

Policy Conditions and Privileges within referred to

Reliance Life Insurance Company Ltd (hereinafter called "RLIC") having received a Proposal and Declaration and the first premium from the Proposer and the Life Assured named in the Schedule and the said Proposal and Declaration with the statements contained and referred to therein have been agreed to by the said proposer and RLIC as basis of this Assurance do by this **Reliance Special Term Plan - Regular Premium** agree in consideration of and subject to the due receipt of subsequent installments of premiums as set out in the Schedule to pay Benefits at the office of RLIC where this policy is serviced or at any of its Offices as may be decided, to the person or persons to whom the same is payable in terms of the said Schedule, on proof to the satisfaction of RLIC of the Benefits having become payable as set out in the Schedule, of the title of the said person or persons claiming payment.

And it is hereby declared that this Policy of Assurance shall be subject to the terms, conditions and privileges in this Policy Document and that the Policy Schedule (hereinafter referred to as Schedule) and every endorsement placed on the Policy by RLIC shall be deemed part of the Policy.

Definitions: "commencement date" means the commencement date of this Policy as shown in the Schedule.

"**schedule**" means the Policy Schedule issued by us for this Policy, together with any amendments to the Schedule which we may issue from time to time.

"**maturity date**" means the expiry date for the basic benefit as shown in the Schedule.

"**we/our/us/company**" means Reliance Life Insurance Company Limited.

"**you/your**" means the Policyholder named in the Schedule or his or her legal personal representative.

15 days free look period: The Policyholder may cancel this Policy by returning it to the Company within 15 days of receiving it together with a letter requesting it to be cancelled. The Company will refund the premium paid by the Policyholder less a deduction for a proportionate premium for the time that the Company has provided cover up to the date of cancellation and for expenses incurred by the Company for medical examination of the Life Assured, Stamp Charges and expenditure incurred in that connection.

Terms and Conditions:

1. Premiums

i) The annual premiums are due and payable on the commencement date and on each Policy Anniversary thereafter until expiry date of the premium paying term.

ii) The Company may agree to accept payment of the annual premium by installments under terms and conditions specified by the Company. At the discretion of the Company, the Policyholder may change the frequency of payment of regular premiums at any Policy Anniversary but not at other times. The installment premiums, commencement date and expiry dates of the premium paying term are shown in the Policy Schedule.

iii) Premiums shall be deemed to have been paid only when received at the Company's Head Office or those of its other offices which are authorised by the Company to accept payment of premiums. The official receipt issued by the Company is the only valid evidence of payment of premiums.

iv) The Company allows a grace period of one month or 30 days from the due date for the payment of regular premiums. Should an otherwise valid claim arise under the Policy during the grace period, but before payment of the due premium, the Company will still admit the claim. In the event of a claim, any unpaid premium for the Policy year will become due immediately.

2. Basic benefits: On the death of the Life Assured before the Policy expiry date, the Company will pay the basic Sum Assured shown in the Policy Schedule.

On survival of the Life Assured up to the Policy expiry date, the Company will pay the total installment premium excluding premiums paid for additional benefits and extra premiums if any.

3. Payment of benefits: The Company will not pay any benefits under this Policy until the Company's requirements have been met to the Company's satisfaction. The Company will seek submission of:

- the Original Policy unless it is already lodged with the Company against a Loan,
- proof of age of the Life Assured if his or her age is not already admitted in the records of the Company,
- a claim discharge signed by the party to whom the benefits are payable,
- proof of death in the case of a death claim, and
- such additional requirements as the Company may find necessary to call for.

4. Guaranteed Surrender Value: Surrender Values are provided after the first three Policy years. There is a guaranteed minimum Surrender Value equal to 30% of all premiums paid (excluding any extra premiums and premiums for additional benefits) after the First Year Premium.

5. Lapse: If less than three year's premiums have been paid and a premium due is not paid before the end of the grace period, the Policy will lapse and no benefit will be payable and all premiums paid will be retained by the Company.

6. Reinstatement: If this Policy has lapsed, the Policyholder may apply to the Company within 3 years of the date of lapse to reinstate the Policy, on terms and conditions to be quoted by the Company at that time.

7. Paid up Value: If after at least three year's premiums have been paid, and a further premium due is not paid before the end of the grace period, the Policy shall not be wholly void, but shall automatically become paid up for a reduced Sum Assured equal to the total instalment premiums paid excluding premiums for additional benefits and any extra premiums.

8. Loans: Loan facility is not available under this Policy.

9. Suicide: The Company will not pay any claim on death, if the Life Assured, whether sane or insane, commits suicide within 12 months from the date of issue of this Policy or the date of any reinstatement of this Policy.

10. Travel, residence and occupation: This Policy is free from all restrictions as to travel, residence and occupation unless specifically restricted in the Policy Schedule.

11. Nomination of Beneficiary

i) During the lifetime of the Life Assured and while this Policy is in force, the Policyholder (provided the Policyholder is also the Life Assured) may at any time by written notice to the Company nominate any person or persons as Beneficiary to whom the Company shall pay benefits under this Policy on death.

ii) A nomination, or any change of nomination of any Beneficiaries, will be registered in the Company's records and acknowledged by the Company to the Policyholder in writing.

iii) The receipt by a nominated Beneficiary of benefits payable under this Policy shall be a valid discharge of the Company's liability and any acknowledgment of receipt of the benefits by a nominated Beneficiary entitled thereto shall be conclusive evidence of discharge.

iv) If at the time of the death of the Life Assured there is no surviving nominated Beneficiary then the Company will pay the benefits to the Policyholder's estate or legal representatives.

v) Any assignment of this Policy other than to the Company, shall have the effect of automatically cancelling a nomination and such nomination will not be restored on re-assignment of the Policy, except by making a fresh nomination.

12. Assignment: The Policyholder may assign this Policy but no assignment shall be binding upon the Company unless written notice of the assignment is received by the Company and the assignment is recorded by the Company at the Company's principal place of business in Mumbai.

Upon receipt of any written notice of assignment the Company may require the production of all original documents for examination to the Company's satisfaction before recording the assignment.

The Company will take no responsibility for the validity or otherwise of any assignment.

13. Endorsements: The terms and conditions of this Policy cannot be waived or changed except by a Policy Endorsement approved and signed by an Authorised Official of the Company.

14. Proof of age: We may require proper proof of the age of the Life Assured before paying any benefits, if age has not been admitted earlier. If the age has been incorrectly stated the Policy will not be invalidated on that count alone, provided the proved age does not affect the original terms of acceptance of the Contract, in which case we will adjust the terms of the Policy to reflect the true age.

If the proved age is found higher / lower than that declared earlier, then we may reduce / enhance the benefits on an appropriate basis as decided by us from time to time.

If the proved age affects the original terms of acceptance of the Contract in such a way that we are unable to adjust the terms of acceptance to reflect the proved age, then subject to applicable law, this Policy shall be void. All claims to any benefit shall cease and all monies that have been paid by you shall belong to us.

15. Forfeiture in certain events: If there is any inaccurate or false statement made in the Proposal, Personal Statement, Declaration or related documents in connection with this Policy, then subject to applicable law this Policy shall be void and all claims to any benefit shall cease and all monies that have been paid by the Policyholder shall belong to the Company.

16. Non-participating: This is a non-participating Policy and will not share in the surplus earnings of the Company.

17. Taxes and Charges: The Company will pass on to Policyholder any taxes, duties or charges of whatever description, levied by any Statutory Authority at anytime, including any Service Tax that is currently applicable.

Accidental Death and Disablement Benefit

(Applicable only if opted for)

1. Definitions: "accidental death" occurs if the Life Assured sustains any bodily injury resulting solely and directly from an accident caused by outward, violent and visible means and where such injury solely and directly and independently of all other causes results in the death of the Life Assured within 180 days of its occurrence.

"total and permanent disability" means that the Life Assured has solely and directly as a result of an accident caused by outward, violent and visible means suffered for at least six months

- total and irrecoverable loss of the sight of both eyes, or

- loss by severance of two limbs at or above wrist or ankle, or
- total and irrecoverable loss of the sight of one eye and loss by severance of one limb at or above wrist or ankle, and totally and permanently disabled has a corresponding meaning.

2. Premiums: The premiums for the Accidental Death and Disablement Benefit are due and payable on the commencement date and on each Policy Anniversary thereafter until expiry date of the premium paying term. The premiums, commencement date and expiry date of the premium paying term are shown in the Policy Schedule.

3. Accidental Death Benefit: The Company will pay the Accidental Death and Disablement Sum Assured shown in the Policy Schedule on the accidental death of the Life Assured at any time before the expiry date of this Benefit and while this Policy is in force.

4. Total and Permanent Disability Benefit: The Company will pay an amount equal to the Accidental Death and Disablement Sum Assured shown in the Policy Schedule in ten equal annual installments if the Life Assured becomes totally and permanently disabled at any time before the expiry date of this Benefit and while this Policy is in force.

The Company will pay the first installment on admission of the claim, and the remaining annual installments on the anniversaries of the date of payment of the first installment. If Life Assured should die or if this Policy matures before payment of all the ten installments, the Company will pay any unpaid installments along with the basic Death or Maturity Benefit.

5. Waiver of Premium Benefit: The Company will waive all future premiums payable under this Policy up to a limit of Rs.40,000 per annum if the Life Assured becomes totally and permanently disabled at any time and while this Policy is in force.

The first premium waived shall be the one falling due immediately after the commencement date of disablement provided however that the Company will not waive any premium with a due date more than one year before the date on which the Company receives written notice of claim.

6. Payment of claims

i) Written notice of injury or death on which a claim may be based must be given to the Company within 30 days of the date of the accident causing the injury or death or as soon as reasonably possible if notice cannot be given within 30 days.

ii) The Life Assured shall provide evidence to the satisfaction of the Company regarding the circumstances of the accident and the extent of the disability.

iii) The Company may require the Life Assured to undergo medical examination by a medical practitioner specified by the Company at the Company's expense and whenever the Company may reasonably require.

iv) The Company may require, at reasonable intervals, further evidence from the Life Assured of continued total and permanent disablement. If the Life Assured fails to furnish such evidence, or if the Life Assured becomes able to perform any work or engage in any occupation for wages or otherwise the Company will not pay any further installments of the Total and Permanent Disablement Benefit and will not waive any further premiums.

7. Exclusions: The Company will not pay any Accidental Death Claim or Total and Permanent Disablement Claim which results directly or indirectly from any one or more of the following:

- an act or attempted act of self-injury,
- participation in any criminal or illegal act,
- being under the influence of alcohol or drugs except under direction of a registered medical practitioner,
- racing or practising racing of any kind other than on foot,
- 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 recognised airline or charter service,
- participating in any riot, strike or civil commotion, active military, naval, air force, police or similar service, or
- war, invasion, act of foreign enemies, hostilities or war like operations (whether war be declared or not), civil war, mutiny, military rising, insurrection, rebellion, military or usurped power or any act of terrorism or violence.

8. Termination of cover

i) The Accidental Death and Disablement Benefit will automatically terminate if the Policy lapses, is made paid-up, matures, expires, or is surrendered provided that termination of these Benefits shall be without prejudice to any claim arising prior to such termination.

ii) On admission of a Total and Permanent Disablement Claim, cover under the Accidental Death Benefit will automatically terminate.

iii) Cover for the Accidental Death and Disablement Benefit will expire on the Policy Anniversary following the 64th birthday of the Life Assured or the Policy expiry date shown in the Policy Schedule if this is earlier.

9. Non-Participating Policy: This Policy does not participate in the surplus earnings of our Policyholder's Fund

Critical Illness Benefit

(Applicable if opted for)

1. Sum Assured: If the Policyholder has selected the Critical Illness Benefit, then the Critical Illness Sum Assured is shown in the Schedule.

2. Premiums: The premium which applies to the Critical Illness Benefit and the expiry date of the premium is shown in the Policy Schedule. The Company guarantees not to increase this premium for three years from the commencement date of this Policy, after which the Company may increase the premium provided that the same increase is applied for all Lives Assured by the Company who have similar Critical Illness Cover.

3. Benefits: The Company will pay the Critical Illness Sum Assured shown in the Policy Schedule before the expiry date of this Benefit and while the Policy is in force if the Life Assured provides evidence satisfactory to the Company of the occurrence of any of the specified critical illness.

The critical illness covered by this benefit are:

i) Heart attack: The death of a portion of heart muscles as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electro-cardiographic changes and by elevation of cardiac enzymes. Diagnosis must be confirmed by a Consultant Physician.

ii) Coronary Artery By-pass Graft Surgery: The undergoing of Open Heart Surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts. Angiographic evidence is required to support the necessity of the Surgery. Balloon Angioplasty, Laser and any catheter-based procedures are not covered.

iii) Heart Valve Replacement: The undergoing of Open Heart Surgery on the advice of a Consultant Cardiologist to repair or replace one or more abnormal heart valves.

iv) Aorta Surgery: The undergoing of Open Heart Surgery for a disease of or injury to the aorta needing excision and surgical replacement of the aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

v) Cancer: Disease manifested by the presence of a life-threatening malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion and destruction of tissue. The diagnosis must be histologically confirmed. The term Cancer includes Leukaemia and Hodgkin's disease. All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ, and Kaposi's Sarcoma and all forms of Lymphoma in the presence of any Human Immunodeficiency Virus infection or AIDS, and any Skin Cancer other than invasive Malignant Melanoma are excluded. Early Prostate Cancer which is histologically described as T1 (including T1 and T1b) or another equivalent or lesser classification is excluded.

vi) Stroke: A cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.

vii) Kidney Failure: End stage Renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which either permanent regular Renal Dialysis or Renal Transplant is initiated. Evidence of end stage kidney disease must be provided and the requirement for Dialysis or transplantation must be confirmed by a Consultant Physician.

viii) Major Organ Transplant: The actual undergoing as a recipient of a transplant of a heart, liver, lung, pancreas or bone marrow as a result of chronic irreversible failure. Evidence of end stage disease must be provided and the requirement for transplantation must be confirmed by a Consultant Physician.

ix) Paralysis: Complete and permanent loss of muscle function and use of any two or more limbs as a result of injury or disease of the brain or spinal cord. Disability must be established for a continuous period of 6 calendar months and be supported by appropriate neurological evidence.

x) Coma: Unrousable unconsciousness continuing for at least 96 hours and resulting in permanent neurological deficit. Life support systems including assisted ventilation must be required throughout the period of unconsciousness.

3. Payment of claims

i) The Life Assured shall provide evidence requested by the Company to establish the diagnosis of a critical condition to the satisfaction of the Company.

ii) The Company may require the Life Assured to undergo medical examination by a medical practitioner specified by the Company at the Company's expense.

4. Exclusions: The Company will not pay a Critical Condition Benefit if the Claim arises from a Critical Condition which:

i) begins prior to or within six months of the date of Policy issue or the date of any reinstatement of the Critical Conditions Benefit, or

ii) results in the death of the Life Assured within 30 days of the onset of the Critical Illness, or

iii) results from deliberate self injury or attempted suicide by the Life Assured, whether sane or insane.

5. Termination of cover

i) The Critical Illness Benefit will automatically terminate if the Policy lapses, is made paid-up, matures, expires, or is surrendered provided that termination of this Benefit shall be without prejudice to any Claim arising prior to such termination.

ii) The Critical Illness Benefit is payable only once during the currency of this Policy and further cover will expire on payment of any one Critical Illness claim.

iii) The Critical Illness Benefit expires on the Policy Anniversary following the 64th birthday of the Life Assured or the expiry date shown in the Policy Schedule if this is earlier.

6. Non-participating: The Critical Illness Benefit is non-participating and will not share in the surplus earnings of the Company.

PROHIBITION OF REBATE: SECTION 41 OF THE INSURANCE ACT, 1938 STATES:

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 a fine, which may extend to five hundred rupees.

SECTION 45: 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 statement made in the proposal 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 because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Reliance Life Insurance

Annexure to Policy Document

1. Claims: The documents that are normally required to be submitted by a claimant in support of a claim under the Policy are given in the Policy Document under the heading "Payment of Benefits".

2. Change of Address: Please inform us in writing if there is any change of address of the Policyholder or the Nominee. This will ensure that our correspondence reaches you or your Nominee at the right address and at the right time.

3. Information on Policyholder: As and when Reliance Life Insurance may be called upon, under law, to furnish information on its Policyholders to Government Authorities, Reliance Life Insurance is legally bound to disclose such information on its possession as required.

4. Grievance Redressal

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

Step 1.1 24 hours contact centre: 3033 8181 (Local call charges apply) & 1800 300 08181 (Toll free)

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 Bolck, 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 Ms. **Shanai Ghosh** - 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, **Saroj K. Panigrahi** - Head - Legal, Compliance & Company Secretary 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.

Procedure for filing complaint with 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:

- Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
- The Complaint has been filed within one year from the date of rejection by the Company
- If it is not simultaneously under any litigation.

Address of Ombudsman:

- **Ahmedabad (Gujarat, UT of Dadra & Nagar Haveli, Daman & Diu):**

2nd Floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad 380 014. Tel: 079- 27456150; Fax: 079-27546142
E-mail: insombahd@rediffmail.com

- **Bhopal (Madhya Pradesh & Chhattisgarh):** Janak Vihar Complex, 2nd Floor Malviya Nagar, Bhopal Tel: 0755-2769201/02; Fax: 0755-2769203; E-mail: bimalokpalbhopal@airtelbroadband.in

- **Bhubaneswar (Orissa):** 62, Forest Park, Bhubaneswar 751 009. Tel: 0674-2535220; Fax: 0674-2531607; E-mail: iobbsr@dataone.in

- **Chandigarh (Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh):** S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh 160 017 Tel: 0172-2706196; Fax: 0172-2708274; E-mail: ombchd@yahoo.co.in

- **Chennai (Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry):** Fatima Akhtar Court, 4th Floor, 453 (old 312) Anna Salai, Teynampet, Chennai 600 018 Tel: 044-24333678; Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in

- **New Delhi (Delhi & Rajasthan):** 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi 110 002 Tel: 011-23239611; Fax: 011-23230858; E-mail: iobdelraj@rediffmail.com

- **Guwahati (Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland & Tripura):** Jeevan Nivesh, 5th Floor, Nr. Panbazar Overbridge, S.S. Road, Guwahati 781 001 Tel: 0361-2131307; Fax: 0361-2732937; E-mail: omb_ghy@sify.com

- **Hyderabad (Andhra Pradesh, Karnataka & UT of Yanam - a part of the UT of Pondicherry):** 6-2-46, 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C. Guards, Lakdi-ka-pool, Hyderabad 500 004 Tel: 040-23325325; Fax: 040-23376599; E-mail: hyd2_insombud@sancharnet.in

- **Ernakulam (Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry):** 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam 682 015 Tel: 0484-2358734; Fax: 0484-2359336; E-mail: iokochi@asianetglobal.com

- **Kolkata (West Bengal, Bihar, Jharkhand & UT of Andaman & Nicobar Islands, Sikkim):** North British Bldg. 29, N.S. Road, 3rd Floor, Kolkata 700 001 Tel: 033-22134869; Fax: 033-22134868; E-mail : iombkol@vsnl.net

- **Lucknow (Uttar Pradesh & Uttaranchal):** Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, Lucknow 226 001. Tel: 0522-2201188; Fax: 0522-2231310; E-mail: ioblko@sancharnet.in

- **Mumbai (Maharashtra, Goa):** Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai 400 054 Tel: 022-26106928; Fax: 022-26106052; E-mail: ombudsman@vsnl.net

Frequently Asked Questions

RELIANCE

Life Insurance

Frequently Asked Questions

A few things you always wanted to know, but didn't know who to ask!

Q1. How do I request for a change in address?

Kindly intimate us of any change in your communication address by providing us a signed written address change request and a self attested copy of your valid address proof at any of our branch locations convenient to you. Correctly updated contact details (address, telephone number and/or mobile number) will ensure that you always receive all relevant communication from us pertaining to your policy.

Q2. How do I request for a change in name/surname?

In the event of correction of name/surname, we would require a standard age proof such as a certified extract of Birth Certificate, School /College Certificate, Passport, PAN Card or Employer Certificate where the name should be exactly as is required by you.

In the event of change of name (on marriage) of a female life, a photocopy of the Gazette regarding the name change or Marriage Certificate where the old name and the new name has been clearly mentioned should be submitted.

Your original Policy Schedule should also be submitted along with the age proof which will help us re-send you a new Policy Schedule with the changed name/surname and avoid duplication.

Q3. Where do I pay my renewal premium?

You can pay your renewal premium at any Branch Office of the Company. Please refer our website for list of our branches.

Q4. Can I change modes of premium payment?

Yes, you can change your mode of premium payment on any Policy Anniversary.

Q5. What happens when a Policy is lost?

Loss of original Policy can be classified as under:

- a) **Loss in transit:** In case the Policy is dispatched (details of dispatch available in the Policy Tracking System (PTS)) but it has not been received by you, you would need to fill a specified format and submit the same. A fresh "Duplicate Policy" would be issued for your convenience.
- b) **Lost by the Member:** In the event you lose the Policy Document after receiving it then you must submit an

Indemnity Bond, on a non-judicial stamp paper of appropriate value. A fresh "Duplicate Policy" would be issued.

Q6. How do I assign / nominate?

In the proposal stage, you could effect a nomination, by nominating someone in the proposal form provided you are also the Life Assured

Later, you could nominate someone by changing the existing nominee, by giving a written notice to the Company.

For assignment, the Life Assured needs to give a written notice to the Company. Upon receipt of this notice, the Company may ask for production of all original Documents for verification and satisfaction before recording the assignment. Both assignment and nomination will be confirmed by an endorsement on the Policy.

Q7. How do I claim a Maturity Benefit?

The Claims Department will send you an intimation letter along with a Discharge Form, nearly one month prior to Maturity Date, at your address of communication.

On completion of the Discharge Form you must send it back with original Policy Documents to the Claims Department.

A cheque will be dispatched to the address of communication as per our records, before the Maturity Date.

Q8. How does my Nominee claim a Death Benefit?

- ▶ Contact your Advisor/Sales Manager/nearest Branch OR you may directly contact our claims department at Reliance Life Insurance Company Limited, The Claims Department, 9th Floor, Building No. 2, R-Tech Park, Nirlon Compound, Next to Hub Mall, Behind I-Flex Building, Goregaon (East), Mumbai 400 063.
- ▶ Send a mail to the Claims Department at rlife.customerservice@relianceada.com or register at our web site www.reliancelife.com

Based on the intimation, the Claims Department will send you a list of forms or documents that need to be submitted. On receipt of complete documents, we will let you know our decision.

Things to remember

Over and above keeping your original Policy Documents carefully, do adhere to the following:

- ▶ Keep a copy of your Policy Documents
- ▶ Ensure that your Nominee/ Assignee also has a copy of your Policy Documents
- ▶ Ensure that you have your Advisor's contact details.

Reliance Life Insurance Company Limited (Reg. No 121)

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

Corporate Office: 9th & 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 & 3033 8181** ▶ Email: rlife.customerservice@relianceada.com ▶ Website: www.reliancelife.com

ISO 9001:2008
CERTIFIED COMPANY

▶ Income Tax Benefits under the income tax laws of 1961 are subject to amendments and interpretation ▶ Kindly consult a tax expert
▶ Kindly review the offer documents carefully before investing ▶ Conditions apply. ▶ Insurance is the subject matter of the solicitation.



Reliance Special Term Plan is a pure life insurance plan that offers you comprehensive and affordable coverage for a limited period of time to suit your needs.

What's more, on survival at maturity all premiums paid for your basic policy will be returned to you.

Key Features

- ▶ Get higher insurance protection at economical rates
- ▶ Basic premiums paid will be refunded at maturity
- ▶ Choose to pay Regular or Single premium
- ▶ Discount on premium rates for women.
- ▶ Choose to add the benefits of two riders to your policy - Reliance Critical Illness Rider and Reliance Accidental Death & Total and Permanent Disablement Rider

How does this plan work?

You pay premium every year for the entire term. On death your nominee will get Sum Assured.

On survival to maturity you will get the entire basic premiums paid, returned.

Benefits

Maturity benefit: On survival to maturity all premiums paid for the basic policy are returned. This excludes any extra premium or premium for additional benefits.

Life cover benefit: In the unfortunate event of loss of life, your nominee will receive the sum assured.

Rider benefit: You also have the option to add two additional benefits to customize the policy as per your needs for the regular premium policy

- A. Reliance Accidental Death & Total and Permanent Disablement Rider
- B. Reliance Critical Illness Rider

Reliance Life Insurance Company Limited (Reg. No 121)
 Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710, India

Customer Care Number: **1800 300 08181 & 3033 8181**
 Email: rlife.customerservice@relianceada.com ▶ Website: www.reliancecelf.com

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For more details on terms and conditions please read sales brochure carefully before concluding a sale. Insurance is the subject matter of the solicitation.

UIN for Reliance Special Term Plan: 121N015V01, Reliance Critical Conditions Rider: 121B003V01, Reliance Accidental Death & Total and Permanent Disablement Rider: 121C002V01

Mktg/Sales Pitch/Version 1.8/April 2011