

RELIANCE

Life Insurance

Reliance Care For You Advantage Plan

Affordable premiums
for priceless care...



A Non-linked Non-Par Health Insurance Plan

Why should you buy a Health Insurance Cover?

With the advancement of Medical Science, health care costs also increases. Adequate health insurance cover protects you & your family members in the event of any unexpected serious illness or injury that could be very expensive. Health problem / Medical emergencies in most cases strike us suddenly resulting in huge financial burden.

You require health Insurance because you cannot predict what your medical bill will be. In some year your cost may be low. In the other year, you may have a very high medical expenditure.

If you have health Insurance, you will have peace of mind in knowing that you are protected from most of these costs.

Reliance Care for You Advantage Plan provides you a solution that gives you peace of mind by relieving you from the unexpected financial burden. This is a health Insurance solution which comes at an affordable price and takes care of expensive medical treatments incurred during hospitalization due to illness, accident or any other reasons subject to the exclusions and waiting periods.

Reliance Care for You Advantage Plan has various unique features which ensure that your family is adequately taken care of during medical emergencies.

What is Reliance Care for You Advantage Plan? Why do you need it?

A medical cover is an assurance of peace of mind for you and your family. It offers protection and financial stability when medical uncertainties arise.

Reliance Life Insurance understands the financial burdens that you may confront from time to time and to alleviate this burden, we bring you the Reliance Care for You Advantage Plan.

It's an innovative plan that not only covers you but also your family members which includes your spouse, children, parents and parents-in-laws.

What makes the Reliance Care for You Advantage Plan unique?

The uniqueness lies in its nature and capacity to provide financial protection, when you most need it. When an unexpected diagnosis of a serious illness or hospitalization of a loved one takes its toll on you mentally as well as financially, this plan helps you to confront the situation with courage and confidence.

With the Reliance Care for You Advantage Plan you needn't worry, as it offers an extensive list of unique features unlike any other policy.

Who is eligible under this cover?

The primary benefit of the Reliance Care for You Advantage Plan is that it covers you along with your spouse, children, parents and parents-in-law. You are eligible for the plan if you are 18 years or above and within 65 years of age. In the case of your family members anyone from 3 months to 66 years (for dependent parent minimum entry age is 40 years) is eligible to enter this plan.

Isn't this cover expensive?

Actually it's quite the opposite.

The unique benefit that helps you save is that your Premium will remain fixed for a period of 3 years irrespective of increase in age, change in clinical condition and number of the claim preferred by you. Over and above, you will enjoy a renewal discount of 15% on premium at the time of renewal after 3 years.

Why Reliance Life Insurance should be your first choice?

Only Reliance Life Insurance presents a very innovative plan for the entire family including children, dependant parents and parents-in-law.

Reliance Life Insurance cares for you and assures to stand by you during those difficult times of physical and mental stress – so that you remain hassle free during your & your family's health related emergencies by providing you with a 12 year health cover with guaranteed renewability and guaranteed renewal discount plus a guarantee of fixed premium for 3 years. We also cover Pre-existing illnesses after 4 continuous years of membership. You and your family members will have guaranteed coverage upto the age of 99 years irrespective of claim experience and change in your health condition. At Reliance Life Insurance, we not only protect you, but we care for you too...

What this plan brings for you?

Key Features

- ▶ Reimburses all admissible medical expenses when you are in hospital
- ▶ Pre & Post hospitalization expenses covered
- ▶ 150 Day Care Treatment mentioned in the Annexure A covered
- ▶ Reimbursement of ambulance charges
- ▶ Option to cover the entire family under family floater coverage
- ▶ Income Tax benefit under section 80(D) of the Income Tax Act, 1961.

Unique attractive features of the Product & Services

- ▶ Guaranteed Renewability, subject to conditions
- ▶ Policy term of 12 years, premium guaranteed for 3 years
- ▶ Sum Insured is increased by 5% (up to a maximum limit of 30%) of basic sum insured without paying any extra premium, for every claim free year
- ▶ Renewal discount of 15% on premium at the time of renewal after 3 years
- ▶ Cashless facility at 4000 hospitals across the country
- ▶ Cover your Parents & parents-in-law
- ▶ Single Sum Insured plan that is flexible enough to give you the option to choose from Rs.2 lac to Rs. 10 lacs annually

Note: The above are the key features and benefits of the product. You are advised to read this document completely before concluding the purchase

How does the plan work?

This is regular premium, non-participating, non unit linked, hospitalization benefit plan based on Individual and Family Floater* basis. The plan will be offered to individuals or a family which includes the primary insured, spouse, eldest four eligible children, dependent parents and parents in law. The premiums are paid on annual basis or monthly (only if premiums are paid electronically) basis only.

Member with the highest age among husband and wife will be referred as Primary Insured and all the other members of the family covered under the plan will be referred as Secondary Insured. On death of the Primary Insured during the policy term, the insured spouse becomes the Primary Insured. If both Primary Insured and Insured Spouse die, the policy will be terminated from the policy anniversary following the death of the second life.

*Family Floater means the Sum Insured for a particular Insured and the members of his/her family as covered under the policy and is available for any or all the members of his/her family for one or more claims during the tenure of the policy.

Children are covered, provided the children are economically dependent on parent(s) and having marital status single at the time of commencement of policy or on any subsequent renewal date.

What does your plan cover?

The plan covers reasonable and customary medical expenses incurred towards hospitalisation during the policy term for the disease, illness, medical condition or injury contracted or sustained by the member(s) subject to terms, conditions, limitations, waiting period and exclusions as mentioned in the section for **“What your plan does not cover?”**.

In a policy year, the total liability of the company under this policy is limited to the sum insured, without making any reference to what the company has reimbursed or are liable to reimburse for the claims made in the previous policy year. Where sum insured means the sum shown in the your policy document which represents our maximum liability in relation to all claims made by You and all of Your Dependents, if any, during the Policy Year.

Hospital Expenses

Reliance Care for You Advantage Plan will reimburse all admissible medical expenses in case of an unfortunate event of Hospitalisation:

- ▶ Room, boarding and nursing expenses.
- ▶ Surgeon, Anaesthetists, Medical Practitioner, Consultants, Specialists fee
- ▶ Operation theatre charges
- ▶ Anaesthesia, blood, oxygen, medicines and drugs etc.
- ▶ Diagnostics and laboratory tests.

Day Care Treatment

We cover 150 listed day care treatment and procedure as given in Annexure A, wherein even 24 continuous hours of hospitalisation is not required.

Pre & Post hospitalisation Benefit

A flat benefit of 5% of bills submitted of the admissible hospitalisation expenses, subject to a maximum of Rs.5000 will be paid on each hospitalisation claim towards Pre and Post hospitalisation expenses. Bills of the hospitalization expenses are required for the basic claims. Bills of pre/post hospitalization expenses are not required.

Ambulance Charges

Ambulance charges will be reimbursed by us provided the member(s) is/are hospitalised for more than 24 continuous hours, subject to a maximum of ₹ 1,000 per policy year, irrespective of number of members covered in the policy.

Death Benefit

No benefit is payable on death of the insured members.

Maturity Benefit

No benefit is payable on maturity of the policy

Surrender Benefit

No benefit is payable on surrender of the policy

What are the other offerings under this plan?

Single sum insured covers the entire family under family floater coverage

This means, you and your family members (spouse, eldest four eligible children, dependent parents and parents-in-law) together can utilize up to a maximum of sum insured opted for in a policy year for hospitalisation benefit. Thus, your entire family is covered under the single umbrella of protection.

Guaranteed Renewability

Once you choose to hold our hands we will protect you from any unforeseen contingencies. You and your family members will enjoy a guaranteed renewability up to the age of 99 years for adults irrespective of claim experience and change in your health condition.

Fixed Premium

Your Premium will remain constant for a period of 3 years irrespective of increase in your age and claim experience.

Renewal Discount *(after expiry of premium guaranteed term of 3 years)*

On renewal, where renewal occurs within 30 days after the expiry of the previous premium guaranteed term/policy term, there will be a discount of 15% on the premium applicable, irrespective of any claim/(s) made in the past.

Enhancement of Sum Insured

We shall reward you for staying fit. If you have not claimed during a policy year, the sum insured under the policy will be increased by an amount equivalent to 5% of the basic sum insured in the subsequent policy year without any corresponding increase in premium subject to a maximum increase of 30% of the basic sum insured over the duration of the policy including term renewals, where the basic sum insured is the sum insured chosen as on policy commencement date.

If subsequent to a no claim bonus, a claim is made by any member, then the sum insured under the policy will be reduced by an amount equivalent to 5% of the basic sum insured in the subsequent policy year without any corresponding change in the premium subject to minimum basic sum insured.

Example:

At inception Basic Sum Insured = 5,00,000

Policy Year 1:

After no claim in first policy year Sum Insured will increase by 5% to 5,25,000 for all members from 2nd year. Premium will be charged for Basic Sum Insured of 5,00,000.

Policy Year 2:

Similarly upon one more claim free year the Sum Insured will increase to 5,50,000 for 3rd year. Premium will be charged for Basic Sum Insured of 5,00,000.

Policy Year 3:

Upon one more claim free year the Sum Insured will increase to 5,75,000 for 4th year. Premium will be charged for Basic Sum Insured of 5,00,000.

Policy Year 4:

Now, if there is at least one claim from the policy in year 4, the Sum Insured will be reduced by 5% of Basic Sum Insured to 5,50,000 for 5th year. Premium will be charged for Basic Sum Insured of 5,00,000.

At any point of time the Sum Insured shall not be less than 100% of Basic Sum Insured and greater than 130% of Basic Sum Insured.

Cashless facility

You have access to over 4000 empanelled hospitals across India where you can avail of cashless hospitalisation facility by showing your Reliance Life Insurance health card. This relieves you from paying hospital bills at the time of medical emergency.

The cashless & reimbursement claims administration will be facilitated by the Third Party Administrator (TPA) of the company.

You will be provided with a health card and a guide book containing the list of empanelled hospital and details on the claim process.

A 24x7 helpline number (number available in the guide book) is maintained by the TPA to assist you and in resolving your queries.

What are the options available under the policy?

Renewal of policy (after expiry of the premium guaranteed term of 3 years /policy term)

- ▶ You have the option to renew the policy within 30 days after the expiry of the previous premium guaranteed term/policy term at the premium rates, terms and conditions prevailing at the time of renewal of the policy. Coverage ceases on the expiry of the previous policy term and no cover exists during this period of 30 days.
- ▶ If the sum insured after renewal is more than the sum insured on commencement of the previous premium guaranteed term/policy, the renewal of policy would be subject to the Primary Insured and the Secondary Insured members satisfying the financial and medical underwriting requirements of the company. The company shall have the right to refuse the increase in sum insured on renewal.
- ▶ On renewal, the waiting period would be reduced by the number of continuous years the member has been insured with company under this plan or any other plan of the company of similar nature.

Alteration of Premium Payment Frequency.

The premium payment frequency may be changed at any policy anniversary.

Option to increase the Sum Insured

The Sum insured chosen at the commencement of the policy can be changed on any renewal date of the policy (where renewal occurs after the end of each premium guaranteed term of 3 years /policy term) subject to underwriting, if required by the company.

Option to include other members

The Primary Insured can include secondary members (upto 4 eldest children, Spouse, father, mother, father in-law, mother in-law) from commencement of the policy or from any subsequent policy anniversary. If the secondary member is not included on commencement of policy and is added from a subsequent policy anniversary, then there will be a 3 months waiting period during which no claims will be admitted.

Tax Benefit

The benefits and premiums payable under the policy are subject to tax laws and other financial enactments as they may exist from time to time.

You can avail tax benefit under section 80D on premium paid under the Income Tax Act, 1961 subject to applicable tax laws.

Service tax and education cess will be charged as per applicable rates. You are recommended to consult your tax advisor.

What are the Eligibility Criteria?

	Minimum	Maximum
Age at Entry	Primary Insured and Spouse – 18 years last birthday Dependent parents and parent in-law – 40 years last birthday Children - 3 months	Primary Insured and Spouse – 65 years last birthday for new policy and upto 99 years last birthday for renewed policy Dependent parents and parent in-law - 66 years last birthday for a new policy and 99 years last birthday for a renewed policy. Children – 18 years last birthday
Policy Term	Fixed term of 12 years	
Sum Insured (Sum insured should be in multiples of ₹ 1,00,000 between minimum and maximum sum insured)	₹ 2,00,000	₹ 10,00,000

Sample Premium rates

Primary member premium rate

Age/Sum Assured	2,00,000	3,00,000	4,00,000	5,00,000
25	2937	3874	4677	5571
35	3204	4259	5192	6204
45	4992	6837	8503	10302
55	9833	13815	17476	21442

Secondary member premium rate (Spouse, Children, Parents and in-laws)

Age/Sum Assured	2,00,000	3,00,000	4,00,000	5,00,000
15	1560	2183	2709	3302
25	1864	2614	3255	3969
35	2078	2921	3668	4478
45	3609	4986	6316	7770
55	7379	10566	13495	16664

Sample premium and sum insured for a family floater policy with four lives:

	Age	Premium
Primary Life	35	3204
Spouse	35	2078
1 Child	15	1560
1 Parent	55	7984
Total	Premium	14826
	Sum Insured	2,00,000.00

Total Premium of ₹ 12404.53 excluding service tax and education cess will be charged for this family floater policy for a Total Sum Insured of ₹ 2, 00,000

Note:

1. The above sample premium rates are for a healthy life only and excluding service tax and education cess. Extra premiums may be charged in case of heavy smokers, substandard lives or other impairments as per the board approved underwriting norms of the company.
2. Premium table is available on our website www.reliancelife.com

What are the capping / co-sharing limits on reimbursement of expenses?

In a policy year, the total liability of the company under this policy is limited to the sum insured, without making any reference to what the company has reimbursed or are liable to reimburse for the claims made in the previous policy year. Where Sum Insured means the amount specified in the policy document being the maximum liability that the company will reimburse for Medical Expenses during the policy year and in relation to a Family Floater represents the maximum liability for any and all claims made by Insured member(s) during the policy year. To clarify, Maximum Liability means the maximum amount of claim in a policy year. The Sum Insured will be aggregate benefit limit from which all claim settlements will be deducted and under no circumstances will the combined claims of all lives listed under this policy during the policy year exceed Sum Insured.

We will pay 95% of the admissible claim amount (if treatment is taken in Net Work Hospital) or 90% of the admissible claim amount (if treatment is taken in Non Net Work Hospital) of the expenses as arrived at for each head of costs as mentioned below for the hospitalisation in India due to the illnesses/ailments/procedure/group of illness.

- a) Room, Boarding and Nursing Expenses subject to 1.5% of the Sum Insured per day in case Insured is admitted in Non Intensive Care Unit and 3% of the Sum Insured per day in case insured is admitted in Intensive Care Unit.
- b) Operation theatre charges.

- c) Special Nursing expenses incurred for deployment of qualified nurse will be reimbursed, subject to the treating Doctor's advice and submission of receipt from the registered nurse's Association with Reliance Life Insurance Company Limited.
- d) Surgeon, Anaesthetists, Medical Practitioner, Consultants, Specialists fee subject to a maximum limit of 25% of the total admissible medical expenses incurred on in-patient treatment.
- e) Anaesthesia, blood, oxygen, medicines and drugs, diagnostic materials, x-ray, surgical appliances, any disposable surgical consumables, dialysis, radiotherapy, Cardiac Pacemaker, Artificial limbs, stents and implants.

In respect of above we will make payment only for those days of treatment as an in-Patient, falling within the policy term.

- f) 150 day care procedures as mentioned in Annexure A - expense reimbursement will be in manner mentioned in clause (a) to (e) above.
- g) If Hospitalisation is due to one of the following illnesses/procedures/ailments/group of illnesses, then we will reimburse 95% of the medical expenses if the treatment is taken in Net Work Hospital or 90% of the medical expenses treatment is taken in Non Net Work Hospital, subject to a maximum reimbursement limit per member in a policy year, as described in the table below:

SI No.	Illnesses/procedures/ ailments/group of illnesses	The lower of:	
		% of sum insured	Lump sum in ₹
1	Cataract	12%	25,000
2	Knee replacement	50%	150,000
3	Hip replacement	50%	175,000
4	Ectopic Pregnancy	Actual Expenses	30,000
5	ACL Tear (Anterior Cruciate Ligament Tear)	Actual Expenses	25,000

- h) If two or more policies are taken by an insured during a period from one or more insurers, where the purpose of such policies is to indemnify the treatment costs, company shall not apply the contribution clause, but the policyholder shall have an option to chose insurer with whom the claim to be settled. In all such cases, the company shall be obliged to settle the claim without insisting for contribution clause.
- i) If a particular hospitalisation claim spreads over two policy years, the eligible expenses would be provided on pro rata basis if the primary life and/or his insured secondary lives (family members) under the policy have not exhausted the maximum eligible limit for that year.

What your plan does not cover?

Please note that all other medical conditions except the following exclusions requiring hospitalization are covered under this plan.

- ▶ “Pre-Existing Medical Condition” means any Medical Condition or related condition (s) for which the Member(s) had any signs or symptoms, whether or not they received medical advice, in the 48 months immediately prior to the Policy Commencement date or any condition, signs or symptoms which occurred in the same 48 month period which would have caused any ordinary prudent person to seek treatment, diagnosis, care, medical advice or treatment.

Pre-existing disease will be covered only if you have maintained the Policy with the company for a continuous period of 4 years without break from the date of the first Policy with the company

- ▶ Hospitalisation/Medical expenses not directly related to the specific illness or injury for which hospitalisation took place and the expenses which are not recommended by the attending doctor.
- ▶ Any treatment not performed by a doctor or any treatment of a purely experimental nature.
- ▶ Expenses which are not for actual, necessary and reasonable expenses incurred in the treatment of the Illness or Physical Injury, or any elective surgery or treatment which is not medically necessary.
- ▶ Any diagnosis or treatment arising from or traceable to pregnancy, childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born (excepting ectopic pregnancy).
- ▶ Sterility, treatment whether to effect or to treat infertility, any fertility, sub fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complication arising due to supplying services.
- ▶ Hospitalization for correction of birth defects or external congenital anomaly /internal congenital anomaly.
- ▶ Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human Immune Deficiency Virus (HIV) or any Syndrome or condition of a similar kind commonly referred to as AIDS (Acquired Immune Deficiency Syndrome)
- ▶ Dental treatment or surgery of any kind unless necessitated by accidental bodily injury.
- ▶ Cost of spectacles contact lenses hearing aids and the cost of treatment for vision correction.

- ▶ Self afflicted injuries or conditions (attempted suicide) and or the treatment directly or indirectly arising from alcoholism or drug abuse and any Illness or Physical Injury which may be suffered after consumption of intoxication liquors or drugs.
- ▶ Non-allopathic methods of surgery and treatment.
- ▶ Hospitalisation and surgery for donation of an organ.
- ▶ Medical or surgical treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition.
- ▶ Psychiatric, mental disorders (including mental health treatments and, sleep-apnoea), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down conditions"): congenital internal or external diseases, defects or anomalies, generic disorders: stem cell implantation or surgery, or growth hormone therapy.
- ▶ Medical expenses relating to any Hospitalisation primarily for diagnostic, X-ray or any other investigations.
- ▶ Any experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council).
- ▶ Stay in Hospital for domestic reason where no active regular treatment is given by a Doctor.
- ▶ Charges for services received in convalescent home and nursing homes, nature cure clinics and similar establishments.
- ▶ Circumcision unless necessary for treatment due to an accident.
- ▶ Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or illness.
- ▶ Any treatment related to sleep disorder or sleep Apnoea syndrome.
- ▶ Medical Expenses incurred due to Ventral/Incisional Hernia unless the Company has paid the first operation.
- ▶ Expenses for any routine or prescribed medical check up or examination, external and or durable Medical / Non medical equipment of any kind used for diagnosis and/or treatment and/or treatment and/or monitoring and/or maintenance and/ or support including CPAP,CAPD,Infusion pump, oxygen concentrator etc, ambulatory devices that is walker, crutches, belts, collars, caps, splints, stings, braces, stockings, gloves, hand soaps etc. of any kind, Diabetic footwear, glucometer/ thermometer and similar related items and also any medical equipment, which are subsequently used at home.

- ▶ Any kind of service charges, surcharges, admission fees, registration charges etc. levied by the Hospital.
- ▶ Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions, or any kind of natural hazard). Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy.
- ▶ War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces.
- ▶ Naval or military operations (including duties of peace time) of the armed forces or air force and participation in operation requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- ▶ Participation in any hazardous activity or sports including but not limited to racing scuba diving, aerial sports, bungee jumping or mountaineering, activities such as hang-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement.
- ▶ Expenses incurred for procurement of a replacement organ, transportation costs of the replacement organ and associated administration costs and all costs incurred by the donor.
- ▶ Any insured person committing or attempting to commit a criminal or illegal act with criminal intent, or intentional self injury or attempted suicide while sane or insane.
- ▶ Expenses for services or treatment which are paid for by any other party or which are claimable under workmen's compensation insurance. In such case, the Company will reimburse the difference between the expenses that would have been reimbursable by the Company had there been no other insurer or workmen's compensation insurance involved and the amount already reimbursed or reimbursable by other party or by workmen's compensation insurance.
- ▶ Non Medical expenses including Personal comfort and convenience items or services such as telephone, television, personal attendant or barber or beauty services, diet charges, food , cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
- ▶ Any hospitalisation outside India

Waiting Period

30 days waiting Period:

Hospitalisation or Medical Expenses incurred for any illness/diseases diagnosed during first 30 days of the Policy commencement date or date of revival, whichever is later will not be reimbursed except accidental injuries.

90 days waiting period:

This is applicable if any of the secondary insured members is not included on commencement of the policy but added from a subsequent policy anniversary. Hospitalisation due to illness/treatment within 90 days from the date of inclusion of member will be excluded.

One year waiting Period:

The following ailments/ procedures are not covered during the first year of the policy from commencement date or revival date.

Tonsillectomy, Cancer of any kind.

Two years waiting Period:

The following ailments/ procedures are not covered during the first two years of the policy from commencement date or revival date.

Kidney Stone/ Ureteric Stone / Lithotripsy, Cataract, Hysterectomy, Cholelithiasis, Choledocholithiasis, surgery of Gall bladder and Bile ducts excluding Malignancy, surgery of Benign Prostatic Hypertrophy, Hernia (Inguinal), Hemorrhoids, Anal Fissure, Fistula-in-anus, Exploratory Laparotomy, Lapchole, diagnostic Laparoscopy, any gynaecological disease, Hydrocoele, Fibroids.

Three years waiting Period:

The following ailments/ procedures are not covered during the first three years of the policy from commencement date or revival date.

Tympanoplasty, Valve Replacement, Valvotomy, Cerebral Haemorrhage; Angiographies, Angioplasty (with or without stent), Coronary Artery Bypass Graft, unless post Accident.

Cost of treatment payable after completion of 1 year from the 1st term renewal:

During the period of one year after the first term renewal of the policy and during first policy term (i.e. 3 years) from the policy commencement date , if the following diseases are diagnosed or Hospitalisation or Medical Expenses incurred would not be payable:

Total Knee Replacement, Total Hip Replacement, Discectomy, Arthroscopy, unless post Accident for each of these treatments/surgeries/procedures, Pelvic Inflammatory Disease, Varicose Veins; Diabetes with or without high blood pressure and its complications, direct results of or accompanied by it; Chronic Renal Failure, no matter when detected.

The above exclusion would also apply for the period of four years from revival date in the event of revival of lapsed policy.

Grace period, Lapse & Revival (Reinstatement)

The grace period will be 30 days from the due date for payment of regular premiums under annual modes and 15 days from the due date for payment of regular premiums under monthly mode. If premium is not received within the grace period then the policy will lapse.

The policy can be revived within 90 days from the due date of first unpaid premium, by paying the arrears of premiums with interest at the prevailing rate of interest. The current rate of interest is 9.0% p.a. This will be subject to satisfactory medical and financial underwriting.

If the lapsed policy is not revived within 90 days of the due date of the first unpaid premium then the policy will be terminated

The company will not be liable to make any payments if claims are made due to any treatment of illness/ ailment/disease diagnosed or hospitalization taking place during the period when the policy lapsed.

Claim information & role of the TPA

You have the option to avail of cash less service facility at network hospitals as identified and empanelled by the company / Third Party Administrator (TPA).

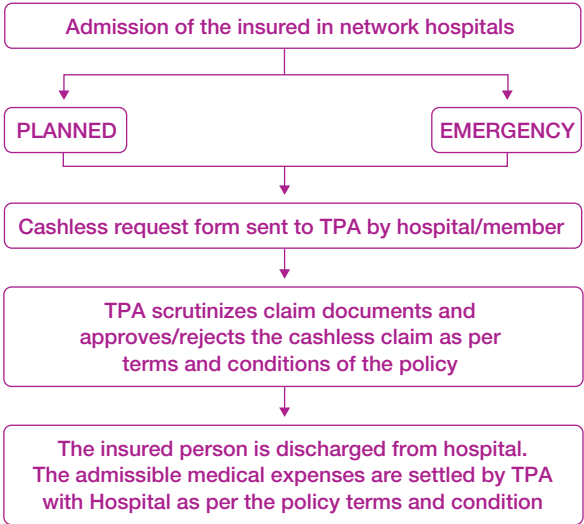
In case of a planned hospitalisation, you have to take pre-authorization from the Third Party Administrator (TPA) prior to taking admission at any network hospital. In case of emergency hospitalisation, you have to notify the TPA in writing within 24 hours of the hospitalisation on medical emergency.

You will be provided with a photo identity card with a unique membership number by the TPA which will entitle you and your enrolled family members to avail of cash less hospitalisation services.

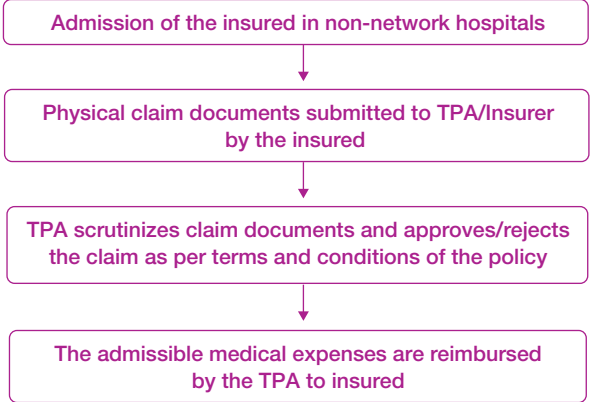
However if the policyholder does not wish to avail cash less facility or the member is hospitalised in any hospital other than the specified network hospitals or cash less facility has been disapproved by the company/TPA, the policyholder has to notify the company in writing, within 7 days of the hospitalisation of the member. The company will reimburse the medical expenses as per the policy terms and condition.

Simple stepwise Claim process flow

CASH LESS CLAIM



REIMBURSEMENT CLAIM



Free Look Period

In the event, you disagree with any of the terms and conditions of this policy, you may cancel this policy by returning it to the Company within 15 days of receiving it for all distribution channels except for Distance Marketing* channel, which will have 30 days of receiving it subject to stating his / her objections in writing. The Company will refund the Premiums paid by you less a deduction for the proportionate risk premium for the time that the Company has provided cover up to the date of cancellation and for the

expenses incurred by the Company on medical examination and stamp duty charges.

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

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

About Us

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

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

Nippon Life Insurance, also called Nissay, is Japan's largest private life insurer with revenues of ₹ 346,834 crore (US\$ 80 Billion) and profits of over ₹ 12,199 crore (US\$ 3 billion). The Company has over 14 million policies in Japan, offers a wide range of products, including individual and group life and annuity policies through various distribution channels and mainly uses face-to-face sales channel for its traditional insurance products. The company primarily operated in Japan, North America, Europe and Asia and is headquartered in Osaka, Japan. It is ranked 81st in Global Fortune 500 firms in 2011. Nippon Life Insurance holds 26% stake in Reliance Life Insurance Company Limited.

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

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

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy

accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

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

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

Section 45: Policy not to be called in question on ground of mis-statement after two years

- 1) No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:
- 2) Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

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

Note: Insurance is the subject matter of solicitation. This product brochure is indicative of the terms and conditions, warranties and exceptions in the insurance policy giving only the salient features of the plan. For further details please refer to the policy document and detailed benefit illustration before concluding the sale. In the event of conflict, if any, between the terms and conditions contained in this brochure and those contained in the policy document, the terms and conditions contained in the policy document shall prevail. For further details on all the conditions, exclusions related to Reliance Life Care for you Advantage plan please contact our insurance advisors.

Tax laws are subject to change, consulting a tax expert is advisable.

Annexure A-Day Care Procedures

Sl. No.	Day Care Procedure
1	Surgical debridement of wound
2	Therapeutic Ascitic Tapping
3	Therapeutic Pleural Tapping
4	Therapeutic joint Aspiration
5	Aspiration of an internal abscess under ultrasound guidance
6	Aspiration of hematoma
7	Endoscopic Foreign Body Removal- trachea/-pharynx- Larynx/bronchus/esophagus/stomach/rectum
8	True cut Biopsy-Breast/-liver/-kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/Nerve Biopsy/-Synovial Biopsy/-Bone trephine Biopsy/-pericardial biopsy
9	Sclerotherapy
10	Dilatation of digestive tract strictures
11	Endoscopic Ultrasonography and biopsy
12	Nissen fundoplication for Hiatus Hernia/Gastro esophageal reflux disease
13	Endoscopic placement/removal of stents
14	Endoscopic Gastrostomy
15	Replacement of Gastrostomy tube
16	Endoscopic polypectomy
17	Endoscopic decompression of colon
18	Therapeutic ERCP
19	Brochosopic treatment of bleeding lesion
20	Brochosopic treatment of fistula/stenting
21	Bronchoalveolar lavage & Biopsy
22	Tonsillectomy without Adenoidectomy
23	Tonsillectomy with Adenoidectomy
24	Excision and destruction of lingual tonsil
25	Myringotomy
26	Myringotomy With Grommet Insertion
27	Myringoplasty/Tympanoplasty
28	Antral Wash under LA
29	Quinsy drainage
30	Direct Laryngoscopy With biopsy
31	Reduction of nasal fracture
32	Mastoidectomy

Sl. No.	Day Care Procedure
33	Removal of tympanic drain
34	Reconstruction of middle ear
35	Incision of mastoid process & middle ear
36	Excision of nose granuloma
37	Therapeutic Phlebotomy
38	Haemodialysis /Peritoneal Dialysis
39	Chemotherapy
40	Radiotherapy
41	Coronary Angioplasty (PTCA)
42	Pericardiocentesis
43	Insertion of filter in inferior vena cava
44	Insertion of gel foam in artery or vein
45	Carotid angioplasty
46	Renal angioplasty
47	Tumor embolisation
48	TIPS Procedure for portal hypertension
49	Endoscopic Drainage of Pseudopancreatic cyst
50	Lithotripsy
51	PCNS (Percutaneous nephrostomy)
52	PCNL (Percutaneous nephrolithotomy)
53	Suprapubic cystostomy
54	Trans urethral resection of bladder tumor
55	Hydrocele surgery
56	Epididymectomy
57	Orchidectomy
58	Herniorrhaphy
59	Hernioplasty
60	Incision and Excision of tissue in the perianal region
61	Surgical treatment of anal fistula
62	Surgical treatment of hemorrhoids
63	Sphincterotomy / Fissurectomy
64	Revision of a tympanoplasty
65	Other microsurgical operations on the middle ear
66	Excision and destruction of diseased tissue of the nose
67	Operations on the turbinates (nasal concha)
68	Nasal sinus aspiration
69	Other operations on the tear ducts
70	Excision and destruction of diseased tissue of the eyelid
71	Other operations on the cornea
72	Incision of a pilonidal sinus

Sl. No.	Day Care Procedure
70	Excision and destruction of diseased tissue of the eyelid
71	Other operations on the cornea
72	Incision of a pilonidal sinus
73	Other incisions of the skin and subcutaneous tissues
74	Other excisions of the skin and subcutaneous tissues
75	Chemosurgery to the skin
76	Laparoscopic appendectomy
77	Laparoscopic Cholecystectomy
78	TURP (endoscopic Resection prostate)
79	Varicose vein stripping or ligation
80	Excision of dupuytren's contracture
81	Carpal tunnel decompression
82	Arthroscopic therapy
83	Surgery for ligament tear
84	Surgery for meniscus tear
85	Surgery for hemoarthrosis/pyoarthrosis
86	Removal of fracture pins/nails
87	Removal of metal wire
88	Incision of bone, Septic and aseptic
89	Closed reduction of fracture, subluxation or epiphyseolysis with osteosynthesis
90	Structure and other operations tendons and tendon sheath
91	Reduction of dislocation under GA
92	Eye Surgery
93	Excision of lacrymal cyst
94	Excision of perigiiem
95	Glaucoma Surgery
96	Surgery for retinal detachment
97	Chalazion Removal (Eye)
98	Incision of lacrymal glands
99	Incision of diseased eye lids
100	Excision of eye lid granuloma
101	Operation on canthus & epicanthus
102	Corrective surgery for entropion & ectropion
103	Corrective surgery for blepharoptosis
104	Foreign body removal from Conjunctiva
105	Foreign body removal from cornea
106	Incision of cornea
107	Foreign body removal from lens of the eye
108	Foreign body removal from posterior chamber of eye

Sl. No.	Day Care Procedure
110	Excision of breast lump/Fibro adenoma
111	Operations on the nipple
112	Incision/Drainage of breast abscess
113	Incision of pilonidal sinus
114	Local excision of diseased tissue of skin and subcutaneous tissue
115	Simple restoration of surface continuity of the skin and subcutaneous tissue
116	Free skin transportation, donor site
117	Free skin transportation, recipient site
118	Revision of skin plasty excepting burns / injuries
119	Destruction of the diseased tissue of the skin and subcutaneous tissue
120	Incision, excision, destruction of the diseased tissue of the tongue
121	Incision and lancing of the salivary gland and salivary duct
122	Resection of Salivary duct
123	Reconstruction of a salivary gland and salivary duct
124	External incision and drainage in the region of the mouth, jaw and face
125	Incision of hard and soft palate
126	Excision and destruction of the diseased hard and soft palate
127	Incision, Excision and destruction in the mouth
128	Surgery to the floor of mouth
129	Palatoplasty
130	Transoral incision and drainage of pharyngeal abscess
131	Dilatation and curettage, Myomectomy, hysteroscopic or laparoscopic biopsy or removal
132	Vaccination/Inoculation forming a part of post bite treatment
133	Coronary Angiography
134	Dental surgery due to Accident
135	Any surgery under general an aesthesia requiring OT
136	Genital surgery
137	Laparoscopic therapeutic surgeries
138	Other operations on the salivary glands and salivary ducts
139	Other operations on the tonsils and adenoids
140	Other operations on the anus
141	Incision of the ovary
142	Insufflation of the Fallopian tubes
143	Dilatation of the cervical canal

Sl. No.	Day Care Procedure
144	Conisation of the uterine cervix
145	Other operations on the uterine cervix
146	Culdotomy
147	Operations on Bartholin's glands (cyst)
148	Incision of the scrotum and tunica vaginalis testis
149	Other operations on the scrotum and tunica vaginalis testis
150	Cystoscopic removal of stones

The Company reserves the right to modify the list of Day Care Procedures from time to time, subject to the Regulator's approval.

RELIANCE

Life Insurance

Reliance Life Insurance Company Limited (Reg. No 121)

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

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

UIN for Reliance Care For You Advantage Plan: 121N089V02
Insurance is the subject matter of the solicitation.

- ▶ 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

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CERTIFIED COMPANY

Health Helpline Number: 033-3008 3535