:

- i. Name of the Group Master Policyholder
- ii. Name of the Insured Member
- iii. Date of Commencement of Risk
- iv. Sum Assured for which the Member was insured
- v. Original loan amount
- vi. Particulars of the recoveries made by the Master Policyholder towards the loan
- vii. Outstanding Loan Balance as on the date of happening on the contingent event covered
- viii. Balance claim amount payable to the insured on the happening of the other contingent event or to the Nominee/Beneficiary of the deceased member in case of death claims

In case of a contract under Lender – Borrower Group Insurance Schemes, RLIC reserves right to audit or cause an audit into the accuracy of the Credit Account statements furnished by the Master Policyholder of the insured members in respect of which claims were settled on the completion of every financial year.

Notwithstanding anything contained in Clause 6.2 above, depending upon the cause or nature of the claim, RLIC reserves the right to call for other and/or additional documents or information, including documents/information concerning the title of the person claiming Benefits under this Policy, to the satisfaction of RLIC, for processing the claim.

If the documents called for are not submitted or not given, then valid reasons for not providing the same in a letter should be submitted within the time mentioned in the letter.

In the event of an act of God and other such extraneous circumstances where the relevant documents are not submitted by the Policyholder / Claimant due to reasons beyond the control of The Policyholder/ Claimant, the Company may process the claim provided there are valid reasons for the non-submission of the relevant documents and it is satisfied on the genuineness of the claim.

6.3. Suicide exclusion

Suicide exclusion will not apply for Employer Employee groups where existing cover is available.

For all other groups including Employer Employee groups and Non Employer Employee groups, if the insured member whether sane or insane, commits suicide within 12 months from the date of joining the scheme 80% of the received premiums with respect to that member will be paid.

6.4. Grace Period

There is a grace period of 30 days for Quarterly and Half-yearly mode, and 15 days for monthly mode during the Policy Term, from the due date of first unpaid premium. During the grace period the Master Policy shall continue to remain in-force along with all benefits under this policy and claim, if any, shall be paid subject to renewal of the Master Policy and receipt/deduction of the unpaid due premium.

6.5. Taxes, duties and levies and disclosure of information

Tax benefits under the policy will be as per the prevailing Income Tax laws. Tax laws are subject to amendments from time to time and interpretations. You are advised to consult a Tax expert.

It is duty of the Master Policyholder or members of the group to pay the applicable taxes, if, the applicable law imposes such taxes on RLIC, then RLIC shall have the right to recover the same from the Master Policyholder or the Person to whom the Benefits are payable.

In the event where RLIC is obliged to disclose information concerning to the policy and benefits or account to the revenue authorities or other regulatory authorities for any taxes applicable to this policy or the benefits payable under this policy, RLIC shall be entitled to disclose such information/ deduct such taxes/pay any amount, under the policy and deposit the amount so deducted or directed, with the appropriate governmental or regulatory authorities without informing the policyholder, if so directed by the Authority.

6.6. Section 39 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

Nomination by individual members is allowed as per Section 39 of of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014 or any further amendments affected by the IRDA or other appropriate governmental authorities from time to time.

The Insured member may, at any time during the policy term, make a nomination for the purpose of payment of Benefits in the event of his death. The Master Policyholder shall maintain an updated register for nomination details for all individual members enrolled under the scheme and inform us periodically. In registering a nomination, the Company does not accept any responsibility or express any opinion as to its validity or legal effect.

Where the nominee, or if there are more nominees than one, a nominee or nominees includes his parents, his spouse, children or spouse & children or any of them, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

If the policyholder dies after the maturity of the policy but the proceeds and benefits of his policy has not been made to him because of his death, in such cases, his nominee shall be entitled to the proceeds and benefit of the policy.

RLIC may handover the instrument favouring the Nominee to the Master Policyholder who will act as a facilitator for onward delivery of the instrument to the nominee.

6.7. Section 38 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

An assignment of the Policy, as per Section 38 of of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014 or any further amendments affected by the IRDA or other appropriate governmental authorities from time to time, wholly or in part, may be made by an endorsement upon the Policy itself or by a separate instrument signed in either case by the assignee or specifically stating the fact of assignment and duly attested, the antecedents of the assignee and the terms on which the assignment is obtained. Such assignment shall be effective, as against the Company, from and upon the service of a written notice to the Company and the Company recording the assignment in its books. Company may refuse, in writing, to accept the same which is not bonafide and in the interest of the Master Policyholder. Any claims on such decline, can be referred within thirty (30) days from receipt of the communication from the insurer, to the Authority.

An assignment in favour of a person made upon the condition that (a) the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured; or (b) the insured surviving the term of the policy, shall be valid. A conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

In the case of the partial assignment or transfer of a policy of insurance, the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policy holder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

In registering an assignment, the Company does not accept any responsibility or express any opinion as to its validity or legal effect.

If any dispute arises as to priority of payments between assignees, the dispute is to be referred to the Authority.

6.8. Master Policyholder to share information with RLIC

The Master Policyholder must give us any information that we ask for (for the purposes of this Policy) about the employees/members that the Master Policyholder nominates and about any Insured Member, including, without limitation, information about any Insured Member who ceases to work full time.

6.9. Authority to pay benefits

The trustees / administrator / employer may delegate to RLIC the authority to pay benefits directly to members, their beneficiaries (the latter being to the person(s) to whom a death benefit is to be paid) or an approved scheme.

6.10. Endorsements

The terms and conditions of this Policy cannot be waived or changed except by an endorsement approved and signed by our authorised officials.

6.11. Electronic transaction

The Master Policyholder shall adhere to and comply with all such terms and conditions, as prescribed by RLIC, from time to time and hereby agree and confirm that all transactions effected by, or through facilities, for effecting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of RLIC, for and in respect of the Policy or its terms or RLIC's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with RLIC's terms and conditions for such facilities, as may be prescribed from time to time.

6.12. Non-participation in surplus or profits

This Policy does not confer any rights on the Master policyholder to participate in surplus or profits of RLIC.

6.13. Notice under this Policy

Any of the notices required to be issued in terms of this Policy may be issued, either by issuing individual notices to the Master Policyholder, including by electronic mail and/or facsimile, or by issuing a general notice, including, by publishing such notices in newspapers and/or on RLIC's website.

In the event the notice is sent by RLIC

As per the details specified by the Master Policyholder in the Proposal Form/Change of Address intimation submitted by him, notices and instructions are sent through various modes such as electronic mail and/or facsimile, or by issuing a general notice, including by publishing such notices in newspapers and/or on RLIC's website.

In the event the notice is sent by the Master Policyholder

Address: Reliance Life Customer Service
Reliance Life Insurance Company Limited
H Block, 1st Floor, Dhirubhai Ambani Knowledge City
Navi Mumbai,
Maharashtra 400710
India

Customer care number: 30338181 (Local call charges apply) & 1800 300 08181 (Toll free)

Email: rlife.customerservice@relianceada.com

6.14. Change of address

The Master Policyholder has to inform RLIC of any change in their address in writing. This shall ensure that RLIC correspondence reaches the Master Policyholder without delay.

6.15. Special provisions

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

This product is approved by the Regulatory Authority {Insurance Regulatory and Development Authority (IRDA)}. The terms and conditions of this Policy is in accordance with the Insurance Act, 1938, Insurance Rules, 1939, IRDA Regulations and other such relevant laws, rules, regulations, and guidelines, directives, circulars, clarifications including that of the Life Insurance Council of the Insurance Association of India constituted under the provisions of Sec 64-C of the Insurance Act, 1938, Governing Body of Insurance Council constituted under the Redressal of Public Grievances Rules, 1998, other such regulatory, statutory, administrative, judicial authority(s) and local customs, the terms of which shall be subject to change by virtue of any change/amendment(s) in such laws, rules, regulations, and guidelines, IRDA, Life Insurance Council of the Insurance Association of India, Governing Body of Insurance Council, other such regulatory, statutory, administrative, judicial authority(s) at all time. Consequently, RLIC reserves the right to review, revise, alter, amend or delete any of the terms and conditions of this Policy, including without limitation the Benefits, the fees other than those fees which are specifically stated to remain unchanged in this Policy, the method, manner and timing of levy or recovery of the fees with the approval of the Regulatory Authority, by notifying, in such manner as deemed fit, from time to time.

6.16. Ending the Master Policy Contract

The Master Policyholder may end the Policy Contract at any time, upon giving us a written notice. However, there shall be no refund of the premium paid and our liabilities shall be limited till the policy remains in force. The Policy will continue to remain in force until end of the Policy Period or end of the due date to pay the next due unpaid premium, whichever is earlier.

6.17. Entire contract

This Policy comprises the terms and conditions set forth in this Master Policy document, Policy Schedule, and the endorsements, if any, made or applicable to this Policy, which shall form an integral part and the entire contract, evidenced by this Policy. The liability of RLIC is at all times, subject to the terms and conditions of this Policy and the endorsements made from time to time.

The Provision of this Policy / Master Policy cannot be changed or varied by any one (including your relationship manager) except by a Policy endorsement signed by an officer of RLIC authorized for the purpose.

This contract is entered into between RLIC and the Master Policyholder named in Master Policy Schedule to this Policy and sets forth the terms and conditions governing this Policy. The Policy is issued on the basis of the proposal and declaration from the proposer and on the express understanding that the said proposal and declaration and any statements made or referred to therein, shall be part and parcel of this Policy.

6.18. Recovery of additional expenses incurred on account of acts of Master Policyholders

RLIC reserves the right to recover "cheque bounce charges", incurred by it from the Master Policyholder, on account of dishonour of cheque issued towards premium payment, by Master Policyholders. RLIC may recover these additional costs by requisitioning additional payments from the Master Policyholder.

6.19. Notice of new members and members who cease to be a member of the group

The Master Policyholder / trustees / administrator may appoint 'Authorised Signatories' to act on their behalf in providing notice to RLIC of new members joining the Reliance Group Term Assurance Plus policy and of members ceasing to be a member of the group for any reason.

Where such delegations of authority are in place, details of the responsibilities, the person's name and specimen signatures duly witnessed and a copy of Board of Trustee's resolution authorising such delegation is required to be provided to RLIC.

Until a notice of delegation of authority has been received, RLIC will not act on any instruction given by any other person(s) other than the trustees.

6.20. Fraud or Misrepresentation

In case of fraud or misrepresentation by the Master Policyholder, the master policy shall be cancelled immediately, subject to the fraud or misrepresentation being established by the Insurer, in accordance with Section 45 of the Insurance Act, 1938. We will refund the entire premium received towards the Policy except for the expenses incurred on medical examination of the Group members, the stamp duty charges and claim amount paid, if any.

6.21. Review of Master Policyholder

RLIC reserves the right to review the functioning of the Master Policyholder, including claim process as per the directives of the Regulatory Authority provided in the Group Guideline issued vide Circular No. 015/IRDA/Life/Circular/GI Guidelines/2005 dated July 15, 2005.

6.22. Section 41 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

(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.

Please refer to our website or contact our office for the details under the above mentioned Section 41.

6.23. Section 45 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

(3) notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:-

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) A policy of the life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of the revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of the fact material

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to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Mis-statement of or suppression of shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if is entitled to do so, and no policy shall be deemed to be called in question merely because the term of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

7. Part G

7.1. Governing laws and jurisdiction

This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the courts of law within whose territorial jurisdiction the registered office of RLIC is situated.

7.2. Primacy of the Master Policy Document

In the event of any inconsistency or conflict between the terms and conditions contained in the Master Policy document and the terms and conditions contained in any other document such as marketing material or sales brochure, the Terms and Conditions contained in the Master Policy document shall prevail over all other terms and conditions contained in various other documents.

7.3. Grievance redressal

If you are dissatisfied with any of our services, please feel free to contact us-

Step 1: If you are dissatisfied with any of our services, please feel free to contact us –

Step 1.1: 24 hours contact centre: 30338181 (Local call charges apply) & 1800 300 08181(Toll free) or Email: rlife.customerservice@relianceada.com **OR**

Step 1.2: Contact the Customer Service Executive at your nearest branch (this is a link for branch location details) of the Company **OR**

Step 1.3: Write to

Reliance Life Customer Care
Reliance Life Insurance Company Limited
H Block, 1st Floor, Dhirubhai Ambani Knowledge City
Navi Mumbai, Maharashtra 400710. India

If your complaint is unresolved for more than 10 days,

Step 2: Please contact our Branch Manager, who is also the Local Grievance Redressal Officer at your nearest branch.

If you are unhappy with the solution offered,

Step 3: Write to Head of Customer Care at rlife.headcustomercare@relianceada.com or at the address mentioned above.

If you are still not happy with the solution offered,

Step 4: Write to our Grievance Redressal Officer, Head of Legal & Compliance at rlife.gro@relianceada.com or at the address mentioned above.

If the issues remain unresolved; a further reference may be made to the Insurance Ombudsman in terms of Rule 12 & 13 of the Redressal of Public Grievance Rules, 1998.

7.4. Procedure for registering complaint with IRDA Grievance Call Centre (IGCC)

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority (IRDA) on the following contact details:

IRDA Grievance Call Centre (IGCC) TOLL FREE NO: 155255

Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:

Consumer Affairs Department
Insurance Regulatory and Development Authority
9th floor, United India Towers, Basheerbagh
Hyderabad – 500 029, Andhra Pradesh
Fax No: 91- 40 – 6678 9768

7.5. Procedure for filing complaint with the Insurance Ombudsman

While we expect to satisfactorily resolve your grievances, you may also at any time approach the Insurance Ombudsman. The Insurance Ombudsman may receive and consider any complaints under Rule 12 & 13 of the Redressal of Public Grievance Rules, 1998; which relates to any partial or total repudiation of claims by RLIC, any dispute in regard to premium paid or payable in terms of the Policy, any dispute on the legal construction of the policies insofar as such disputes relates to claims; delay in settlement of claims and non-issue of any insurance document to customers after receipt of premium. On the above grounds, any person may himself or through his legal heirs make a complaint in writing to the Insurance Ombudsman within whose jurisdiction the RLIC branch is located. The complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch, the fact giving rise to complaint supported by documents, if any, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.

However as per Provision of Rule 13(3) of the Redressal of Public Grievance Rules, 1998 the complaint to the Ombudsman can be made:

- i. Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer or complainant has not received any reply within 30 days from the date of complaint or the complainant is not satisfied with the reply given to him by the Company
- ii. The complaint has been filed within one year from the date of rejection by the Company
- iii. If it is not simultaneously under any litigation

The detailed list of the Ombudsmen is provided in Annexure A of this Master Policy document.

About Reliance Life Insurance Company Limited

Reliance Life Insurance Company Limited is a licensed life insurance company registered with the Insurance Regulatory & Development Authority (IRDA) Registration No. 121. Reliance Life Insurance Company Limited offers you products that fulfill your savings and protection needs. Our aim is to emerge as a transnational Life Insurer of global scale and standard.

CIN: U66010MH2001PLC167089

Reliance Life Insurance Company Limited (Reg. No. 121)

Insurance is the subject matter of the solicitation.

Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra - 400710, India

Corporate Office: 9th floor/ 10th floor, Building No. 2, R-Tech Park, Nirlon Compound, Next to Hub Mall, Behind Oracle Building, Goregaon (East), Mumbai - 400 063

For more information or any grievance,

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1. Call us at our 24 x 7 Call Centre number - 30338181(Local call charges apply) or our Toll Free Number 1800 300 08181
2. Fax number +91-22-30002222
3. Visit us at www.reliancelife.com or
4. Email us at: rlife.customerservice@relianceada.com

UIN for Reliance Group Term Assurance Plus: 121N104V01

Trade Logo displayed above belongs to M/s Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance Life Insurance Co. Ltd. under license.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDA clarifies to public that

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

Annexure A: Insurance Ombudsman

The detailed list of the Insurance Ombudsman is mentioned below for reference.

Address of Ombudsman:

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman 2 nd Floor, Ambica House Near. C.U.Shah College 5, Navyug Colony, Ashram Road AHMEDABAD – 380 014 Tel. 079-27546840 Fax:079-27546142 E-mail: ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd Floor Malviya Nagar, Opp. Airtel, Near New Market BHOPAL - 46202 Tel. 0755-2569201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Parl BHUBANESHWAR – 751 009 Tel. 0674-2596455 Fax - 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2 nd Floor, Batra Building Sector 17-D CHANDIGARH – 160 017 Tel.: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th Floor, 453 (old 312) Anna Salai, Teynampet CHENNAI – 600 018 Tel. 044-24333668/5284 Fax: 044-24333664 Email: chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road NEW DELHI – 110 002 Tel.011-23239633 Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajasthan

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GUWAHATI	Office of the Insurance Ombudsman Jeevan Nivesh, 5 th Floor Nr. Panbazar Overbridge, S.S. Road GUWAHATI – 781 001 Tel. : 0361-2132204/5 Fax: 0361-2732937 E-mail: ombudsmanghy@rediffmail.com	Assam, Meghalaya, Manipur Mizoram, Arunachal Pradesh Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman 6-2-46, 1 st floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards Lakdi-Ka-Pool HYDERABAD – 500 004 Tel. 040-6550412; Fax: 040-23376599 E-mail: insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Office of the Insurance Ombudsman 2 nd Floor, CC 27/2603, Pulinat Building Opp. Cochin Shipyard M.G. Road ERNAKULAM – 682 015 Tel: 0484-2358759 Fax: 0484-2359336 E-mail: iokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep (b) Mahe – a part of UT of Pondicherry
KOLKATA	Office of the Insurance Ombudsman 4 th Floor, Hindusthan Bldg. Annexe, 4, C.R. Avenue, Kolkatta-700 072. Tel: 033 22124346/(40); Fax 033 22124341; Email: iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2 6 th Floor, Nawal Kishore Road. Hazratganj LUCKNOW – 226 001 Tel.: 0522-2231331 Fax: 0522-2231310 E-mail: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Office of the Insurance Ombudsman Jeevan Seva Annexe, 3 rd Floor, S.V.Road Santacruz(W), MUMBAI – 400 054 Tel: 022-26106928; Fax: 022-26106052; E-mail: ombudsmanmumbai@gmail.com	Maharashtra, Goa