

Policy document - Reliance Group Term Assurance Plan

Schedule A – Table of Premiums

Reliance Group Term Assurance Plan Policy Number

Premium per Rs 1000 sum insured

Age	Premium *
18 to 59	

* Exclusive of Service tax as applicable.

Schedule B – Benefit formula

Reliance Group Term Assurance Plan Policy Number:

Designation	Sum Assured (in Rs.)

Please read Your Policy Details carefully to verify that it correctly reflects the policy you applied for, if you notice any discrepancies please return this policy document to us for correction.

Policy Conditions & Privileges within referred to

Reliance Group Term Assurance Plan

Contract Number _____

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

Reliance Life Insurance Company Limited (hereinafter called "RLIC") agrees to pay the benefits, as stipulated in the Policy Schedule to the Master Policyholder on the basis of the statements, proposal, declarations and premium along with taxes as applicable from the Policyholder on the assurance that the Policyholder has agreed to all the policy terms and conditions referred to in the Reliance Group Term Assurance Plan (UIN: XXXXXXXXXX) Policy document kit. 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 the Company 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 Policy document kit. 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 Policy document kit and that the Policy Schedule and every endorsement placed on the Policy by RLIC shall be deemed to be a part of the Policy.

.....
Date

Authorised Signatory

Reliance Life Insurance Company Limited

Registered Office:

H Block, 1st Floor, Dhirubhai Ambani Knowledge City,
Navi Mumbai,
Maharashtra – 400 710,
India

Policy document - Reliance Group Term Assurance Plan

General description of the plan

Reliance Group Term Assurance Plan is a non-linked, non-participating, one year renewable group term assurance plan where the benefits are paid only on death of the insured member. This plan will be available to all employer-employee groups and non-employer-employee homogeneous groups, where non-employer-employee homogeneous groups shall mean:

1. Any associations, where the members represent a particular profession / trade / domestic workers / Anganwadi workers;
2. Government agencies;
3. Any Co-operative Society;
4. Parents of school / college students as members;
5. Any other groups as may be approved by the Authority.

Key Benefits

Events	How and when benefits are payable	Size of such benefits/policy monies
Death	Payable on death during the policy term	Sum Assured
Maturity	On survival up to the end of policy term	No amount is payable

Plan limits

Minimum entry age	18 years last birthday
Maximum entry age	59 years last birthday
Policy term	One year renewable
Minimum Sum Assured	No minimum
Maximum Sum Assured	No limit
Minimum size of the group	10
Maximum size of the group	No limit
Maximum maturity age	60 years last birthday

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1. Free look

The Master Policyholder may cancel this Policy by returning it to the Company within 15 days of receiving it, if the Policy is not sourced through Distance Marketing* channel, which has a 30 day free look period. The Company will refund the premiums paid by the Master Policyholder less a deduction for the proportionate premium for the time that the Company has provided cover up to the date of cancellation and for the following expenses incurred by the Company:

- i. Proportionate Mortality Cover charges incurred to cover the Master Policyholder from the date of commencement of risk till the date of free look cancellation.
- ii. Medical examination of the Policyholder, if any
- iii. Stamp charges and expenditure, if any, incurred in the above regard

***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 & magazine inserts; and
- v. Solicitation through any means of communication other than in person.

Terms and conditions

This Policy comprises of the terms and conditions set forth in this Policy document, the Policy Schedule, Certificate of Insurance and the Annexures referred to herein, which shall form an integral part of this Policy.

2. Definitions

In this Policy document the words and phrases listed below in the alphabetical order shall have the meaning assigned to them, wherever they appear, unless the context otherwise requires:

“At work” in respect of an insured person (being an employee in an employer employee group) means performing their normal duties during their normal work hours

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

“Cover” means the Death Benefit

“Date of Commencement of Risk” means the date from which the insurance commences under the policy

“Death Benefit” means the benefit, agreed at inception of the contract, which is payable on death of an insured person as specified in the policy document.

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“Employer” means the Master Policyholder. It also refers to each, or any of its subsidiaries, associated corporations or firms which are participating in the Policy

"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” 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 policyholder.

“Free look cancellation of the policy” means where the policyholder disagrees to any of the policy terms and conditions after purchasing the policy, he/she may cancel the policy by returning it to the Company stating the reasons for his / her objections within the stipulated time permitted under the policy.

“Insured Person/Member” means an Eligible Member whose application for cover is accepted by the Company and is insured under this Policy

“Master 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 Plan contract entered into between the Master Policyholder and the Company providing life cover to the members of the Master Policyholder.

"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 and shall mean:

1. Any association, where the members represent a particular profession/ trade/ domestic workers/ Anganwadi workers;
2. Government agencies;
3. Any Co-operative Society;
4. Parents of school/ college students as members;
5. Any other groups as may be approved by the Authority;

“Nominee” means the person or persons appointed by the Life Assured/Member under Section 39 of the Insurance Act, 1938, to receive the admissible Benefits in the event of death of the Life Assured

“Policy Period” means the period used to calculate the premium

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

“Policy Year” means a period of 12 consecutive months starting with the Date of Commencement of the Policy as stated in the Policy Schedule and ending on the day immediately preceding the following Policy Anniversary date and each subsequent period of 12 consecutive months thereafter

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

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“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 as per the provisions of the Insurance Act, 1938

“Regulatory Authority” means the Insurance Regulatory and Development Authority (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

“Salary” in respect of an insured person is the insured person’s salary, under the Policy, as advised to us by the policy owner. The Salary does not include investment income

"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 of work not due to any fault of the member concerned

“Substandard 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 Board approved Underwriting Manual of the Company.

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

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

3. Key benefits

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

3.1. Death benefit

On death of the Life Assured during the Policy term, the Sum Assured is payable.

3.2. Surrender of the Policy

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.

3.3. Maturity benefit

No maturity benefit is payable under this plan

4. Other benefits and features

4.1. Conversion option

A conversion option is available for employer-employee groups such that the employee has an option to purchase a replacement death cover with Reliance Life Insurance Company Limited, under an individual endowment or whole of life policy, subject to our premium rates, terms, conditions and availability at that time.

4.2. Free cover Limits

Free Cover limit 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 policyholder.

Lives with cover above the free cover limits applicable to the group, will be underwritten and substandard lives with medical conditions and other impairments will be underwritten as per the underwriting manual. The basis of underwriting will be the full amount of cover, including up to the free cover limit.

In the event member does not undergo medical examination then insured death benefit shall be limited to the free cover limit as defined above.

Employer-employee groups will be eligible for free cover, subject to the following conditions:

- i. There are clearly defined eligibility rules for each category of employee
- ii. There is a clearly defined and fixed benefit formula for determining the level of benefit amounts for each category of employee, which precludes individual selection
- iii. There must be more than 20 insured persons
- iv. Reliance Life Insurance Company Ltd. is the only insurer of Death Benefits for the employer
- v. Not more than 10% of the insured persons may be resident overseas
- vi. At least 80% of the employees are eligible to become Insured Persons. For groups of less than 100 eligible employees, at least 90% do so at inception of the Policy, and 100% of those eligible to become Insured Persons in the future, do so within 3 months of first becoming eligible.

If the group no longer meets any of these conditions or if they are not complied with, the free cover limit may be varied or removed.

However, the free cover limit can be changed immediately if membership of the group varies by more than 10%, since the date it was last calculated, or in the event of invasion or war, (whether declared or not), including India.

The free cover limit shall apply to:

- (a) All Insured Persons who are at Work on the date of commencement of the Policy; and
- (b) All of the employer's permanent employees who are first eligible to become an Insured Person on or after the date of commencement of the Policy and who apply to be an Insured Person within three months of first becoming eligible, and who are at Work on the date they first apply

Provided that the persons mentioned in (a) or (b) above:

- i. Are upto age 60
- ii. Have not been absent from work due to sickness or injury for more than three weeks in either of the two years, prior to the date of which they are eligible to be insured under the Policy
- iii. Have joined the employer before attaining age 55

Free cover limit will be the minimum of:

- i. "k" times the average Sum Assured per member; and
- ii. Maximum Free Cover Limit (FCL);

Where "k" and maximum FCL are given as follows:

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Number of lives	k	Maximum FCL
21-50	2.5	10,00,000
51-100	3.0	20,00,000
101-200	4.0	30,00,000
201-500	5.0	35,00,000
501-1000	6.0	40,00,000
1001-2000	7.0	45,00,000
2001 & above	8.0	50,00,000

4.3. Sum Assured

The Sum Assured will be calculated according to the benefit formula in Schedule B, subject to the maximum cover limit.

4.4. Policy Lapsation

The grace period is 30 days from the due date of every renewal premium. RLIC may lapse the Policy if any amount that the Master Policyholder owes us under this Policy is not paid within the 30 day grace period. Policies under this plan do not acquire any surrender value or paid-up value. There is no automatic premium loan procedure.

The Policy will lapse on the earliest of:

- i. The end of the period mentioned in the renewal notice to the Master Policyholder and
 - ii. The Master Policyholder effecting the replacement cover with another insurer
- If the Policy lapses:
- iii. We do not have to pay any claims in relation to the events that occurred after the date the Policy lapsed and
 - iv. It may be reinstated on the terms and conditions that we set.

4.5. Revival/reinstatement of the Policy

These are not applicable, except with the consent of the Company. Policy alterations will be allowed on the terms offered by the Company from time to time which will be determined as per the standard actuarial practice.

4.6. Sub-standard lives

Every Insured Member will have to complete a medical questionnaire. Lives with sub-standard medical conditions and other impairments will be underwritten as per the underwriting manual approved by the board. The basis of underwriting will be the full amount of cover, including up to the free cover limit. There could be loading for occupations based on the company's underwriting practice approved by the board.

Employee welfare society members with hazardous occupations, exposure to special health and accidental hazards, special contingent risks or significant moral hazards and extra risks shall be considered to be unclassified and the policy will be offered on a case to case basis.

Employer-employee groups will be eligible for free cover limit. The free cover limit will be decided on a case to case basis depending upon the proportion of participation and the risk characteristic of the group.

4.7. Medical examination

At all times, we may have an Insured Person examined by a medical practitioner whom we may choose.

5. Premium

For each Policy Period, the Master Policyholder must pay the premium for each Insured Person's Sum Assured. The premium rates apply to Insured Persons that we accept on standard terms. For any Insured Persons 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.

5.1. Calculating the premium

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

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

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

5.2. Provisional premium

If, at the beginning of the Policy Period, we have not yet received or processed all the information we need to set the final premium, then we may send the Master Policyholder an invoice for provisional premium. The Master Policyholder must pay the provisional premium, and any instalments of it, as if it were the correct amount.

5.3. Adjusting the premium

After we have received and processed all the information we need to set the final premium for each Policy Period (taking into account any change in an Insured Person's Cover, or change in the membership of the group, or that the Policy has been terminated), we will set the premium and calculate the difference between the amount that the Master Policyholder has paid and the amount that it should have paid. The difference will then be paid by the Master Policyholder or refunded by us, dependent on the outcome.

5.4. If the premium is late by more than 30 days

An Insured Member's Cover ends if any premium instalment that relates to their Cover has not been paid within 30 days after it is due.

5.5. Changes to the premium rates

On or after the Guarantee Expiry Date, we can change the premium rates. However, we can change the premium rates at any time (including before the Guarantee Expiry Date) with immediate effect by giving a notice to the Master Policyholder:

- i. If membership of the group of Insured Persons varies by more than 10% since the premium was last calculated; or

- ii. If the data used in calculating the premium rates is subsequently found to be incorrect or incomplete.

6. Group administration

6.1. When the Cover starts and ends

An Insured Person's Cover starts:

- i. If they are to be covered from when the Policy began
- ii. Otherwise, when we agree to cover them

The Cover continues until any one of the events described in Clauses 5.4, 6.2, 6.3 and 6.4 occurs or the Policy ends.

As soon as the Cover for an Insured Person ends, our liability under this Policy in relation to that person also ends.

6.2. Insured Person reaches an age set by the Master Policyholder

An Insured Person's Cover ends on his last birthday when he attains the maximum maturity age set by the Master Policyholder.

6.3. Insured Person stops being a 'full time permanent employee' in case of employer employee group or stops being a 'member' of the non employer employee group

- i. An Insured Person's cover ends if they stop being a full time permanent employee due to resignation, dismissal, retirement or ill-health retirement or stop being member of non employer-employee group
- ii. Where an Insured Person takes special leave of absence such as extended travel or sabbaticals, our Cover continues for up to one year, as long as the premium continues to be paid in advance and provided we are informed of and agree to the nature of leave prior to the commencement of the leave.
- iii. If special leave continues beyond one year, we may agree to continue their Cover if we are told for how long the special leave is expected to continue.
- iv. For an Insured Person who transitions from full time permanent employment to part time or casual employment or to unpaid leave of absence for reasons other than (ii) mentioned above, including ill health, we will continue the Cover for six months from the date that pay reduces from the normal level of full time pay, or to the date that the employee's service terminates if this is sooner. After the expiry of this six month period, we will deem that the service has terminated. Premiums must continue to be paid during this period.

6.4. Cover for Insured Persons working overseas

The Cover for an Insured Person seconded overseas, continues automatically for up to one year as long as the premium for them is paid in advance. If their secondment continues beyond one year, we may agree to continue their Cover, if we are told how long the secondment is expected to continue.

6.5. Experience refund

This is without profits product. However, experience refunds are possible based on the individual scheme experience.

6.6. Decision whether to agree and on what terms

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 Cover will be granted; and
- ii. How much the sum insured will be for that employee/ member.

6.7. Master Policyholder to keep lists

The Master Policyholder must keep lists of:

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

If an Insured Person 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 Persons. 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.

7. General conditions

7.1. Proof of age

RLIC may require proof of age of the member/beneficiary before paying any benefits. If the age has been incorrectly stated, the benefits will be adjusted to reflect the true value. This Policy shall however become voidable at the instance of RLIC from the date of commencement of this policy or the date of admission of the member, if the age of the Life Assured at the Policy Commencement Date or date of admission is found to be higher than the maximum or lower than the minimum entry age that was permissible under the plan of this Policy at the time of acceptance of risk on the life of the member. In such a case, the policy shall be cancelled immediately. It is the responsibility of the Master Policyholder to seek satisfactory evidence of the member's age.

7.2. Suicide exclusion

Suicide is excluded for a period of 12 months from the date of inception of the scheme.

7.3. Claims

The Company will pay the sum insured when it is satisfied of the identity and age of the insured person that the insured person is dead that all relevant provisions of the policy have been met. The Company will adjust the claims payable, in case it is found that the age as declared to us is incorrect, to that the proportion of the sum insured that is equal to the proportion that:

- a. The amount of the insurance premium that was actually paid in relation to that person (in the policy period in which they died); is of
- b. The amount of insurance premium that should have been paid for that person (in that policy period) having regards to the rate of insurance premium applicable to their correct age.

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

7.4. Claims process

In the event of a claim arising under this Policy, the Master Policyholder shall intimate the Company in writing of the claim and provide the following documents to the Company to enable the Company to process the claim:

7.4.1. In case of a claim for Death Benefit arising out of accidents or unnatural deaths:

- i. Certificate of Insurance, in original
- ii. Death certificate, in original, issued by the competent authority
- iii. Copies of the First Information Report and the Final Investigation Report thereof, duly attested by the concerned police officials
- iv. Copy of the post-mortem report duly attested by the concerned officials
- v. Claim Form (A) to be filled in by the nominee Claim Form (B) to be filled in by the last treating doctor
- vi. Claim Form (C)
- vii. KYC documents of the claimant as per AML Guidelines. (Address Proof & Identity Proof)
- viii. ECS mandate form/ cancelled cheque leaf/ self attested passbook copy of the claimant
- ix. Any other document as may be required by the Company

7.4.2. In case of claim for Death Benefit arising other than out of accidents or unnatural deaths:

- i. Certificate of Insurance in original
- ii. Death Certificate, in original, issued by the competent authority; and
- iii. Hospitalization documents (discharge summary along with all investigation reports) if the Life Assured has taken treatment for illness leading to his death
- iv. Claim Form (A) to be filled in by the nominee
- v. Claim Form (B) to be filled in by the last treating doctor
- vi. Claim Form (C)
- vii. KYC documents of the claimant as per AML Guidelines. (Address Proof & Identity Proof)
- viii. ECS mandate form/cancelled cheque leaf/ self attested passbook copy of the claimant
- ix. Any other document as may be required by the Company

Notwithstanding anything contained in Clause 8.15 above, depending upon the cause or nature of the claim, the Company 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 the Company, for processing the claim.

7.5. Requirement for claims

In the event of a claim for Death Benefit arising under this policy, the person to whom benefits payable shall endeavour to intimate to the Company in writing of the claim and provide the following documents to the Company within 90 days of the claim arising to enable the Company to process the claim. The Company may accept/ process claims on merits of case even beyond the period of 90 days provided

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

7.6. Ending the Policy Contract

The Master Policyholder owner may end the Policy Contract at any time, upon giving us a written notice. The date the policy ends is the date the notice is received by us, or such a later date, as specified in the notice.

Where the policy is terminated during the Policy Period, we will refund a proportionate share of the premium.

The notice does not affect our liability in relation to each of the Insured Persons on the last day of the notice period for claims arising on or before that date.

7.7. Incontestability

In case fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value if any, subject to the fraud or misrepresentation being established by the insurer in accordance with Section 45 of the Insurance Act, 1938.

In the event of any inconsistency or conflict between the terms and conditions contained in the 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 Policy document shall prevail over all other terms and conditions contained in various other documents.

7.8. Review/revision

RLIC reserves the right to review, revise, delete and / or alter any of the terms and conditions of this Policy, including without limitation, the Benefits, charges, other than those charges which are specifically stated to remain unchanged in this Policy, the method, manner and timing of levy or recovery of the charges with the approval of the Regulatory Authority, by giving a notice of 90 days in advance to the Master Policyholder. At any time, we may, by giving a 90 day prior notice to the Master Policyholder:

- i. refuse to accept any more people as Insured Persons
- ii. cease future increases to the sum insured
- iii. end the Policy if there are less than 21 Insured Persons under the Policy and
- iv. vary the terms of the Policy

However, the notice does not affect our liability in relation to each of the Insured Persons on the last day of the 90 day notice period for claims arising on or before that date.

7.9. Taxes, duties and levies and disclosure of information

This Policy, and the Benefits and the surrender value payable under this Policy shall be subject to the Regulations, including taxation laws in effect from time to time. All taxes, duties, levies or imposts including without limitation any sale, use, value added, service or other taxes, as may be imposed now or in future by any authority (collectively "Taxes") on the Premiums and other sums payable to RLIC or RLIC's obligations under the Policy or the Benefits payable under the Policy or in any way relating to this Policy, shall be borne and paid by the Policyholder or the Person to whom Benefits payable, as the case may be. The Premium and other sums payable under or in relation to the Policy do not include the Taxes. If, however, the applicable law imposes such Taxes on RLIC, then RLIC shall have the right to recover the same from the Policyholder or the Person to whom Benefits payable.

The persons receiving the Benefits shall be solely liable for complying with all the applicable provisions of the Regulations, including taxation laws, and payment of all applicable Taxes. Except

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as otherwise required by law, RLIC shall not be responsible for any Tax liability arising in relation to this Policy or the Benefits payable in terms of this Policy. In any case where RLIC is obliged to account to the revenue authorities for any Taxes applicable to this Policy or the Benefits payable under this Policy, RLIC shall be entitled to deduct such Taxes from any sum payable under this Policy, and deposit the amount so deducted with the appropriate governmental or regulatory authorities.

In any case where RLIC is obliged to disclose to the revenue or other regulatory authorities any information concerning the Policy, including information concerning the Premium and the Benefits under this Policy, RLIC shall be entitled to disclose the required information to the appropriate governmental or regulatory authorities.

It shall be the responsibility of the Policyholder to satisfy himself and ensure that the payment of the Additional Premium does not adversely affect his entitlement or claim for tax benefits, if any, available or admissible under this Policy.

7.10. Nomination of beneficiary – Section 39 of Insurance Act, 1938

The Master Policyholder shall register the nomination of beneficiary, or any change of nomination of any beneficiaries, in his records. If the Master Policyholder provides authority to the Company to pay the benefits directly to the Insured Member's beneficiary(s), it is the responsibility of the Master Policyholder to advise the Company in writing of this request. The authority should include the beneficiary details as decided and agreed by the Master Policyholder and a statement of nomination signed by the Insured Member.

Every Insured Member shall nominate one or more person to be his beneficiary. If the beneficiary has died at the time that payment is to be made or cannot be reasonably located, then the payment shall be made to the Insured Member's legal heir.

7.11. Assignment – Section 38 of Insurance Act, 1938

The members and / or Master Policyholder cannot assign the Policy Account.

7.12. Loans

No loans are available under this Policy.

7.13. Endorsements

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

7.14. Change of address

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

7.15. Entire contract

This Policy comprises the terms and conditions set forth in this Policy document, Schedule 'A', 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.

This contract is entered into between Reliance Life Insurance Company Limited (the “Company”) and the Master Policyholder named in Schedule ‘A’ 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.

7.16. 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.

7.17. Stamp duty and service tax

The premium rate quoted allows for the current level of stamp duty and other taxes payable. We may adjust our premium to pass on any increase in the cost of providing Cover under this Policy which arises from the imposition of any additional duties or taxes. The level of service tax charge will be as per the rate of service tax on the risk premium, declared by the government from time to time.

7.18. Tax benefits

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.

7.19. 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. 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.

7.20. Notice of new Members and Members who cease to be a member of the group

The Master Policyholder will provide notice to RLIC of new Members joining the Reliance Group Term Assurance Plan policy and of Members ceasing to be a member of the group for any reason.

7.21. Master Policyholder to share information with Reliance Life

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

7.22. Exclusions in respect of occupational hazard or travel

There are no exclusions in respect of occupational hazard or travel, other than any claim resulting directly or indirectly from:

- i. Racing or practicing racing of any kind other than on foot
- ii. Flying or attempting to fly in, or using or attempting to use an aerial device of any description, other than as a fare paying passenger on a recognized airline or charter service

7.23. Charges levied by the government in future

In future, the Company may decide to pass on any additional charges levied by the government or any statutory authority to the Master Policyholder. Whenever the company decides to pass on the additional charges to the Master Policyholder, the method of collection of these charges shall be informed to them.

7.24. Recovery of additional expenses incurred on account of acts of policy holders:

RLIC reserves the right to recover cheque bounce charges incurred by it from the policy holders, on account of cheque bounce of premium payment the by policy holders by requisitioning additional payments.

7.25. 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.

7.26. 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.

7.26.1. 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.

7.26.2. 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

7.27. Grievance redressal

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

Step 1: 24 hours contact centre: 30338181 (Local call charges apply) & 1800 300 08181 (Toll free) or E-mail : rlife.customerservice@relianceada.com or

Step 2: Contact the customer service executive at your nearest branch of the Company or

Step3: 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 4: Please contact our Branch Manager, who is also the Local Grievance Redressal Officer at your nearest branch.

If you are still unhappy with the solution offered,

Step 5: Write to Mr. Amitabh Aich- 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 6: Write to our Grievance Redressal Officer, Mr. Sameer Karekatte- Head, Legal & Compliance at rlife.gro@relianceada.com or at the address mentioned above.

While we expect to satisfactorily resolve your grievances, you may also at any time approach the Insurance Ombudsman . The detailed list of Ombudsman is provided in Annexure 1.

Dispute reconciliation

If the issues still 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 which relates to any partial or total repudiation of claims by RLIC, any dispute in regard to the premium paid or payable in terms of the policy, any dispute on the legal construction of the policies in so far as such disputes relates to claims, delay in settlement of claims and non-issuance of any insurance document to customers after receipt of premium. On the above grounds, any person may himself or through his/her legal heirs, make a complaint in writing to the Insurance Ombudsman within whose jurisdiction the RLIC branch is located.

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The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information shall state clearly the name and address of the complainant, the name of the branch, the facts giving rise to the complaint supported by documents, if any, the nature and extent of the loss caused to the complainant, and the relief sought from the Ombudsman.

As per provision 13(3) of the Redressal of Public Grievances 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
- ii. Within a period of one year from the date of rejection of the insurer
- iii. If it is not simultaneously under any litigation

The Policyholder's attention is invited to Sections 41 and 45 of the Insurance Act, 1938, which are reproduced below for reference

Section 41 of the Insurance Act, 1938 states: Prohibition of rebate

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

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Section 45 of the Insurance Act, 1938 states: Policy not to be called in question on ground of mis-statement after two years

(1) No policy of life insurance effected before the commencement of this Act shall, after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

(2) Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely

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because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Please note that Reliance Life Insurance Company Limited Insurance Company Limited is only the name of the insurance company and Reliance Group Term Assurance Plan is only the name of the policy and does not in any way indicate the quality of the policy or its future prospects or returns.

About Reliance Life Insurance Company Limited

Reliance Life Insurance is a licensed life insurance company registered with Insurance Regulatory & Development Authority (IRDA) Registration No. 121.

Reliance Life Insurance Company Limited offers you products that fulfil your savings and protection needs. Our aim is to emerge as a transnational Life Insurer of global scale and standard.

Reliance Life Insurance Company Limited is a part of Reliance Capital, under Reliance Group. Reliance Capital is one of India's leading private sector financial services companies, and ranks among the top 3 private sector financial services and banking companies, in terms of net worth. Reliance Capital has interests in asset management and mutual funds, stock broking, life and general insurance, proprietary investments, private equity and other activities in financial services.

Reliance Group also has presence in Communications, Energy, Natural Resources, Media, Entertainment, Healthcare and Infrastructure.

Nippon Life Insurance, also called Nissay, holds 26% stake in Reliance Life Insurance Company Limited.

Nippon Life Insurance is Japan's largest private life insurer with revenues of Rs. 346,834 crore (US\$ 80 Billion) and profits of over Rs. 12,199 crore (US\$ 3 billion). The Company has over 14 million policies in Japan, offers a wide range of products, including individual and group life and annuity policies through various distribution channels and mainly uses face-to-face sales channel for its traditional insurance products. The company primarily operated in Japan, North America, Europe and Asia and is headquartered in Osaka, Japan. It is ranked 81st in the Global Fortune 500 firms in 2011.

Reliance Life Insurance Company Limited Registration No: **121**.

Reliance Life Insurance is a licensed Life Insurance Company registered with Insurance Regulatory & Development Authority (IRDA), in accordance with provisions of the Insurance Act, 1938.

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

Corporate Office: 9th and 10th Floor, Bldg. No. 2, R-Tech Park, Nirlon Compound, Next to Hub Mall, Behind Oracle Bldg, Goregaon (East), Mumbai, Maharashtra – 400063.

Customer Care Number: 1800 300 08181 (Toll free) & 30338181

Email: rlife.customerservice@relianceada.com

Website: www.reliancelife.com

UIN for Reliance Group Term Assurance Plan: 121N006V02

Insurance is the subject matter of the solicitation.

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Annexure 1

List of Insurance Ombudsmen

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, BHOPAL Tel. 0755-2569201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Park BHUBANESHWAR – 751 009 Tel. 0674-2596455 Fax - 0674-2596429 E-mail: iobbsr@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	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)

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	<p>Tel. 044-24333668/5284</p> <p>Fax: 044-24333664</p> <p>Email: chennaiinsuranceombudsman@gmail.com</p>	
NEW DELHI	<p>Office of the Insurance Ombudsman</p> <p>2/2 A, Universal Insurance Bldg. Asaf Ali Road NEW DELHI – 110 002</p> <p>Tel. 011-23239633 Fax: 011-23230858</p> <p>E-mail: iobdelraj@rediffmail.com</p>	Delhi & Rajasthan
GUWAHATI	<p>Office of the Insurance Ombudsman</p> <p>Jeevan Nivesh, 5th Floor Nr. Panbazar Overbridge , S.S. Road GUWAHATI – 781 001</p> <p>Tel. : 0361-2132204/5</p> <p>Fax: 0361-2732937</p> <p>E-mail: ombudsmanghy@rediffmail.com</p>	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	<p>Office of the Insurance Ombudsman 6-2-46 , 1 st floor, Moin Court Lane,</p> <p>Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool HYDERABAD – 500 004</p> <p>Tel. 040-65504123 Fax: 040-23376599</p> <p>E-mail: insombudhyd@gmail.com</p>	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	<p>Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building , Opp. Cochin Shipyard, M.G. Road , ERNAKULAM – 682 015</p> <p>Tel: 0484-2358759</p> <p>Fax: 0484-2359336</p> <p>E-mail: iokochi@asianetindia.com</p>	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	<p>Office of the Insurance Ombudsman</p> <p>4th Floor, Hindusthan Bldg. Annexe, 4,</p>	West Bengal, Bihar, Jharkhand and UT of Andaman &

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	C.R.Avenue, Kolkata- 700 072. Tel: 033 22124346/ (40); Fax: 033 22124341; E-mail: iombsbpa@bsnl.in	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

Annexure 2

Contact details

Registered Office:

Reliance Life Insurance Company Limited
H- Block, 1st Floor
Dhirubai Ambani Knowledge City
Navi Mumbai
Maharashtra – 400710

Corporate Office:

Reliance Life Insurance Company Limited
9th & 10th Floor, Bldg. No. 2, R-Tech Park,

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Nirlon Compound, Next to Hub Mall, Behind Oracle Bldg,
Goregaon (East), Mumbai,
Maharashtra - 400063.

Reliance Life Insurance Company Limited representatives may be contacted between 10am- 5pm,
Monday to Friday

Insurance is the subject matter of solicitation.

UIN for Reliance Group Term Assurance Plan: 121N006V02