

# Terms and Conditions

## 1. Definitions and Interpretation

1.1. Definitions: In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning ascribed to them respectively herein below:

Accumulation Account means an account which will be maintained in respect of the regular premium paid by each policyholder.

Additional Premium(s) means any amount paid by the Policyholder in irregular intervals (provided the due Regular Premium has been paid till such date) in addition to the Regular Premium, where the minimum additional premium(s) payment at any time is Rs. 1,000 the total of additional premiums at any point of time shall not exceed 50% of the total base plan premium paid till that time. Such additional premiums will be maintained in a separate account called "Additional Accumulation Account."

Accumulation rate means an investment return declared by the Company at the beginning of each financial year. The same will be credited to the Accumulation Account and Additional Accumulation Account (if any) at the end of every calendar month on pro-rata basis. While there is no upper limit on the Accumulation Rate that will be declared from year to year, the company undertakes that the Accumulation Rate to be declared in future will not be less than the Savings Bank deposit interest rate declared by the Reserve Bank of India (RBI).

Once the Accumulation rate is declared and credited to the Accumulation Account and Additional Accumulation Account, it will be guaranteed for the rest of the policy term.

Allocation fees mean the fees deductible from the Regular Premium or the additional premium, as stated in Annexure A hereto.

Accident means a sudden, unintended, fortuitous, violent, visible and external event and does not include any naturally occurring condition or degenerative process.

Base Plan/ Policy means this Reliance Life Traditional Investment Insurance Plan.

Benefits means the Death Benefit, Maturity Benefit, Surrender Benefit, Partial Withdrawal Benefit, or any other benefits, as the case may be, applicable in terms of this Policy;

Benefit Illustrations means the tabular representation of the benefits in compliance with IRDA Regulations.

Calendar Year is a period of twelve monthly intervals called as calendar months namely January, February, March, April, May, June, July, August, September, October, November & December i.e, a period from 1st January up to 31st December.

Calendar Month is a period commencing from the 1st of each of the above mentioned months in a calendar year till the end of the respective month.

Charges means charges levied by Government Authorities from time to time, including Service Tax as set out in Annexure A.

Commencement Date means the commencement date of this policy as mentioned in the schedule.

Company means the Reliance Life Insurance Company Limited (RLIC)

Cost of Insurance means the fees paid to the Company as consideration for availing the insurance cover under this policy.

Date of Commencement of Risk as mentioned in the Policy Schedule is the date from which the insurance benefit commences under the policy or date on which risk commences under riders opted. Commencement of risk cover on the life assured shall depend on the age of the life assured on commencement of the policy.

Death Benefit means the amount of benefit payable on death of the Life Assured.

Fees means collectively the Allocation fee, the Account Administration fee, the Policy Administration fee, as set out in Annexure A hereto and other fees that may be levied by the Company from time to time under this Policy with the approval of the Regulatory Authority;

Financial Year means a period of twelve months commencing from April 01 each year and ending with March 31 of the following year;

Glossary of Fees & Charges means Fees & Charges as specified in Annexure A of this policy document.

Insurance Cover means the cover for the Death Benefits payable under this Policy;

Life Assured means the person named as such in the Policy Schedule, on whose life the Insurance Cover is effected in terms of this Policy;

Lapsed means discontinuance of due regular premium within two policy years from the date of commencement of the policy.

Maturity Benefit means the benefit amount payable to the Person to whom Benefit is payable under the Policy on the Policy Maturity Date;

Nominee means the person or persons appointed under Section 39 of the Insurance Act, 1938 by the Life Assured, where he is the Policyholder, to receive the admissible Benefits, in the event of death of the Life Assured;

Paid Up means discontinuance of due regular premium after paying premium for two years from the date of commencement of the policy. In such event the Sum Assured under the basic plan shall be reduced as per the below formula:

Reduced Paid Up Sum Assured = (Number of years for which the premiums are paid / Policy term in years) multiplied by sum assured as defined in the Schedule to this policy.

Person to whom Benefits payable means the Policyholder, including assignees under section 38 of the Insurance Act, 1938 or Nominees or proving executors of administration or other legal representatives, as per the applicable Regulations;

Policy Administration fees means the fees referred to as such in Annexure A hereto;

Policy Anniversary means the date of end of every policy year;

Policy Maturity Date means the date specified as such in the Policy Schedule;

Policy Month means a period of 28/29/30/31 consecutive calendar days (as the case may be) starting with the Date of Commencement of the Policy as stated in the Policy Schedule and ending on the day immediately preceding the same date of the subsequent month and each subsequent period of one consecutive month thereafter;

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 twelve (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 anniversary date and each subsequent period of twelve (12) consecutive months thereafter;

Policyholder, Policy owner or Proposer means the person specified as such in the Policy Schedule or such other person, who may become holder of this Policy in terms and conditions of this contract or by virtue of operation of law;

Premium means collectively the Regular, and the additional premium, if any;

Regular Premium means the premium paid in regular intervals (Yearly, Half Yearly, Quarterly or Monthly mode as may be applicable) by the policyholder as consideration for acceptance of risk specified as such in the 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 means the Insurance Regulatory and Development Authority (IRDA) or such other authority or authorities, as may be designated under the applicable laws and regulations;

Relevant Date means (i) for the purpose of calculation of the Death Benefits or in case of death of the Life Assured prior to the Risk Commencement Date, the date of receipt of written intimation of death by the Company, (ii) the Policy Maturity Date, for calculation of Maturity Benefit; (iii) for the purpose of calculation of the Surrender Benefits or the Partial Withdrawal Benefits, the date of receipt of written notice by the Company on any business day (iv) for the purpose of determination or levy of the applicable Fees & Charges, the date on which the Company gave effect to the event for which the Fees & Charge are applicable, (v) for the purpose of accounting for the Premium, which is paid by cheque drawn on a local bank, which is a member of the local clearing, the date of realization of the cheque (vi) for the purpose of accounting for Premium, which is paid by an out station cheque, the date on which the proceeds of the cheque are realized by the Company;

Revival Period means a period of 5 years from the due date of first unpaid regular premium or maturity date, whichever ever is earlier.

Schedule means the policy schedule issued by the company for this policy, together with any amendments to the schedule which may be issued from time to time.

Sum Assured means the sum assured as mentioned in the Policy Schedule or such amount as may be endorsed on the Policy.

Surrender means the termination of the contract in its entirety at the instance of the Policyholder;

## 1. Interpretation

1.1 This Policy is divided into numbered clauses for ease of reference and reading. Except as stated, these divisions and the corresponding clause headings do not limit the Policy or its interpretation in any way. Words of one gender shall include the other gender and the singular shall include the plural and vice versa, unless the context otherwise requires.

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

## 2. Grant of Benefits, Plan Structure and Freelook

2.1 Grant of Benefits: Subject to the provisions and fulfillment of the conditions of this Policy, the Company agrees to pay to the Person to whom the Benefits are payable, the Benefits on the happening of the events in respect of which such person shall have furnished proof of happening of the event to the satisfaction of the Company, whereupon the Benefits are expressed to be payable.

2.2 Plan Structure: The Policy is a regular premium non-linked life insurance plan where the Policyholder has the option to pay Regular Premium and any additional premium, subject to applicable Fees & Charges, under this Policy.

The policy holder shall pay regular premium every year for the entire term and get accumulated value, on maturity.

A separate account called 'Accumulation Account' will be maintained in respect of the regular premium paid by each policyholder.

A policyholder can pay additional premiums (over and above regular premiums) during the term of the policy. Such additional premiums will be maintained in a separate account called "Additional Accumulation Account."

At the start of each financial year, the Company will declare in advance the "Accumulation Rate" that will be credited to the Accumulation Accounts and Additional Accumulation Accounts at the end of every calendar month on pro-rata basis.

While there is no upper limit on the Accumulation Rate that will be declared from year to year, the company undertakes that the Accumulation Rate to be declared in future will not be less than the Savings Bank deposit interest rate declared by the Reserve Bank of India (RBI).

Once the Accumulation rate is declared and credited to the Accumulation Account and Additional Accumulation Account, it will be guaranteed for the rest of the policy term.

The policy holder's account value :

The Accumulation Account will be credited with

- 1) Regular premiums less Allocation Fees
- 2) An investment return called "Accumulation rate" at the end of each calendar month

The accumulation rate shall be applied on pro-rata basis to the balance in the Accumulation Account.

The Accumulation Account will be debited with

- 1) Policy Administration Fees
- 2) Cost of Insurance.
- 3) Account Administration fees
- 4) Taxes, duties or surcharges of whatever description levied by any statutory authority.

The Additional Accumulation Account will be credited with

- 1) Additional premium less allocation fees
- 2) An investment return called "Accumulation rate" at the end of each calendar month

The Accumulation rate will be applied on pro-rata basis to the balances in the Additional Accumulation Account.

The additional Accumulation Account will be debited with

- 1) Account Administration fees
- 2) Taxes, duties or surcharges of whatever description levied by any statutory authority;

2.3 Free Look: In the event the policyholder disagree with any of the terms and conditions of the policy, he/she may return the policy to the Company within 15 days of its receipt for cancellation, stating his/her objections in which case he/she 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 life assured and stamp duty charges.

### 3. Benefits

3.1 Death Benefit: Subject to the terms and conditions of this Policy and the Policy remaining in full force and effect on the date of death of the Life Assured, in the event of death of the Life Assured, the Company shall pay Death Benefit (refer Clause 1.1) to the person to whom Benefits are payable as detailed below:

The benefit payable on death of the Life Assured, in Death Benefit Case I or Death Benefit Case II, as the case may be is as follows :

3.1.1 Death Benefit Case I refers to the situation in which death of the Life Assured occurs before commencement of risk cover. In such an event the total of balances in the accumulation account and the additional accumulation account (if any) as on the date of intimation of death shall be paid.

3.1.2 Death Benefit Case II refers to the situation where death of the Life Assured occurs after commencement of the risk cover. In such an event the Death Benefit shall be the higher of (a) Sum Assured and b) the balances in the accumulation account & additional accumulation account (if any), as on the date of receipt of intimation of death.

On such payment, the Policy shall terminate forthwith and the Company shall be relieved and discharged from all obligations thereafter.

3.1.3 Commencement of risk cover on the life assured shall depend on the age of the life assured on commencement of the policy.

Age of the life assured on commencement of the policy	Commencement of risk cover on the life assured
Less than 6 years last birthday	Either after one(1) year from the date of commencement of the policy or from the policy anniversary falling on or immediately after 6th birthday of the life assured whichever is later
Equal to or more than 6 years last birthday but less than 12 years last birthday	After one (1) year from the date of commencement of the policy.
Equal to or greater than 12 years last birthday	Immediately

3.2 Maturity Benefits: On survival of the Life assured up to the end of the policy term, provided the policy is in force, the Total of balances in the accumulation account and additional accumulation account (if any) as on the date of maturity shall be paid to the policyholder.

The policy terminates on payment of the maturity benefit.

### 3.3 Other Benefits

3.3.1 Rider Benefits: The following optional riders are available on payment of additional premium over and above the basic regular premium provided conditions on riders (entry age, policy term, sum assured) are satisfied. The sum of rider premiums should not exceed the sum assured under the base plan. The total of annualized premiums under all the riders will not exceed 30% of the annualized premiums paid under Base plan.

3.3.1.1 Reliance New Major Surgical Benefit Rider (UIN: 121C014V01)

3.3.1.2 Reliance New Critical Conditions (25) Rider (UIN: 121C012V01)

3.3.1.3 Reliance Term Life Insurance Benefit Rider (UIN: 121C009V01)

3.3.1.4 Reliance Accidental Death and Total and Permanent Disablement Rider (UIN: 121B011V01)

These rider benefits can be selected on commencement of the policy or on any policy anniversary during a policy term. However, the insured can avail of the riders only if he/she is continuing with the base plan.

When the base plan terminates, all the rider benefits attaching to the base plan shall also terminate. All the rider benefits shall terminate on death of the life assured, completion of the policy term or on maturity date of the policy whichever is earlier.

Details of sum assured under each rider for each life assured along with each rider premium and date of commencement and expiry of rider benefits shall be mentioned in policy schedule. Further details of these rider benefits are in Annexure C to F.

### 3.3.2 Surrender Benefit

3.3.2.1 Surrender Benefit in relation to Regular Premium: The policyholder may surrender the policy any time after payment of two full years premium by giving notice in writing to the Company.. However it shall be payable only after completion of two complete policy years. In the event of surrender of the base plan the surrender value of the Additional Accumulation Account shall also be paid.

Surrender Value on Accumulation Account under the base policy is stated below:

Year of Surrender	Surrender Value (provided two annualized premiums have been paid) as a % of Accumulation Account
1 to 2	Surrender not allowed
3	80%
4	90%
5 or more	100%

3.3.2.2 Surrender Benefit in relation to Additional Premium: The full surrender value or partial withdrawal value will be available in respect of Additional Accumulation Account .Surrender value will be the balance in Additional Accumulation Account on the date of surrender.On full or partial surrender of Additional Accumulation Account, there will not be any deduction towards surrender penalty.

3.3.3 Partial Withdrawal Benefit in relation to Additional Premium:

3.3.3.1 All partial withdrawals made shall be allowed from the Additional Accumulation Account account as long as Additional Accumulation Account supports partial withdrawals (i.e. the total Additional premium(s) balance amount). On partial withdrawal of Additional Accumulation Account, there will not be any deduction towards surrender penalty.

3.3.3.2 The minimum amount of partial withdrawal is Rs. 5000.

3.3.4 Requirements for maturity claims and death claims

3.3.4.1 In the event of a claim for Maturity Benefit or Death Benefit arising under this Policy, the Person to whom Benefits payable shall endeavor to intimate to the Company in writing of the claim and provide the following documents to the Company within 60 days of the claim arising, to enable the Company to process the claim:

3.3.4.2 In case of claim for Maturity Benefit

3.3.4.2.1 Policy document, in original; and

3.3.4.2.2 Discharge Form

3.3.4.2.3 KYC documents of the claimant as per AML Guidelines. (Address Proof & Identity Proof)

3.3.4.2.4 ECS Mandate form/ Cancelled cheque leaf of the claimant

3.3.4.2.5 Any other document as may be required.

Any other document as may be required.

3.3.4.3 In case of Claim for Death Benefit arising out of accidents or unnatural deaths

3.3.4.3.1 Policy document, in original;

3.3.4.3.2 Death Certificate, in original;

3.3.4.3.3 Copies of the First Information Report and the Final Investigation Report thereof, duly attested by the concerned police officials; and

3.3.4.3.4 Copy of post-mortem report duly attested by the concerned officials.

3.3.4.3.5 Claim Form (A) to be filled in by the nominee.

3.3.4.3.6 Claim Form (B) to be filled in by the last treating Doctor.

3.4.3.7 KYC documents of the claimant as per AML Guidelines. (Address Proof & Identity Proof)

3.4.3.8 ECS Mandate form/ Cancelled cheque leaf of the claimant

3.3.4.3.9 Any other document as may be required.

3.3.4.4 In case of claim for Death Benefit arising other than out of accidents or unnatural deaths

3.3.4.4.1 Policy document in original;

3.3.4.4.2 Death Certificate, in original, issued by the competent authority; and

3.3.4.4.3 Hospitalization documents (discharge summary along with all investigation reports) if Life Assured has taken treatment for illness leading to his death.

3.3.4.4.4 Claim Form (A) to be filled in by the nominee.

3.3.4.4.5 Claim Form (B) to be filled in by the last treating Doctor.

3.3.4.4.6 Any other document as may be required.

3.3.4.5 Notwithstanding anything contained in Clause 3.3.5 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 of the claim.

3.3.4.6 Mode of payment of Benefits

3.3.4.6.1 All Benefits and other sums under this Policy shall be payable in the manner and currency allowed/permitted under the Regulations.

3.3.4.6.2 The Company shall pay the applicable Benefits and other sums payable under this Policy. Any discharge given by the Person to whom Benefits payable, or by any person authorized by the Person to whom Benefits payable in writing in respect of the Benefits or the sums payable under this Policy shall constitute a valid discharge to the Company in respect of such payment. The Company's liability under the Policy shall be discharged by such payment and the Company shall not be required to see the application of the monies so paid.

#### 4. Premium

4.1 Payment of Premium: The Policyholder is required to pay the Regular Premium as per the mode of premium specified in the policy schedule. In addition, to the Regular Premium the Policyholder may make payments at any time during the term of the Policy towards additional premium(s). The minimum additional premium (s) payment at any time is Rs. 1,000 the total of additional premiums at any point of time shall not exceed 50% of the total base plan premium paid till that time.

4.2 The Policyholder can pay the regular premiums in yearly, half yearly, quarterly and monthly mode and pay by cash, cheque, debit/credit card, ECS, online payment, demand draft, salary deduction scheme (SDS) & direct debit.

4.3 Rider Premium: The rider premium that shall be collected are over and above the regular premium. Rider premium should be paid on due date or within grace period. The mode of rider premium shall be as that of regular premium and mode of rider premium can be changed only on base plan policy anniversary by the base plan.

4.4 Grace Period for payment of premium: There is a grace period of 30 days from the due date for payment of regular premium. In case of monthly mode, the grace period is of 15 days. A policy lapses if premium are not paid within the days of grace.

4.5 Discontinuance of payment of premium

4.5.1 Discontinuance of payment of due premium due within two policy years from the date of commencement of the policy.

4.5.1.1 In the event, the payment of premiums is discontinued before premiums are paid for first two consecutive policy years, the policy will lapse. There will not be any deduction towards cost of insurance under a lapsed policy. If a policy is in lapsed condition, the riders attached to it will also lapse.

4.5.1.2 The Policy Administration fees will be deducted. The Company will credit Accumulation Rate to the Accumulation Account and Additional Accumulation Account if any at the end of every calendar month and debit the Accumulation Account and Additional Account with the Account Administration fees.

4.5.1.3 Additional premiums cannot be paid while a policy is in lapsed condition. However, an Additional Accumulation Account already existing on the date of lapse will remain intact.

4.5.1.4 If a life assured dies while the policy is in a lapsed condition, the balance in the Accumulation Account and Additional Accumulation Account, if any on the date of intimation of death will be paid.

4.5.1.5 A lapsed policy can be revived within the revival period (i.e. a period of 5 years from the due date of first unpaid premium or maturity date whichever is earlier) If a lapsed policy is not revived at the end of period of revival, the policy will be terminated.

4.5.1.6 If at any point of time during the revival period, the balance in Accumulation Account is not sufficient to cover the cost of insurance and Policy Administration Fee for the next month, the balance in Additional Accumulation Account will be utilized for meeting the cost of insurance and Policy Administration Fee.

4.5.1.7 If the balances in Accumulation Account and Additional Accumulation Accounts are not sufficient to meet the cost of insurance and policy administration fees for the next month, the policy will be terminated.

4.5.1.8 A terminated policy cannot be reinstated.

4.5.1.9 In the event, the base policy is terminated; the Additional Accumulation Account will also be terminated by paying the balance in the Additional Accumulation Account to the policyholder.

4.5.2 Discontinuance of due premiums after paying two policy year's premium from the date of commencement of the policy.

4.5.2.1 If the payment of regular premiums is discontinued after the regular premiums for two complete policy years are paid, a policy will be in "Paid-up" status. If the risk has commenced on the date of Paid-up, cost of insurance corresponding to Reduced Paid-up sum assured will be deducted.

4.5.2.2 Policy Administration fees will be deducted from the Accumulation Account.

4.5.2.3 At the end of every calendar month, the Company will credit the Accumulation Account and Additional Accumulation Account with the Accumulation Rate and debit the Accumulation and Additional Accumulation Accounts with Account Administration Fees and cost of insurance according to the paid up Sum Assured.

4.5.2.4 Rider Benefits shall cease.

4.5.2.5 Additional premiums cannot be paid while a policy is in paid up condition.

4.5.2.6 In the event the risk has commenced on the date of Paid-up, the death benefit under a policy in paid up condition will be higher of Reduced paid up sum assured and balance in Accumulation Account and Additional Accumulation Account, if any on the date of intimation of death.

4.5.2.7 In the event the risk has not commenced on the date of paid-up, the death benefit under a paid up policy will be the balance in the Accumulation Account and Additional Accumulation Account, if any.

4.5.2.8 During the revival period, if the balance in Accumulation Account is not sufficient to cover the cost of insurance and Policy Administration Fee for the next month, the balance in Additional Accumulation Account will be utilized for meeting the cost of insurance and Policy Administration Fee.

4.5.2.9 In the event the balances in Accumulation Account and Additional Accumulation Accounts are not sufficient to meet the cost of insurance and policy administration fees for the next month, the policy will be terminated by paying the balance in the Accumulation Account to the policyholder.

4.5.2.10 A terminated policy cannot be reinstated.

4.5.2.11 In the event the base policy is terminated, the Additional Accumulation Account will also be terminated by paying the balance in the Additional Accumulation Account to the policyholder.

4.5.3 Revival of policy after non-payment of due premiums

4.5.3.1 The policy can be revived during the revival period by recommencing the payment of premiums subject to satisfactory medical and financial underwriting. In the event the policy is not revived during the period of revival, the policy will be terminated by paying the surrender value at the end of revival period.

4.5.3.2 If the base plan is revived, the riders can be revived by paying the arrears of premiums with interest at the prevailing rate of interest (currently 9% p.a.) as specified by the Company. This shall be subject to satisfactory medical and financial underwriting.

#### 5. Partial Withdrawal and Surrender

Benefit	Description of benefit										
Full Surrender Value under the basic plan	The policy will acquire a surrender value after two full years premiums have been paid. The surrender value will be available after completion of two complete policy years.										
	Whenever full surrender value of the basic plan is paid, the surrender value of any additional premium will also be paid without any deductions. However, there will not be any deduction towards surrender penalty from addition accumulation account.										
	Once a policy is surrendered in full, it cannot be reinstated.										
	The surrender value will depend on the number of premiums paid and the year of surrender.										
	Surrender Value on accumulation account under the base policy is stated below:										
	<table border="1"> <thead> <tr> <th>Year of Surrender</th> <th>Surrender Value (provided two annualized premiums have been paid) as a % of Accumulation Account</th> </tr> </thead> <tbody> <tr> <td>1 to 2</td> <td>Surrender not allowed</td> </tr> <tr> <td>3</td> <td>80%</td> </tr> <tr> <td>4</td> <td>90%</td> </tr> <tr> <td>5 or more</td> <td>100%</td> </tr> </tbody> </table>	Year of Surrender	Surrender Value (provided two annualized premiums have been paid) as a % of Accumulation Account	1 to 2	Surrender not allowed	3	80%	4	90%	5 or more	100%
Year of Surrender	Surrender Value (provided two annualized premiums have been paid) as a % of Accumulation Account										
1 to 2	Surrender not allowed										
3	80%										
4	90%										
5 or more	100%										



Benefit	Description of benefit
Full surrender value or partial withdrawal Value under additional premiums.	The full surrender value or partial withdrawal value will be available in respect of Additional Accumulation Account.
	Surrender value will be the balance in Additional Accumulation Account on the date of surrender.
	On full or partial surrender of Additional Accumulation Account, there will not be any deduction towards surrender penalty.
	The partial withdrawal value will be available subject to minimum partial withdrawal equal to Rs. 5000.

6. **Forfeiture:** In issuing this Policy, the Company has relied on, and may rely on, accuracy and completeness of the information provided by the Proposer /Life Assured and any other declarations or statements made or as may be made hereafter, by the Policyholder/Life Assured. Subject to the provisions of the applicable Regulations including Section 45 of the Insurance Act, 1938, in the event any such information, declaration or statement is found to be false or incorrect or any material information is found to be withheld or misrepresented, the Policy shall become null and void from commencement, and the Company shall cease to be liable for any Benefits under this Policy. In such a case, the Company may, forfeit the amounts received under this Policy.

## 7. Fees & Charges

7.1 The Company may levy the Cost of Insurance, Allocation fees, the Account administration fees, the Policy Administration fees, as provided in Annexure A of this Policy.

7.2 **Service Tax:** This tax will be levied on the cost of insurance and on the rider premiums. The level of this tax will be as per the rate of Service Tax on risk premium, declared by the Government from time to time. The current rate of service tax on risk premium is 10.3% (Service tax of 10% along with education cess of 3%).

The service tax on the rider premiums will be collected from the policyholder along with the rider premiums.

The service tax on cost of insurance under base plan will be deducted from the Accumulation Account under base plan along with the deduction in respect of cost of insurance.

### 7.3 Revision of Fees & Charges

7.3.1 The premium rates under Reliance Term life Insurance Benefit Rider and Reliance Accidental Death and Total and Permanent Disablement riders are guaranteed for the term of the policy.

7.3.2 The premium rates for Reliance New Major Surgical Benefit Rider and Reliance New Critical Conditions (25) Rider, once applied on any policy, shall be guaranteed for the first three years of the policy. After three years period, the Company may change the premium rates with three months prior notice subject to the IRDA approval. Such revised rates would be effective on all in-force policies and new policies sold.

8. **Age Admission:** The age of the Life Assured has been admitted on the basis of the declaration made by the Policyholder / Life Assured in the Proposal and/or in any statement based on which this Policy has been issued. If the age of the Life Assured is found to be different from that declared, the Company may, adjust the Premiums and/or the Benefits under this Policy and/or recover the applicable balance amounts, if any, as it deems fit. This Policy shall however become void from commencement, if the age of the Life Assured at the Policy Commencement Date 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 its issue and the amounts received under this Policy shall be liable to be forfeited, at the option of the Company.

9. **Nomination and Assignment:** Notice of any nomination or assignment must be submitted in writing to the Company at its office issuing this Policy or at the office servicing this Policy as communicated to the Policyholder from time to time.

9.1 **Nomination:** The life assured, where he is the Policyholder, may, at any time during the currency of this Policy, make a nomination for the purpose of payment of Benefits in the event of his death. Where the Nominee is a minor, the Policyholder may also appoint a person to receive the money during the minority of the Nominee. Nomination may be made by an endorsement on the Policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected before the termination of the Policy shall also be communicated to the Company. In registering a nomination, the Company does not accept any responsibility or express any opinion as to its validity or legal effect.

9.2 **Assignment:** An assignment of the Policy may be made by an endorsement upon the Policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. Only the Policyholder may make the first assignment. 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. In case of assignment under this Policy, the assignee would not be entitled to increase the Death Benefit. In registering an assignment, the Company does not accept any responsibility or express any opinion as to its validity or legal effect.

## 10. General Provisions

10.1 **No Participation in surplus or profits.** This Policy does not confer any rights on the Policyholder to participate in surplus or profits of the Company.

10.2 **Suicide:** If the life insured, whether sane or insane, commits suicide within 12 months from the date of commencement of this policy or the date of any revival of the policy the company will limit the death benefit to the accumulation account Value and Additional Accumulation Account value, if any and will not pay any insured benefit.

10.3 **Loans:** Loan will be available under a policy up to 50% of the surrender value under Accumulation Account under base plan.

Interest on loan is payable at prevailing rate of interest. The current rate of interest on policy loans is 9% p.a. Currently frequency of loan is semi-annual.

If at any time during the term of the policy, the sum of loan outstanding and interest on loan outstanding exceeds 95% of the surrender value; the policy will be terminated by recovering the loan outstanding and interest on loan outstanding from the surrender value. The balance of surrender value under base plan and balance in Additional Accumulation Account will be paid to the policyholder.

Before payment of any benefit (death, maturity, surrender etc.) to the policyholder under policy under which loan is availed of, the loan outstanding and the interest on loan outstanding will be recovered first and the balance if any will be paid to the policyholder.

10.4 **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.

10.5 **Release and discharge:** The Policy shall terminate automatically on payment of the Death Benefits or the Maturity Benefits or the Surrender Benefit, as the case may be, and the Company shall be relieved and discharged from all obligations under this Policy thereafter.

10.6 **Limitation of Liability:** Except in the case of a claim for Death Benefit, the maximum liability of the Company under this Policy shall not, in any circumstances, exceed the balance in the Accumulation Account or the Additional Accumulation Account, if any. In the case of claim for Death Benefit, the maximum liability of the Company under this Policy shall not exceed the Sum Assured or balance in the Accumulation Account and the Additional Accumulation Account, if any, whichever is higher. The maximum liability of the Company under this Policy shall not, in any circumstances, exceed the aggregate amount of the relevant Benefits payable hereunder

### 10.7 Taxes, duties and levies and disclosure of information

10.7.1 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 the Company or the Company'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 the Company, then the Company shall have the right to recover the same from the Policyholder or the Person to whom Benefits payable.

10.7.2 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 as otherwise required by law, the Company 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 the Company is obliged to account to the revenue authorities for any Taxes applicable to this Policy or the Benefits payable under this Policy, the Company 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.

10.7.3 In any case where the Company 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, the Company shall be entitled to disclose the required information to the appropriate governmental or regulatory authorities.

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

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

### 12.1 In case of Proposer

As per the details specified by the Policyholder in the Proposal Form/Change of Address intimation submitted by him. Notice and instructions shall be deemed served Seven (7) days after posting or immediately upon receipt in case of hand delivery or e-mail.

### 12.2 In case of the Company

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: 3033 8181 (Local call charges apply) / 1800 300 08181 (Toll free)

Email: rlife.customerservice@relianceada.com

13 Entire Contract: This Policy comprises the terms and conditions set forth in this Policy document, the Policy Schedule, and the endorsements, if any, made on or applicable to this Policy, which shall form an integral part and the entire contract, evidenced by this Policy. The liability of the Company is at all times subject to the terms and conditions of this Policy and the endorsements made from time to time. In the event of any inconsistency between the terms and conditions set forth in this Policy document, the terms and conditions set forth in this Policy shall prevail.

13.1 This contract is entered into between Reliance Life Insurance Company Limited (the "Company") and the Policyholder named in the Schedule to this Policy (the "Policy Schedule") 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.

#### 14. Governing Law and Jurisdiction:

14.1 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 the Company is situated.

14.2 No action in law or equity shall be brought against the Company to enforce any claim under this Policy, unless the Policyholder has filed with the Company a claim together with all the required documents, in accordance with the requirements of this Policy and complied with the requirements of the Company, at least 60 days prior to the institution of such action.

15. Electronic Transaction: The Policyholder shall adhere to and comply with all such terms and conditions as prescribed by the Company 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, teleservice 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 the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

#### 16. Grievance Redressal:

Step 1.1 24 hours contact centre: 30338181 (Local call charges apply) & 1800 300 08181 (Toll free)

Email: rlife.customerservice@relianceada.com

OR

Step 1.2 Contact the Customer Service Executive at the nearest branch of the Company

OR

Step 1.3 Write to: Reliance Life Customer Service  
Reliance Life Insurance Company Limited, H Block, 1st Floor,  
Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400710. India

The Company will respond within ten business days from the date of receipt of the Policyholder/Complainant's Communication.

Step 2: In the event of not receiving a satisfactory response within 10 business days, a further reference may be made to our Grievance Redressal Officer at rlife.grievanceredressal@relianceada.com or write to the Grievance Redressal Officer at the address mentioned in Step 1.3.

The Company will respond within five business days from the date of receipt of the Policyholder/Complainant's Communication.

Step 3: In the event of not receiving a satisfactory response within 5 business days, a further reference may be made to our Chief Executive Officer at rlife.ceo@relianceada.com or write to the Chief Executive Officer at the address mentioned in Step 1.3.

The Company will respond within two business days from the date of receipt of the Policyholder/Complainant's Communication.

Step 4: After having followed Steps 1, 2 & 3, 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

Power of Ombudsman

#### Rule 12

1. The insurance Ombudsman may receive and consider:

- i. complaints under rule 13;
- ii. any partial or total repudiation of claims by the insurance companies,
- iii. any dispute in regard to premium paid or payable in terms of the policy,
- iv. any dispute on the legal construction of the policies insofar as such disputes relates to claims;

v. delay in settlement of claims and

vi. non-issue of any insurance document to customers after receipt of premium.

2. The Ombudsman shall act as counselor and mediator in matters which are within his terms of reference and; if requested to do so in writing by mutual agreement by the insured person and insurance company.

3. The Ombudsman's decision whether the complaint is fit and proper for being considered by it or not, shall be final.

Manner in which complaint is to be made

#### Rule 13

1. Any person who has a grievance against an insurer, may himself or through his legal heirs make a complaint in writing to the insurance Ombudsman within whose jurisdiction the branch or office of the insurer complained against is located.

2. 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 or office of the insurer against which the complaint is made, the fact giving rise to complaint supported by documents, if any, relied on by the complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.

3. No complaint to the ombudsman shall lie unless:

i) The complainant had before making a complaint to the Ombudsman made a written representation to the insurer named in the complaint and either insurer had rejected the complaint or the complainant have not received any reply within a period of one month after the concerned insurer has received his representation or the complainant is not satisfied with the reply given to him by the insurer.

ii) The complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant; and

iii) The complaint is not on the same subject matter, for which any proceedings before any court or consumer forum, or arbitrators is pending or were so earlier.

The detailed list of Ombudsman is provided in Annexure: 1

#### 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.

#### Annexure 1: 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: ioobbsr@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

## Annexure A: Glossary of Fees and Charges

The Fees and Charges in effect as of the Date of Commencement of this Policy are as follows:

**A.1. Cost of Insurance:** Cost of insurance will be deducted from the Accumulation Account under base plan after commencement of risk under the base plan. Cost of insurance will be deducted at the start of each month.

Cost of insurance will depend on the age, SA, occupation and health of the life insured.

Cost of insurance = Sum Assured \* insurance risk premium /12

The standard cost of insurance per annum under this policy per Rs 1000/- sum assured at each age is given in Annexure B.

**A.2. Allocation fees:** Allocation fees will be deducted from the regular premiums and additional premiums before investing in to the Accumulation Account and Additional Accumulations respectively.

The rate of allocation fees under regular premiums under base plan is stated below.

30% of the regular premium under base plan in first year.

5% of the regular premium under base plan in second and subsequent year.

The rate of allocation fees under Additional premiums will be 2% of the additional premiums.

**A.3. Policy Administration fees:** Policy administration fees at the rate of Rs. 40 per month per policy will be deducted at the start of each month from the Accumulation Account under base plan.

**A.4. Account Administration Fees:** Account Administration Fess of 1.25% p.a. will be deducted from the Accumulation Account and Additional Accumulation Account, if any, at the end of every financial year after addition of Accumulation Rate as declared by the Company every financial year.

**A.5 Charges levied by Governmental authorities: Service Tax:** This tax will be levied on the cost of insurance and on the rider premiums. The level of this tax will be as per the rate of Service Tax on risk premium, declared by the Government from time to time. The current rate of service tax on risk premium is 10.3% (Service tax of 10% along with education cess of 3%).

The service tax on the rider premiums will be collected from the policyholder along with the rider premiums.

The service tax on cost of insurance under base plan will be deducted from the Accumulation Account under base plan along with the deduction in respect of cost of insurance.

**A.6 Charges Levied by the Government in Future: Charges/ Taxes/ Levies** as may be applicable shall be recovered. In future the Company may decide to pass on any additional charges levied by the governmental or any statutory authority to the policyholder. Whenever the company decides to pass on the additional charges to the policy holder, the method of collection of these charges shall be informed to them.

## Annexure B: Cost of Insurance

Indicative cost of insurance for Rs. 1000 SA per annum are as follows:

Age last birthday	Mortality charges per 1000 sum assured per annum
6	0.468
7	0.480
8	0.480
9	0.468
10	0.498
11	0.588
12	0.708
13	0.818
14	0.890
15	0.956
16	1.018
17	1.075
18	1.128
19	1.176
20	1.219
21	1.258
22	1.292
23	1.322
24	1.347
25	1.367
26	1.384
27	1.395
28	1.402
29	1.404
30	1.405
31	1.423
32	1.468
33	1.532
34	1.617
35	1.721
36	1.845
37	1.988
38	2.152
39	2.351
40	2.580
41	2.799
42	3.012
43	3.260

Age last birthday	Mortality charges per 1000 sum assured per annum
44	3.565
45	3.929
46	4.352
47	4.835
48	5.377
49	5.978
50	6.638
51	7.357
52	8.135
53	8.973
54	9.870
55	10.826
56	11.836
57	12.791
58	13.786
59	15.014
60	16.478
61	18.177
62	20.110
63	22.277
64	24.679
65	26.603
66	29.005
67	32.664
68	36.717
69	41.200
70	46.150
71	51.609
72	57.619
73	64.226
74	71.479
75	79.430
76	88.132
77	97.640
78	108.013
79	119.310
80	131.594

1. Cost of Insurance are 1/12th of the annual rates and there is no frequency loading

2. Cost of Insurance will be different for sub standard lives.

## Annexure C: Reliance New Major Surgical Benefit Rider (UIN: 121C014V01)

Applicable only if stipulated in the policy schedule and if opted for

This benefit shall be provided to the insured person(s) in case of a surgery performed by a qualified surgeon for a surgical operation and performed at a hospital as in-patient due to a covered injury or sickness for surgical procedures advised by a qualified doctor/physician/surgeon.

**I. Definitions:** "Surgery or Surgical Procedure" means those medical procedures or surgeries listed in this annexure.

"Surgical Benefit" means in the event of an Insured under this Policy undergoing any specified Surgery in a Hospital due to Accidental Bodily Injury or Sickness first occurring or manifesting itself after the Date of Commencement of risk under this rider and during the Cover Period then, subject to the terms, conditions and exclusions of this rider, the Benefit Amount, reckoned as the percentage of the Sum Assured as mentioned in the Surgical Benefit List against the specified Surgery performed, shall be payable by the Company.

**II. Premium:** Premium for Reliance New Major Surgical Benefit Rider are due and payable on the date of commencement of this rider and on each policy anniversary thereafter until expiry date of the premium paying term.

The mode of payment of premium under the rider shall be the same as mode of payment of premium under the base plan.

Service tax (along with education cess) at the rate declared by the Government from time to time shall be collected along with the rider premiums.



Premium for this rider for insured person(s), commencement date and rider expiry date shall be specified in policy schedule .

The premium shall be guaranteed for the first three years of the rider, after which the company may revise the premium rates by giving three months notice and with prior approval of IRDA.

III. Days of Grace for payment of premium: There is a grace period of 30 days for payment of premium if mode of premium payment is annual, half yearly or quarterly. The grace period shall be 15 days if mode of premium payment is monthly.

IV. Discontinuance of premium: If premium is not paid within the grace period, the rider benefit shall cease immediately.

V. Lapsation/Termination/Foreclosure of Basic Policy: The rider benefit shall cease immediately on lapsation/ termination/forfeiture of basic policy.

VI. Revival of Reliance New Major Surgical Benefit Rider: If the base plan is revived, the Reliance Major Surgical Benefit Rider can be revived by paying the arrears of premiums with interest at the prevailing rate of interest. The current rate of interest is 9% p.a. This shall be subject to satisfactory medical and financial underwriting.

VII. Benefit Structure: For each surgery performed, the lump sum which is expressed as a percentage of the Major Surgical Benefit sum assured in the surgery list given below, is only granted for any surgery listed in the applicable surgery list subject to satisfactory document evidence regarding the medical need for and completion of the performed surgery. Any one life could not claim for the same surgery more than once and this would be across all policies held by the life with Reliance Life Insurance Company Limited.

Surgery No.	Location	Surgery Description	% of Sum Assured
1	Abdominal Cavity	Major Repair of Multiples Ruptures due to Trauma	50%
2	Aorta	Excision and Insertion of Graft for Aortic Aneurysm	100%
3	Artery- Carotid	Carotid Endarterectomy	75%
4	Artery Pulmonary	Pulmonary Embolectomy using Cardiopulmonary Bypass	75%
5	Bone	Marrow Transplant(as recipient)	50%
6	Bone	Radical Excision of Malignant Tumour	50%
7	Eye	Cornea transplantation due to Trauma	25%
8	Brain	Clipping of Aneurysm / Arterio-venous Malformation	50%
9	Brain	Decompression / Removal via Craniotomy for Intra and Extra cerebral Tumour	50%
10	Duodenum	Pancreatico-Duodenectomy for Malignant Tumour	75%
11	Duodenum	Partial Gastrectomy	50%
12	Oesophagus	Total Esophagectomy for Malignant Tumour	75%
13	Face	Open Reduction and Internal Fixation of Fractures (more than 2) due to trauma	25%
14	Heart	Coronary Artery Bypass Graft for Coronary Artery disease	75%
15	Heart	Open Heart surgery for Valvular disease	75%
16	Head-Face	Craniofacial Resection with/without Reconstruction for Malignant Tumour	50%
17	Hip	Core Decompression (with Grafting) or Avascular Necrosis	50%
18	Kidney	Kidney Transplant for complete Renal failure	75%
19	Larynx	Laryngectomy with radical Neck Dissection/Block Dissection for Malignant Tumour	75%
20	Liver	Major Repair/Transplant due to Trauma	50%
21	Liver	Surgery for Malignant Tumour	50%
22	Lower & upper Limb	Traumatic Amputation	50%
23	Mouth	Wide Excision and Major Reconstruction of Malignant Tumour	25%

Surgery No.	Location	Surgery Description	% of Sum Assured
24	Mandible	Open Reduction and Fixation of Compound Fracture	25%
25	Lung	Transplant of Lungs/Combined Heart Lung Transplant	100%
26	Oro-Maxillofacial	Major reconstructive surgery due to Trauma or burns	50%
27	Pancreas	Anastomosis of Pancreatic Duct to Bowel due to Non-alcoholic Chronic Pancreatitis	50%
28	Pharynx	Total Pharyngectomy for Malignant Tumour	50%
29	Skull	Operation for Compound Fracture with Dural Penetration	50%
30	Skull	Osteoplastic Craniotomy / Extensive Craniectomy for Intracranial Haemorrhage	50%
31	Stomach	Total / Proximal Gastrectomy with / without Splenectomy	50%
32	Uterus	Total Pelvic Exenteration for Malignant Conditions	50%
33	Vein-Portal	Bypass for Portal Hypertension	50%

VIII. Exclusions under Reliance New Major Surgical Benefit Rider: No benefits are available hereunder and no payment shall be made by the Company for any claim for Reliance New Major Surgical Benefit Rider under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Surgeries not listed in the Surgical Benefit List;

2. "Pre-existing condition" any medical condition or any related condition (e.g. illnesses, symptoms, treatments, surgery, pains) that have arisen at some point prior to the commencement of this coverage, irrespective of whether any medical treatment or advice was sought. Any such condition or related condition about which the PI or insured dependant know, knew or could reasonably have been assumed to have known, shall be deemed to be pre-existing. The following conditions shall also be deemed to be "pre-existing":

■ Conditions arising between signing the application form and confirmation of acceptance by the Company;

■ Any sickness, illness, complication or ailment arising out of or connected to the pre-existing illness.

3. Surgery triggered by health related causes (and not by Accident) within the first 90 days from the commencement date or 90 days from the date of revival if reinstated after discontinuance of the cover;

4. Any Surgery for which claim has already been made and paid by the company;

5. Any treatment not performed by a Physician;

6. Any treatment including Surgery that is performed un-conventionally under experimental conditions and purely experimental in nature;

7. Pre and post hospitalization expenses including any other incidental expenses associated with the Surgery, any routine or prescribed medical check up or examination associated with the Surgery, Medical Expenses relating to any hospitalization or Surgery performed primarily for diagnostic purpose, X-ray or laboratory examinations associated with the Surgery, expenses or consequences arising out of complications during a Surgery or unexpected out-come of a Surgery;

8. Any Sickness that has been classified as an Epidemic by the Central or State Government;

9. Circumcision, cosmetic or aesthetic treatments of any description, change of life surgery or treatment, treatment (including surgery) for obesity, plastic surgery (unless necessary for the treatment of illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same);

10. Surgery for donation of an organ;

11. Removal or correction or replacement of any material that was implanted in a former Surgery before Date of Cover commencement;

12. Surgery for correction of birth defects or congenital anomalies;

13. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol;

14. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human Immuno Deficiency (HIV) Virus or any Syndrome or condition of a similar kind commonly referred to as AIDS;

15. Any diagnosis or treatment or Surgery arising from or traceable to pregnancy (whether uterine or extra uterine);

16. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith;

17. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like;

18. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard);
19. Participation in any hazardous activity or sports including but not limited to racing, scuba diving, aerial sports, bungee jumping and mountaineering;
20. Participation in any criminal or illegal activities;
21. Radioactive contamination;
22. Non-allopathic methods of Surgery and treatment;

**IX. Non-Participating:** This rider does not participate in the surplus earnings of our Policyholders' fund.

**X. Payment of claims:** The company shall not pay any benefits under this rider until the company's requirements have been met to the company's satisfaction. The company shall ask for

- Major Surgical Benefit claim form duly signed by the insured/policy holder.
- Specialist doctors certificate confirming the diagnosis and when the symptom first occurred.
- Relevant investigation reports (Radiology, Pathology etc) confirming the diagnosis.
- Hospital admission notes & discharge summary/certificate
- Any other document as may be required.

## Annexure D: Reliance New Critical Conditions (25) Rider (UIN: 121C012V01)

Applicable only if stipulated mentioned in the policy schedule and if opted for

**I. Reliance New Critical Conditions (25) sum assured:** If Insured person(s) has selected Reliance New Critical Conditions (25) Rider, then Reliance Critical Conditions (25) sum assured shall be shown in the policy schedule.

**II. Premiums:** The premium which applies to Reliance New Critical Conditions (25) Rider and expiry date of premium is shown in policy schedule. The company guarantees not to change this premium for three years from commencement date of this policy. After three year period, the company may change the premium rates with three months prior notice subject to the IRDA's approval.

**III. Service tax on premiums:** Service tax (along with education cess) at the rate declared by the Government from time to time shall be collected along with the rider premiums.

**IV. Days of Grace for payment of premium:** There is a grace period of 30 days from the due date for payment of rider premium. In case of monthly mode, the grace period is of 15 days.

**V. Discontinuance of premium:** If premium for Reliance New Critical Conditions (25) Rider benefit has not been paid within the grace period, the rider benefit shall cease immediately.

**VI. Termination/Foreclosure of Basic Policy:** The rider benefit shall cease immediately on termination/foreclosure of basic policy.

**VII. Revival of rider Benefit:** If the base plan is revived, the Reliance New Critical Conditions (25) Rider can be revived by paying the arrears of premiums with interest at the prevailing rate of interest. The current rate of interest is 9% p.a. This shall be subject to satisfactory medical and financial underwriting.

**VIII. Reliance Critical Conditions (25) Benefit Rider:** The Reliance New Critical Conditions (25) Rider provides a fixed additional sum insured on the occurrence of any of 25 specified critical illnesses if the policy is in force. In case the life insured under Reliance New Critical Conditions (25) Rider is diagnosed with any of the critical illness mentioned below and the policy is in full force at that time, the company shall pay the rider sum assured and the policy shall continue with all other benefits. There is a waiting period of 180 days after the date of the first premium or the date of revival/reinstatement whichever is later and the life insured survives the specified illness for a period of at least 30 days from the date of diagnosis

### IX. Critical Conditions Covered (25)

**1. Cancer:** A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. The diagnosis must be confirmed by a specialist and evidenced by definite histology. The term cancer also includes leukaemia and malignant disease of the lymphatic system such as Hodgkin's disease.

Excluded are:

- a. Any CIN stage (cervical intraepithelial neoplasia)
- b. Any pre-malignant tumour
- c. Any non-invasive cancer (cancer in situ)
- d. Prostate cancer stage 1 (T1a, 1b, 1c)
- e. Basal cell carcinoma and squamous cell carcinoma
- f. Malignant melanoma stage IA (T1a N0 M0)

**2. Coronary Artery By-pass Graft:** The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven to be necessary by means of coronary angiography and realization of surgery has to be confirmed by a specialist.

Excluded are:

- a. Angioplasty
- b. Any other intra-arterial procedures
- c. Key-hole surgery

**3. Heart Attack (Myocardial Infarction):** The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis has to be confirmed by a specialist and evidenced by all of the following criteria:

- a. History of typical chest pain
- b. New characteristic electrocardiogram changes
- c. Elevation of infarction specific enzymes, troponins or other biochemical markers

Excluded are:

- a. Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of troponin I or T
- b. Other acute coronary syndromes (e.g. stable/unstable angina pectoris)
- c. Silent myocardial infarction

**4. Stroke:** Any cerebrovascular incident producing permanent neurological sequelae and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist and evidenced by typical clinical symptoms as well as typical findings in a CCT scan or MRI of the brain. Evidence of neurological deficit for at least three months has to be produced.

Excluded are:

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Neurological symptoms due to migraine
- d. Lacunar strokes without neurological deficit

**5. Renal Failure:** End stage renal disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist.

**6. Surgery for a Disease of the Aorta:** The actual undergoing of surgery for a chronic disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

**7. Coma:** A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in permanent neurological deficit. Coma secondary to alcohol or drug misuse is not covered.

**8. Heart Valve Replacement:** Surgical replacement of one or more heart valves with prosthetic valves. This includes the replacement of aortic, mitral, pulmonary or tricuspid valves with prosthetic valves due to stenosis or incompetence or a combination of these factors.

Excluded are: Heart valve repair; valvulotomy; valvuloplasty.

**9. Major Organ Transplant:** The actual undergoing of transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow. Realisation of the transplantation has to be confirmed by a specialist.

**10. Paralysis:** Total and irreversible loss of use of two or more limbs through paralysis due to accident or sickness of the spinal cord. These conditions have to be medically documented for at least 3 months.

Excluded is: Paralysis due to Guillain-Barré-Syndrome.

**11. Blindness:** Total, permanent and irreversible loss of all sight in both the eyes as a result of sickness or accident. Diagnosis has to be confirmed by a specialist (by an ophthalmologist) and evidenced by specific test results.

**12. Benign Brain Tumor:** Removal of non-cancerous growth of tissue in brain under general anaesthesia leading to permanent neurological deficit or if inoperable also leading to permanent neurological deficit. Diagnosis to be confirmed by a specialist and evidence by typical findings in CT scan or MRI of the brain. Permanent neurological deficit means the condition has to be medically documented for at least three months. Specifically excluded are all cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in pituitary gland or spine.

**13. Motor Neurone Disease:** Unequivocal of Motor Neurone Disease (e.g. amyotrophic lateral sclerosis, primary lateral sclerosis, progressive bulbar palsy, pseudo bulbar palsy) that has to be confirmed by a specialist and evidenced by typical findings in electromyography and electroneurography. The disease must result in a permanent inability to perform independently three or more Activities of Daily Living - bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself (but not to prepare the food)) or must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least 3 months.

**14. Multiple Sclerosis:** Unequivocal diagnosis of Multiple Sclerosis by a specialist (preferably by a neurologist). The disease has to be evidenced by typical clinical symptoms of demyelination and impairment of motor and sensory functions as well as by typical MRI findings. For proving the diagnosis the Insured must either exhibit neurological abnormalities that have existed for a continuous period of at least 6 months or must have had at least two clinically documented episodes at least one month apart or must have had at



least one clinically documented episode together with characteristic findings in the cerebrospinal fluid as well as specific cerebral MRI lesions.

15. End Stage Lung Disease: Severe and permanent impairment of respiratory function which has to be confirmed by a specialist and evidenced by all of the following criteria:

- a) persistent reduction in respiratory volume per second FEV1 to less than 1 litre (Tiffeneau respiratory test)
- b) persistent reduction in arterial oxygen tension (PaO2) below 55 mmHg
- c) permanent oxygen supply is necessary

16. End Stage Liver Disease: Severely advanced liver disease resulting in cirrhosis which has to be confirmed by a specialist and evidenced by a Child-Pugh-Stage B or Child-Pugh-Stage C with regard to the following criteria:

- a) permanent jaundice (bilirubin > 2micromol/l)
- b) moderate ascites
- c) albumin < 3.5 g/dl
- d) prothrombin time < 70%
- e) hepatic encephalopathy

17. Aplastic Anaemia: Unequivocal diagnosis of bone marrow failure confirmed by a specialist and evidenced by the result of bone marrow biopsy. Disease must result in anaemia, neutropenia and thrombocytopenia and must require treatment with at least one of the following:

- a) blood product transfusion
- b) marrow stimulating agents
- c) immunosuppressive agents
- d) bone marrow transplantation

18. Systemic Lupus Erythematosus: An autoimmune illness in which tissues and cells are damaged by deposition of pathologic autoantibodies and immune complexes. Of significant importance for the outcome is the involvement of the kidneys. The renal function of the life insured has to be impacted due to the SLE (it has to be classified as Class III to Class VI lupus nephritis according to the classification of results of renal biopsy by WHO). Other types of lupus, such as the discoid lupus erythematosus or those that only affect the blood and joints are excluded. Diagnosis has to be confirmed by a specialist and evidenced by a histological report.

WHO's classification of lupus nephritis:

WHO I: normal glomeruli

WHO II: pure mesangial alterations

WHO III: focal segmental or focal proliferative glomerulonephritis

WHO IV: diffuse proliferative glomerulonephritis

WHO V: diffuse membranous glomerulonephritis

WHO VI: advanced sclerosing glomerulonephritis

19. Alzheimer's disease (before age 61): Unequivocal diagnosis of Alzheimer's disease (presenile dementia) before age 61 that has to be confirmed by a specialist and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain). The disease must result in a permanent inability to perform independently three or more activities of daily living - bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself, but not to prepare the food) or must result in need of supervision and the permanent presence of care staff due to the disease. These conditions have to be medically documented for at least three months.

20. Parkinson's disease (before age 61): Unequivocal diagnosis of idiopathic or primary Parkinson's disease (all other forms of Parkinsonism are excluded) before age 61 that has to be confirmed by a specialist. The disease must result in a permanent inability to perform independently three or more activities of daily living - bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself, but not to prepare the food) or must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least three months.

21. Major Head Trauma: Major trauma to the head with disturbance of the brain function that has to be confirmed by a specialist and evidenced by typical findings in neuroradiological tests (e.g. CT Scan or MRI of the brain). The trauma must result in a permanent inability to perform independently three or more Activities of Daily Living - bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself (but not to prepare the food)) or must result in a permanent bedridden

22. Loss of Speech: Total and irreversible loss of the ability to speak due to injury or disease of the vocal cords. The condition has to be confirmed and medically documented by a specialist (best by an otorhinolaryngologist) for at least 6 months. Psychogenic loss of speech is excluded from cover.

23. Primary Pulmonary Arterial Hypertension: An increase in the blood pressure in the pulmonary arteries, caused by either an increase in pulmonary capillary pressure, increased pulmonary blood flow or increased pulmonary

vascular resistance. Diagnosis has to be confirmed by a specialist and evidenced by cardiac catheterization showing a mean pulmonary artery pressure during rest of at least 20 mmHg. Furthermore right ventricular hypertrophy or dilatation ansigns of right heart failure have to be medically documented for at least 3 months.

24. Major Burns: Third degree burns covering at least 20% of the surface area of the Insured's body. Diagnosis has to be confirmed by a specialist and evidenced by specific results re the Lund Browder Chart or equivalent burn area calculators.

25. Apallic Syndrome (Vegetative State): Universal necrosis of the brain cortex, with the brain stem remaining intact. Definite diagnosis has to be confirmed by a specialist and evidenced by specific findings in neuroradiological tests (e.g. CT Scan, MRI of the brain). The condition has to be medically documented for at least one month.

X. Payment of claims: The company shall not pay any benefits under this rider until the company's requirements have been met to the company's satisfaction. The company shall ask for

- the original policy
- proof of age of the life assured if his or her age is not already admitted in the records of the company,
- a diagnosis confirmed by a registered Medical Practitioner appointed by the company and must be supported by acceptable clinical, radiological, histological and laboratory evidence
- such additional requirements as the company may find necessary to call for.

XI. Termination of cover

■ The Reliance Critical Conditions (25) Benefit shall 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.

■ The Critical Illness Benefit is payable only once during the currency of this Policy and further cover shall expire on payment of any one critical conditions claim.

■ The Reliance Critical Conditions (25) Benefit expires on the Policy Anniversary following the 65th birthday of the Life Assured or the expiry date shown in the Policy Schedule if this is earlier.

XII. Exclusion: The following are the minimum required exclusions for the Reliance Critical Conditions (25) cover. Additional exclusions may be disease-specific and would be incorporated into the definition of the disease. Benefits shall not be paid in case of claims arising as a result of any of the following:

1. Diseases in the presence of an HIV infection;
2. Diseases that have previously occurred in the life insured (i.e. the benefit is payable only if the disease is a first incidence, regardless of whether the earlier incidence occurred before the individual was covered or whether the insured was covered by another insurer);
3. Any diseases occurring within 180 days of the start of coverage (i.e. during the waiting period) and any diseases causing the death of the insured within 30 days of the incidence of the illness (i.e., the survival period);
4. For any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician;
5. Any congenital condition;
6. Intentional self-inflicted injury, attempted suicide, while sane or insane;
7. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
8. Failure to seek or follow medical advice ;
9. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, terrorism, riot or civil commotion, strikes;
10. Taking part in any naval, military or air force operation during peace time;
11. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable;
12. Participation by the insured person in a criminal or unlawful act;
13. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
14. Nuclear Contamination; the radio active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

XIII. Non-Participating: This rider does not participate in the surplus earnings of our Policyholders' fund.

## Annexure E: Reliance Term Life Insurance Benefit Rider (UIN: 121C009V01)

Applicable only if stipulated mentioned in the policy schedule and if opted for

1. Reliance Term Life Insurance Benefit Rider sum assured: If you have selected the Reliance Term Life Insurance Benefit rider then the Reliance Term Life Insurance Benefit sum assured is shown in the schedule.

2. **Premiums:** The premiums are due and payable on the commencement date of the rider and on each policy anniversary thereafter until expiry date of the premium paying term. The mode of payment of premium under the rider shall be the same as mode of payment of premium under the base plan.

Service tax on premiums: Service tax (along with education cess) at the rate declared by the Government from time to time shall be collected along with the rider premiums.

3. **Days of Grace for payment of premium:** There is a grace period of 30 days from the due date for payment of rider premium. In case of monthly mode, the grace period is of 15 days.

4. **Discontinuance of premium:** If premium for Reliance Term Life Insurance Benefit has not been paid within the grace period, the rider benefit shall cease immediately.

5. **Lapsation / Termination / Foreclosure of Base Policy:** The rider benefit shall cease immediately on lapsation / termination / foreclosure of base policy.

6. **Revival of rider Benefit:** If the base plan is revived, the term rider can be revived by paying the arrears of premiums with interest at the prevailing rate of interest. The current rate of interest is 9% p.a. This shall be subject to satisfactory medical and financial underwriting.

7. **Reliance Term Life Insurance Benefit Rider:** We shall pay you the Reliance Term Life Insurance Benefit rider sum assured on the death of the life assured before the expiry date of the Reliance Term Life Insurance Benefit and while this policy is in force.

8. **Payment of claim:** Normally, the following documents are required for processing a claim under this policy.

- The original policy
- Proof of age of the life assured if his or her age is not already admitted in our records,
- Claim discharge form signed by the party to whom the benefits are payable,
- Proof of title
- Proof of death and medical treatment reports, and other documents, if found necessary to the satisfaction of the Company

9. **Termination of cover:** The Reliance Term Life Insurance Benefit shall terminate if the policy: lapses, is 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.

The Reliance Term Life Insurance Benefit shall be terminated on the policy anniversary following the 64th birthday of the life assured or on the expiry date if this is earlier.

10. **Suicide exclusion:** We shall not pay any claim under the Reliance Term Life Insurance Benefit if the life assured, whether sane or insane, commits suicide within 12 months from the date of issue of this rider or the date of any reinstatement of the Reliance Term Life Insurance Benefit.

11. **Non-Participating:** This rider does not participate in the surplus earnings of our Policyholders' fund.

## Annexure F: Reliance Accidental Death And Total And Permanent Disablement Rider (UIN: 121C002V01)

Applicable only if stipulated in the policy schedule and if opted for

I. **Reliance Accidental Death and Total and Permanent Disablement Rider:** If insured person(s) have selected this rider benefit then the Reliance Accidental Death and Total and Permanent Disablement sum assured as selected by them is shown in the schedule.

II. **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 disablement" 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.

III. **Premiums:** Premium for Reliance Accidental Death and Total and Permanent Disablement Rider are due and payable on the date of commencement of this rider and on each policy anniversary thereafter until expiry date of the premium paying term.

The mode of payment of premium under the rider shall be the same as mode of payment of premium under the base plan.

Service tax (along with education cess) at the rate declared by the Government from time to time shall be collected along with the rider premiums.

Premium for this rider for insured person(s), commencement date and rider expiry date shall be specified in policy schedule.

The premium shall be guaranteed for the first three years of the rider, after which the company may revise the premium rates by giving three months notice and with prior approval of IRDA.

IV. **Days of Grace for payment of premium:** There is a grace period of 30 days for payment of premium if mode of premium payment is annual, half

yearly or quarterly. The grace period shall be 15 days if mode of premium payment is monthly.

V. **Discontinuance of premium:** If premium is not been paid within the grace period, the rider benefit shall cease immediately.

VI. **Termination/Foreclosure of Basic Policy:** The rider benefit shall cease immediately on termination/foreclosure of basic policy.

VII. **Revival of rider Benefit:** Generally reinstatement shall be made by paying the arrears of premiums with interest and recommencing the payment of premiums at any time within a period of 2 years from the due date of first unpaid premium but before the maturity of the policy subject to satisfactory medical and financial evidence as stipulated by the Company from time to time. Current rate of interest for revival is 9% p.a.

VIII. **Benefit Structure: Accidental death benefit:** The Reliance Accidental Death and Total and Permanent Disablement Rider provides for accidental death and disablement sum assured shown in the policy schedule on the accidental death of the insured person(s) at any time before the expiry date of this benefit and while the base plan is in force at that time, the company shall pay the rider sum assured and the policy shall continue with all other benefits.

Total and permanent disablement benefit: The company shall pay an amount equal to the Reliance Accidental Death and Total and Permanent 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 the base plan is in force.

The company shall 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 dies or if this policy matures before payment of all the ten installments, the company shall pay any unpaid installments along with the basic death or maturity benefit.

Waiver of premium benefit: The company shall waive all future premiums payable under the base plan and riders up to a limit of Rs.40,000 per annum if the insured person(s) becomes totally and permanently disabled at any time before the expiry date of this benefit and while the base plan is in force.

The first premium waived shall be the one falling due immediately after the commencement date of disablement. However, we shall not waive any premium with a due date more than one year before the date on which we receive written notice of claim.

IX. **Payment of claims:** The company shall not pay any benefits under this rider until the company's requirements have been met to the company's satisfaction. The company shall ask for

- the original policy
- proof of age of the life assured if his or her age is not already admitted in the records of the company,
- a diagnosis confirmed by a registered Medical Practitioner appointed by the company and must be supported by acceptable clinical, radiological, histological and laboratory evidence
- such additional requirements as the company may find necessary to call for.

X. **Termination of cover:**

i) The Reliance Accidental Death and Total and Permanent Disablement benefit shall 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 shall automatically terminate.

iii) Cover for the Reliance Accidental Death and Total and Permanent Disablement benefit shall expire 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.

XI. **Exclusion:** The company shall not pay any accidental death claim or total and permanent disablement claims which results directly or indirectly from anyone 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 practicing 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 recognized airline or charter service,
- participating in any riot, strike or civic 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), civic war, mutiny, military rising, insurrection, rebellion, military or usurped power or any act of terrorism or violence.

XII. **General Conditions:**

Suicide Exclusion: The company shall not pay any Accident benefit claims which result from self afflicted injuries or conditions (attempted suicide).

The company shall not pay any death claims which result from self inflicted injuries or conditions (i.e. attempted suicide) within 12 months from the date of adjustment of the first premium or date of revival/reinstatement whichever is later.

XIII. **Non-Participating:** This rider does not participate in the surplus earnings of our Policyholders' fund.

## Annexure G: Benefits Illustration

# 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](mailto:rlife.customerservice@relianceada.com) or register at our web site [www.reliancelife.com](http://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](mailto:rlife.customerservice@relianceada.com) ▶ Website: [www.reliancelife.com](http://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.



get guaranteed returns,  
year on year



### Reliance Life Traditional Investment Insurance Plan

a perfect blend of Guaranteed Investment Returns and Life cover

We present a unique plan just for you, which combines protection and savings.

**Reliance Life Traditional Investment Insurance Plan**, addresses the comprehensive need to strike that perfect balance of insurance and investment returns. The plan also offers you an option to increase savings, enhance protection along with complete flexibility to withdraw money whenever required.

#### Who is the insured?

Any person above age 30 days and up to 70 years at inception of the policy.

#### Who pays the premium?

Proposer, pays the premium

#### How does the plan work?

You pay premium every year for the entire term and get accumulated value (i.e. balance in accumulation account and additional accumulation account), on maturity.

A separate account called 'Accumulation Account' will be maintained in respect of each policyholder.

The accumulation rate shall be credited to the accumulation account / additional accumulation account (if any), at the end of every calendar month on pro-rata basis. The Accumulation Rate for the FY 2010-11 is 7.75% p.a. Annually, declared Accumulation rate would be available on our website [www.reliance-life.com](http://www.reliance-life.com).

An additional accumulation account will be maintained for any additional premiums paid.

#### What happens on the death of Life Assured, after life insurance cover has started?

Balance in the accumulation account & the additional accumulation account (if any) OR Sum Assured whichever is higher at the time of intimation of death is payable to nominee.

#### What happens on Maturity?

On survival up to maturity total of balances in the accumulation account & the additional accumulation account (if any) is payable.

#### What are the fees applicable under the plan?

The fees applicable under the plan are Allocation fees, Account Administration fees, Policy administration fee, Cost of Insurance and Service Tax, as follows:

The first year allocation fee on basic premium is 30% of the annualised premium paid.

The second and subsequent year allocation fee is 5% of annualised premium paid.

The rate of allocation fees under Additional premiums will be 2% of the premium paid.

**Account Administration fees** to be deducted will be 1.25% p.a. of the account value.

**Policy Administration fees** is Rs.40 per month

**Mortality charge** will vary depending on: the amount of life insurance cover; the attained age of life assured; the occupation of the life assured; the health of the life assured.

**Service Tax**, will be levied on cost of insurance and rider premium (if any), at the applicable rate as declared by the Government from time to time. Currently the same is 10.30%.

#### **What is an Accumulation Account & Accumulation rate?**

Accumulation Account is a separate account where all the premiums paid are credited, after deducting the Allocation fees.

In addition to the premiums, your Accumulation Account is also credited with Accumulation Rate. At the start of each financial year, the Company will declare in advance the "Accumulation Rate" that will be credited to the Accumulation Accounts and Additional Accumulation Accounts at the end of every calendar month on pro-rata basis.

The Accumulation Rate for FY 2010-11 will be 7.75% p.a. Annually, declared Accumulation rate would be available on our website [www.reliancelife.com](http://www.reliancelife.com).

The Accumulation Rate to be declared in future will not be less than the Savings Bank deposit interest rate declared by the Reserve Bank of India (RBI).

There will be no guarantee on the accumulation rate to be declared from year to year, however once the Accumulation rate is declared and credited to the Accumulation Account and Additional Accumulation Account, it will be guaranteed for the rest of the policy term.

After adding the Accumulation Rate to your Account, we shall deduct the relevant fees from your Account.

#### **What is an Additional Accumulation Account?**

Any additional premium that you pay over and above the regular premium will be credited into this account after deducting the Allocation fees of 2% of the Additional premiums paid.

The Accumulation Rate on Additional Accumulation Account will be at the same level as the rate declared on the Accumulation Account.

#### **What are the additional benefits available?**

Money @ your wish (Partial Withdrawal) will be available in respect of Additional Accumulation account.

Loan facility of up to 50% of the surrender value under accumulation account. Interest @ 9% p.a. Surrender value will be available after two full year's premium has been paid and at no penalty after 5th policy year.

**Optional rider benefits:** Reliance New Major Surgical Benefit Rider; Reliance New Critical Conditions (25) Rider; Reliance Term Life Insurance Benefit Rider; Reliance Accidental Death and Total and Permanent Disablement Rider.

#### **When does risk commence under the plan?**

Risk cover depends on the entry age of life assured.

#### **What are the tax benefits available under this plan?**

As per current tax rules premiums paid under Base Plan, Reliance Term Life Insurance & Reliance Accidental Death and Total and Permanent Disablement Rider are eligible for tax deduction under Section 80C and premiums paid under Reliance New Major Surgical Benefit & Reliance New Critical Conditions (25) Rider are eligible for tax deduction under Section 80D of the Income Tax Act, 1961. Subject to Conditions.

The benefits under this plan and riders are eligible for tax benefit under Section 10(10D) subject to conditions.

- Reliance Life Insurance Company Limited is only the name of the Insurance Company and Reliance Life Traditional Investment Insurance Plan is only the name of the life insurance plan and does not in any way indicate the quality of the contract, its future prospects or returns.
- Tax laws are subject to changes with retrospective effect and consulting a tax expert for an opinion is recommended.

**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](mailto:rlife.customerservice@relianceada.com) ■ Website: [www.reliancelife.com](http://www.reliancelife.com)

**ISO 9001:2000** | For more details on terms and conditions please read sales brochure carefully before concluding a sale.  
CERTIFIED COMPANY | Insurance is the subject matter of the solicitation.

UIN for Reliance Life Traditional Investment Insurance Plan: 121N074V01, Reliance New Critical Conditions (25) Rider: 121C012V01, Reliance New Major Surgical Benefit Rider: 121C014V01, Reliance Term Life Insurance Benefit Rider: 121C009V01, Reliance Accidental Death & Total and Permanent Disablement Rider: 121C002V01