

Reliance Wealth+Health Basic Plan



wealth bhi.
health bhi.

RELIANCE Life Insurance
Anil Dhirubhai Ambani Group

A Reliance Capital Company

"THIS PRODUCT HAS BEEN WITHDRAWN. IF YOU ARE AN EXISTING CUSTOMER YOU WOULD CONTINUE TO ENJOY YOUR AVAILABLE PRIVILEGES IN THE PRODUCT." DATE OF WITHDRAWAL: 31/08/10

Reliance Wealth+Health Basic Plan

Life changes. And as it does, so do your priorities. After all, the circumstances of your life can determine the type of health coverage you need.

India has made rapid strides in the health sector. Since Independence, life expectancy has gone up markedly and survival rates have also increased, still critical health issues remain. Infectious diseases continue to claim a large number of lives.

Perhaps you're a freshly minted graduate, a joyful newlywed, retiring early or between jobs. Maybe you're running your own business or raising a family - or both. In any of the situations, GOOD or BAD, health cannot be taken for granted. All are affected by the rising costs of medical expenses. That's why it is important to plan early and in advance.

Reliance Wealth + Health Basic Plan, a health insurance plan underwritten by Reliance Life Insurance Company Limited, is designed to work in conjunction with contributions towards Savings. The uniqueness of this plan is that it not only provides benefits for covered injuries but also for other injuries by encashment from the unit Fund. This plan from Reliance Life offers the Hospitalization and Surgical Benefits and also covers Critical Illnesses. In short this plan provides you with a personalized quality Health cover that fits your Life Style

UNDER THIS PLAN THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

Key Features

- A Unit Linked plan with Unique Savings Component
- Twin benefit of market linked return and health protection
- Choose from two different plan options
- Flexibility to take care of your family's health
- Flexibility to switch between funds / plan options
- Option to pay Top-ups
- Option to package with multiple riders
- Liquidity through partial withdrawals

Key Benefits

- A comprehensive health plan that
 - helps you to pay for your routine medical expenses
 - covers multiple major surgeries
 - takes care of the follow-up tests and medicines post hospitalization
- Lump sum cash benefits for non covered injuries
- Fund options including Equity funds to harvest the best from the growing Equity market
- Income tax benefit under section 80C, 80 D and 10(10D) of the Income Tax will be available.
- Save today for future medical expenses

Key Advantages

Security: This plan protects you against high or unexpected medical bills.

Affordability: With annual premium as low as Rs.20,000 per annum, you can get health and savings benefit.

Flexibility: You can use the funds in your account to pay for current medical expenses, including expenses that your insurance may not cover through partial withdrawal, or save the money in your account for future needs, such as:

- Health insurance for medical expenses and savings in the eventuality of unemployment
- Cover Medical expenses after retirement
- Cover Out-of-pocket expenses
- Cover Long-term care expenses

Savings: You can save the money in your account for future medical expenses and grow your account through investment earnings.

Control: You make all the decisions about:

- Whether to save the account for future expenses or pay current medical expenses
- Which medical expenses to pay from the account
- Which investments to effect

Ownership: Funds remain in the account from year to year even if you avail the health benefits.

How does this Plan work?

This is a non profit unit linked health plan where there can be multiple lives insured. The principal insured is the policyholder and the other insured person(s) are the family member(s). The family consists of the Principal Insured (Policyholder), the Spouse as Insured Spouse and the first two eligible children by seniority in age. The plan takes care of the hospitalization expenses which include:

- Daily Hospitalization expenses
- Intensive Care Unit expenses
- Post Hospitalization expenses in the form recuperation benefits

The premium contributed by you net of applicable charges is invested in fund option of your choice for a specified period of time as selected by you and units are allocated depending on the price of units for the fund/funds. The Fund Value is the total value of units that you hold in the fund/funds.

The allocation charges are deducted from the premiums before allocation of units. The insurance charges (along with the service charge), are deducted through cancellation of units whereas the fund management charge is priced in the unit value. The premiums for riders, if selected, are payable over and above the premium for the basic policy.

Plan Details

1. Benefits

| Benefits | How and when payable | Size of benefits |
|---|--|--|
| Daily Hospital Cash Benefit for the Principal Insured | Lump sum payment if the insured person has to stay for more than 48 hours in hospital as a result of injury, sickness or disease provided the policy is in force The hospital cash benefit will be paid for each complete day of hospitalization (i.e.24 hours) after the first 48 hours. There will not be | If the Principal Insured is admitted in a ward other than Intensive Care Unit (ICU), the daily cash benefit will be 5% of Annual Premium subject to a maximum of Rs.2500 per day. If the Principal Insured is admitted in an Intensive Care |

| Benefits | How and when payable | Size of benefits |
|--|--|---|
| | <p>any payment for part of the day i.e. before completion of 24 hours. No retroactive payments from day one are to be made.</p> <p>There is a waiting period of 90 days from the date of adjustment of first premium or date of revival/reinstatement of policy whichever is later. No hospital cash benefit claim will be entertained during the waiting period unless the hospitalization has arisen on account of an Accident.</p> | <p>Unit (ICU), the daily cash benefit will be twice the amount payable in a ward other than ICU.</p> <p>The maximum number of days that can be spent in an ICU are restricted to 7 in the first policy year and 30 days during any policy year thereafter.</p> <p>The maximum number of days (including days spent in an ICU) that can be spent in the hospital by the Principal Insured are restricted to 18 days in the first policy year and 60 days during any policy year thereafter.</p> <p>During the entire policy term, the maximum numbers of days that can be spent in the hospital (including days spent in an ICU)</p> <p>by the Principal Insured are restricted to 180 days.</p> |
| <p>Daily Hospital Cash Benefit for the Insured Spouse (if any)</p> | <p>Lump sum payment if the insured person has to stay for more than 48 hours in hospital as a result of injury, sickness or disease provided the policy is in force</p> <p>The hospital cash benefit will be paid for each complete day of hospitalization (i.e.24 hours) after the first 48 hours. There will not be any payment for part of the day i.e. before completion of 24 hours. No retroactive payments from day one are to be made.</p> <p>There is a waiting period of 90 days from the date of adjustment of first premium or date of revival/reinstatement of policy whichever is later.</p> | <p>If the insured spouse is admitted in a ward other than Intensive Care Unit (ICU), the daily cash benefit will be 5% of Annual Premium subject to a maximum of Rs.1500 per day.</p> <p>If the Insured Spouse is admitted in an Intensive Care Unit (ICU), the daily cash benefit will be twice the amount payable in a ward other than ICU.</p> <p>The maximum number of days that can be spent in an ICU by the Insured Spouse are restricted to 7 in the first policy year and 30 days during any policy year thereafter.</p> |

| Benefits | How and when payable | Size of benefits |
|--|---|--|
| | <p>No hospital cash benefit claim will be entertained during the waiting period unless the hospitalization has arisen on account of an accident.</p> | <p>The maximum number of days (including days spent in an ICU) that can be spent in the hospital by the Insured Spouse are restricted to 18 days in the first policy year and 60 days during any policy year thereafter.</p> <p>During the entire policy term, the maximum numbers of days that can be spent in the hospital (including days spent in an ICU) by the Insured Spouse are restricted to 180 days.</p> |
| <p>Daily Hospital Cash Benefit for the Insured Children (if any) subject to maximum of first two eligible children</p> | <p>Lump sum payment if the insured person has to stay for more than 48 hours in hospital as a result of injury, sickness or disease provided the policy is in force</p> <p>The hospital cash benefit will be paid for each complete day of hospitalization (i.e. 24 hours) after the first 48 hours. There will not be any payment for part of the day i.e. before completion of 24 hours. No retroactive payments from day one are to be made.</p> <p>There is a waiting period of 90 days from the date of adjustment of first premium or date of revival/reinstatement of policy whichever is later. No hospital cash benefit claim will be entertained during the waiting period unless the hospitalization has arisen on account of an accident.</p> | <p>If the Insured Child is admitted in a ward other than Intensive Care Unit (ICU), the daily cash benefit will be 2.5% of Annual Premium subject to a maximum of Rs.1250 per day.</p> <p>If the Insured Child is admitted in an Intensive Care Unit (ICU), the daily cash benefit will be twice the amount payable in a ward other than ICU.</p> <p>The maximum number of days that can be spent in an ICU by the Insured Child are restricted to 7 in the first policy year and 30 days during any policy year thereafter.</p> <p>The maximum number of days (including days spent in an ICU) that can be spent in the hospital by the Insured Child are restricted to 18 days in the first policy year and 60 days during any policy year thereafter.</p> |

| Benefits | How and when payable | Size of benefits |
|---|---|--|
| | | <p>During the entire policy term, the maximum numbers of days that can be spent in the hospital (including days spent in an ICU)</p> <p>by the Insured Child are restricted to 180 days (90 days until the child completes age 5 years).</p> |
| <p>Recuperation Benefit for the Principal Insured</p> | <p>This benefit is paid in addition to the daily hospital cash benefit.</p> <p>This benefit will be payable in one lump sum if the Principal Insured completes 5 full days (120 hours) in a hospital (including days spent in an ICU) and has received the daily hospital cash benefit.</p> | <p>The amount of the recuperation benefit for the Principal Insured will be equal to the twice the amount of daily cash benefit in a ward other than ICU payable to the Principal Insured.</p> |
| <p>Recuperation Benefit for the Insured Spouse, if any</p> | <p>This benefit is paid in addition to the daily hospital cash benefit.</p> <p>This benefit will be payable in one lump sum if the Insured Spouse completes 5 full days (120 hours) in a hospital (including days spent in an ICU) and has received the daily hospital cash benefit.</p> | <p>The amount of the recuperation benefit for the Insured Spouse will be equal to the twice the amount of daily cash benefit in a ward other than ICU payable to the Insured Spouse.</p> |
| <p>Recuperation Benefit for the Insured Child, if any subject to maximum of first two eligible children</p> | <p>This benefit is paid in addition to the daily hospital cash benefit.</p> <p>This benefit will be payable in one lump sum if the Insured Child completes 5 full days (120 hours) in a hospital (including days spent in an ICU) and has received the daily hospital cash benefit.</p> | <p>The amount of the recuperation benefit for the Insured Child will be equal to the twice the amount of daily cash benefit in a ward other than ICU payable to the Insured Child.</p> |
| <p>Death Benefit for Principal Insured</p> | <p>This benefit is payable in one lump sum on death of the Principal Insured before the end of the policy term.</p> <p>The policy will be terminated on the death benefit for the Principal Insured before the policy term.</p> | <p>The amount of benefit will be equal to the fund value in respect of the base plan and top ups if any. The fund value will be calculated on the date of death intimation by the Company.</p> |

| Benefits | How and when payable | Size of benefits |
|---|---|--|
| Death Benefit for the Insured Spouse and any of the Insured Child | There is no death benefit payable on death of the spouse or any of the insured child. However, the deduction of charges for hospital cash benefit for the dead person will stop from the policy month immediately falling after the receipt of intimation of death by the Company | There is no death benefit payable on death of the spouse or any of the insured child during the policy term. However, the deduction of charges for hospital cash benefit for the dead person will stop from the policy month immediately falling after the receipt of intimation of death by the Company |
| Maturity Benefit | The maturity benefit is payable in one lump sum on survival of the Principal Insured. The policy will be terminated on maturity. | The Fund Value relating to the base policy and top-ups will be paid. The fund value will be calculated on the maturity date of the policy. |

Hospital Cash Benefit means in the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself after the Date of Commencement of the policy and during the Policy Period and causing an Insured's Hospitalization to exceed a continuous period of 48 hours within the Policy Period, then, subject to the terms, conditions and exclusions of the Policy, the Daily Benefit is payable by the Company.

Hospitalization means the Insured's required stay as an inpatient in a Hospital within India for medically necessary treatment following and due to Accidental Bodily Injury or Sickness.

Hospitalisation period means the time (in number of hours and minutes) between the date and time (in hours and minutes) of admission in to the hospital and the date and time (in number of hours and minutes) of discharge from the hospital.

Hospital means an institution in India established for indoor care, offers allopathic treatment only for sickness and injuries and which:

1. is registered as a hospital or nursing home with the Appropriate Authorities and is under the supervision of a registered and qualified Physician, and
2. provides all the following facilities:
 - 2.1. at least 10 inpatient beds
 - 2.2. a fully equipped operation theatre of its own where surgical operations are carried out, and
 - 2.3. fully qualified nursing staff under its employment 24 hours per day, and

- 2.4. fully qualified Physicians in supervision 24 hours per day, and
 - 2.5. maintains a daily medical record for each of its patients.
3. For the purpose of this Policy, the term Hospital shall not include any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the Appropriate Authorities;

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

Accidental Bodily Injury means physical bodily harm or injury (but does not include any mental sickness, disease or illness) which is caused by an Accident which first occurs during the Cover Period for the Hospital Cash Benefit Cover and for the Major Surgical Benefit Cover and requires inpatient treatment or surgery in a Hospital by a Physician.

Sickness means a sickness or a disease which first manifests itself during the Policy Period and requires inpatient treatment in a Hospital by a Physician; It would not include any sickness or disease or any ailment arising out of an Accident or Accidental Bodily injury.

Intensive Care Unit (ICU) means a special ward in any Hospital that is used for the sole purpose of the treatment of patients with a critical or exigent condition, and where the patient is under 24 hour care and monitoring, by a Physician and a Nurse.

Waiting Period means the period of 90 days from the date of adjustment of first premium or date of revival/reinstatement of policy whichever is later. No hospital cash benefit claim will be entertained during the waiting period unless the hospitalization has arisen on account of an Accident.

If the Principle Insured is not married at the time of completing the proposal, he/she will have the option of including the spouse after the marriage. The option consent and the health questionnaire for the spouse should be received by the Company within 90 days from the date of marriage. The Company will examine the health questionnaire and other details and decide on the inclusion of the spouse in the policy or otherwise. If the Company accepts the spouse under the policy, the health insurance will be effective from the policy anniversary falling immediately after the underwriting decision of the Company.

The deduction of charges for health insurance for Principle Insured will commence from the date of commencement of the policy. The deduction of charges for the spouse and the two children will commence from the effective policy anniversary following the date of inclusion of spouse and children in the policy.

If the Principle Insured dies during the policy term, the policy will be terminated by paying the fund value.

If the spouse included in the policy dies during the policy term, the deduction of health insurance charges for the deceased spouse will stop from the month immediately falling after the receipt of death intimation by the Company.

If the Principal Insured remarries subsequently, he/she will have the option of including the spouse in the policy. The option consent and the health questionnaire for the spouse should be received by the Company within 90 days from the date of marriage. The Company will examine the health questionnaire and other details and decide on the inclusion of the spouse in the policy or otherwise. If the Company decides to accept the spouse under the policy, the health insurance for the spouse will be effective from the policy anniversary immediately falling after the underwriting decision of the Company.

If any of the child included in the policy dies during the policy term, the deduction of health insurance charges for the deceased person will stop from the month falling immediately after the date of receipt of death intimation by the Company.

If the Principle Insured does not have any child or has only one child at the time of completing the proposal form, he/she will have option of including the child after the child completes 3 months. The option consent and health questionnaire for the child should be received by the Company within 90 days after the child completes 3 months. The Company will examine the questionnaire and decide on inclusion of the child in the policy or otherwise. The health insurance for the child will be effective from policy anniversary immediately falling after the date of underwriting decision by the Company.

If any of the child dies during the policy term, or the child attains the maximum benefit ceasing age, the Principle Insured will have option of including the next child in the policy. The Principle Insured will have to complete the health questionnaire for the child. The Company will examine the health questionnaire and decide on inclusion of the child in the policy or otherwise. If Company decides to accept the child, the health insurance on the child will be

effective from the policy anniversary immediately falling after the underwriting decision of the Company.

If the spouse and any of the children are not included in the policy at the first opportunity, they can not be included at a later date.

Rider Benefits:

The following optional riders are available on payment of additional premium over and above the basic premium provided conditions on riders (entry age, policy term, sum assured) are satisfied. These rider benefits can be selected on commencement of the policy or on any policy anniversary during a policy term.

The sum of rider premiums should not exceed 30% of the premiums paid under Basic Plan. The maximum sum assured under riders will be equal to the sum assured under basic plan.

When the base plan terminates, all the rider benefits attaching to the basic plan will also terminate.

1. Reliance New Major Surgical Benefit Rider: Provides lump sum amount to cover surgical expenses from a list of 33 surgeries including Open Heart surgery, Kidney Transplant, Cornea transplantation, Transplant of Lungs and many more.
2. Reliance New Critical Conditions (25) Rider: Provides lump sum amount to take care of 25 critical conditions including Cancer, Heart Attack, Paralysis, Major Organ transplant and many more.
3. Reliance Term Life Insurance Benefit Rider: Provide additional death benefit depending on the sum assured selected under the rider. This rider can be selected only if Reliance New Term Life with Accident Benefit Rider is not selected.
4. Reliance New Term Life with Accident Benefit Rider: Provide additional death benefit on natural death. Additional death/disability benefit if the death/disability occurs as a result of an accident. Also, the Waiver of Premium benefit under the rider continues the plan in case of disability. This rider can be selected only if Reliance Term Life Insurance Benefit Rider is not selected.

The Sum assured under the rider cannot be higher than the sum assured under the basic plan.

Note: Please refer to the rider brochure on rider benefits for more details.

What are the different fund / plan options?

Fund / Plan Options:

The policy offers two plan options namely Ready-made Plan Option & Tailor-made Plan Option.

- Ready-made Plan Option i.e. life stage based asset allocation: Under this option there will be three funds namely, New Fund A, New Fund B and New Fund C for the age bands 18 to 40, 41 to 60 and over 61 years as at last birthday respectively. On commencement of the policy, depending on the age of the principal insured, based upon last birthday, the premiums will be invested in one of the three Ready-made fund options. The change in the fund option, as the principal insured moves from one age band into the next, will be automatically effected at the next policy anniversary. This change will be applicable for the existing fund balances and future premiums.

The fund option, investment objective, risk profile and asset allocation range for the various funds are as mentioned below:

| Fund Name | Investment Objectives | Asset Category | Asset Allocation Range (%) | Target (%) |
|------------|--|---|----------------------------|------------|
| New Fund A | The investment objective of this fund is to provide high real rate of return in the long term through high exposure to equity investments, while recognizing that there is significant probability of negative returns in the short term, which will be moderated through some exposure to debt. The risk appetite is 'high' | Corporate bonds and other debt instruments/ Bank deposits/ Money market instruments | 20-100 | 20 |
| | | Equities | 0-80 | 80 |
| New Fund B | The investment objective of the fund is to provide, in the long term, returns which are significantly higher than the inflation rate, through high exposure to equity investments, while recognizing that there is some probability of negative returns in the short term. The risk appetite is 'moderate to high'. | Corporate bonds and other debt instruments/ Bank deposits/ Money market instruments | 50-100 | 50 |
| | | Equities | 0-50 | 50 |

| Fund Name | Investment Objectives | Asset Category | Asset Allocation Range (%) | Target (%) |
|------------|--|--|----------------------------|------------|
| New Fund C | The investment objective of the fund is to provide investment returns that exceed the rate of inflation in the long term while maintaining low probability of negative returns in the short term. The risk appetite is defined as 'low to moderate'. | Money market instruments incl. liquid mutual funds and bank deposits | 0-100 | 0 |
| | | Debt Securities | 0-100 | 80 |
| | | Equities | 0-20 | 20 |

2. Tailor-made Plan Option: Under this option you have the full freedom to decide your fund mix. - New Money Market Fund, New Corporate Bond Fund, New Gilt Fund, New Equity Fund, New Infrastructure Fund, New Midcap Fund, New Energy Fund and New Pure Equity Fund. All the eight funds are available irrespective of attained age.

The investment objective, risk profile and asset allocation range for the various funds is as mentioned below:

| Fund Name | Investment Objectives | Asset Category | Asset Allocation Range (%) | Target (%) |
|-----------------------|---|--|----------------------------|------------|
| New Money Market Fund | The investment objective of the fund is to maintain the capital value of all contributions (net of charges) and all interest additions, at all times. The risk appetite is low. | Money market instruments incl. liquid mutual funds and bank deposits | 100 | 100 |
| New Gilt Fund | The investment objective is to provide returns that exceed the inflation rate, without taking any credit risk (sovereign risk only) and maintaining a low probability of negative return over short term. The risk appetite is low to moderate. | Central Government Securities | 0-100 | 80 |
| | | Other government securities including securities with unconditional Central Government guarantee | 0-40 | 20 |
| | | Money market instruments incl. liquid mutual funds and bank deposits | 0-100 | 0 |

| Fund Name | Investment Objectives | Asset Category | Asset Allocation Range (%) | Target (%) |
|-------------------------|---|--|----------------------------|------------|
| New Corporate Bond Fund | The investment objective is to provide returns that exceed the inflation rate, while taking some credit risk (through investments in corporate debt instruments) and maintaining a moderate probability of negative return over short term. The risk appetite is low to moderate. | Corporate bonds/ debentures and other debt instruments | 0-100 | 100 |
| | | Money market instruments incl. liquid mutual funds and bank deposits | 0-100 | 0 |
| New Equity Fund | The investment objective is to provide high real rate of return in the long term through high exposure to equity investments, while recognizing that there is significant probability of negative returns in the short term. The risk appetite for this fund is High. | Equities | 0-100 | 100 |
| | | Corporate bonds and other debt instruments/ Bank deposits/ Money market instruments | 0-100 | 0 |
| New Infrastructure Fund | Provide high rate of return in the long term through high exposure to equity investments in Infrastructure and allied sectors, while recognizing that there is a significant probability of negative returns in the short term. The risk appetite is high. | Equities in Infrastructure and allied sector | 0-100 | 100 |
| | | Corporate bonds and other debt related instruments/ Banks deposits/ Money market Instruments | 0-100 | 0 |
| New Energy Fund | Provide high rate of return in the long term through high exposure to equity investments in Energy and allied sectors, while recognizing that there is a significant probability of negative returns in the short term. The risk appetite is high. | Equities in Energy and allied sector | 0-100 | 100 |
| | | Corporate bonds and other debt related instruments/ Banks deposits/ Money market Instruments | 0-100 | 0 |

| Fund Name | Investment Objectives | Asset Category | Asset Allocation Range (%) | Target (%) |
|----------------------|---|--|----------------------------|------------|
| New Mid-cap Fund | Provide high rate of return in the long term through high exposure to equity investments in Midcap companies. While recognizing that there is significant probability of negative returns in the short term. The risk appetite is high. | Equities predominantly in mid cap companies | 0-100 | 100 |
| | | Corporate bonds and other debt related instruments/ Banks deposits/ Money market Instruments | 0-100 | 0 |
| New Pure Equity Fund | Provide high real rate of return in the long term through high exposure to equity investments, while recognizing that there is significant probability of negative returns in the short term. The risk appetite is high. | Equities in sectors other than banks and non-banking financial companies, breweries, distilleries, alcohol based chemicals, cigarettes, tobacco, entertainment, leather, sugar and hatcheries. | 60-100 | 100 |
| | | Corporate bonds and other debt instruments/ Bank deposits/ Money market instruments | 0-40 | 0 |

Whilst every attempt would be made to attain target levels prescribed above, it may not be possible to maintain the prescribed 'target' at all times owing to market volatility, availability of market volumes and other related factors. The 'target' may be attained on a 'best effort' basis. However, the asset allocation will always fall within the asset allocation range mentioned in respect of each fund.

Unit pricing & Cut-off Timings

Value of Units: The computation of unit value will be based on whether the Company is purchasing (appropriation price) or selling (expropriation price) the assets in order to meet the day to day transactions of unit allocations and unit redemptions i.e. the Company shall be required to sell/purchase the assets if unit redemptions/allocations exceed unit allocations/redemptions at the valuation date.

The unit price of each Fund will be the unit value calculated on a daily basis.

Total Market Value of assets plus(less) expenses incurred in the purchase (sale) of assets plus Current Assets plus any accrued income net of fund management charges less Current Liabilities less Provision

Unit Value = _____
Total Number of units on issue (before any new units are allocated (redeemed))

Cut- off Timings

Uniform cut-off timings for applicability of Net Asset Value:

The allotment of units to the policyholder should be done only after the receipt of premium proceeds as stated below.

Allocations (premium allocations, switch)

In case of new business, units shall be allocated on the day proposal is completed and results into a policy by adjustment of application money towards premium.

In the case of renewal premiums, the premium will be adjusted on the due date, whether or not it has been received in advance. (This assumes that the full stipulated premium is received on the due date.) Renewal premiums received in advance will be kept in the deposit account and will not earn any returns until the renewal premium due date on which the same will be applied to the unit funds.

- i) In respect of renewal premiums/funds switched received up to 3.00 p.m. by the insurer along with a local cheque or a demand draft payable at par at the place where the premium is received, the closing NAV of the day on which premium/funds switched is received shall be applicable.
- ii) In respect of renewal premiums received after 3.00 p.m. by the insurer along with a local cheque or a demand draft payable at par at the place where the premium is received, the closing NAV of the next business day shall be applicable.
- iii) In respect of renewal premiums received with outstation cheques/demand drafts at the place where the premium is received, the closing NAV of the day on which cheques/demand draft is realized shall be applicable.
- iv) For advance renewal premium the closing NAV of the due date is applicable. The Premium till the due date shall not be allocated and kept in deposit.

Any amount less than the due stipulated regular premium payable for new business as stated in the contract will not be accepted

Fund Valuation:

The value of the fund will be equal to the no of units

multiplied by the Net Asset Value (NAV) of each unit in the fund.

The computation of NAV will be based on whether the Company is purchasing (appropriation price) or selling (expropriation price) the assets in order to meet the day to day transactions of unit allocations and unit redemptions i.e. the Company shall be required to sell/purchase the assets if unit redemptions/allocations exceed unit allocations/redemptions at the valuation date.

The Appropriation price shall apply in a situation when the company is required to purchase the assets to allocate the units at the valuation date. This shall be the amount of money that the company should put into the fund in respect of each unit it allocates in order to preserve the interests of the existing policyholders.

The Expropriation price shall apply in a situation when the company is required to sell assets to redeem the units at the valuation date. This shall be the amount of money that the company should take out of the fund in respect of each unit it cancels in order to preserve the interests of the continuing policyholders.

Computation of Net Asset Value (NAV):

When Appropriation price is applied: The NAV for a particular fund shall be computed as: Market value of investment held by the fund plus the expenses incurred in the purchase of the assets plus the value of any current assets plus any accrued income net of fund management charges less the value of any current liabilities less provisions, if any. This gives the net asset value of the fund. Dividing by the number of units existing at the valuation date (before any new units are allocated), gives the unit price of the fund under consideration.

When Expropriation price is applied: The NAV for a particular fund shall be computed as: Market Value of investment held by the fund less the expenses incurred in the sale of the assets plus the value of any current assets plus any accrued income net of fund management charges less the value of any current liabilities less provisions, if any. This gives the net asset value of the fund. Dividing by the number of units existing at the valuation date (before any units are redeemed), gives the unit price of the fund under consideration.

In case the valuation day falls on a holiday, then the exercise will be done the following working day.

We reserve the right to value less frequently than everyday in extreme circumstances, where the value of the assets may be too uncertain. In such circumstances we may defer valuation of assets until normality returns. Examples of such circumstances are:

- a) When one or more stocks exchanges which provide a basis for valuation for a substantial portion of the

assets of the fund are closed otherwise than for ordinary holidays

- b) When, as a result of political, economic, monetary or any circumstances out of our control, the disposal of the assets of the unit fund are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining unit holders.
- c) During periods of extreme volatility of markets during which surrenders and switches would, in our opinion, be detrimental to the interests of the existing unit holders of the fund.
- d) In the case of natural calamities, strikes, war, civil unrest, riots and bandhs.
- e) In the event of any force majeure or disaster that affects our normal functioning.
- f) If so directed by the IRDA.

Redemptions:

In respect of valid applications received (e.g. surrender, maturity claim, switch etc) up to 3.00 p.m. by the insurer, the same day's closing unit price shall be applicable.

In respect of valid applications received (e.g. surrender, maturity claim, switch etc) after 3.00 p.m. by the insurer, the closing unit price of the next business day shall be applicable.

The unit price for each segregated fund provided under this product shall be made available to the public in the print media on a daily basis. The unit price will also be displayed in the web portal of the company.

Cancellation of units:

To meet fees and charges, and to pay benefits, the company will cancel sufficient units to meet the amount of the payments which are due. If units are held in more than one unit linked fund, then the company will cancel sufficient units in each fund to meet the amount of the payment. The value of units cancelled in a particular fund will be in the same proportion as the value of units held in that fund is to the total value of units held across all funds. The units will be cancelled at the prevailing unit price.

Flexibility available under Reliance Wealth+Health Basic Plan

- a) Partial Withdrawals

Partial withdrawals are available only after a period of three years from the date of commencement of the policy. Charge for partial withdrawal same as surrender charge.

There will be no partial withdrawal charge if the withdrawal is made to fund medical expenses. Otherwise there will be a charge as given below:

| Year of Partial Withdrawal | Partial Withdrawal charge as percentage of basic policy fund value |
|----------------------------|--|
| 1 to 3 | Partial Withdrawal not payable |
| 4 | 20% |
| 5 | 10% |
| 6 and over | Nil |

The minimum amount of partial withdrawal is Rs. 5000 and the maximum partial withdrawal amount should not exceed 20% of the fund value at the time of withdrawal.

However, at any point of time during the policy term, the minimum fund balance after the partial withdrawal should be at least equal to 125% of the annualised premium.

The partial withdrawals will not affect the risk cover under the policy

The surrender value or partial withdrawal value will be acquired immediately on payment of top up. However, it will be payable on completion of three years from the date of payment of Top Up (this condition will not apply if the top up premiums are paid during the last three years of the contract). The surrender charge is not applicable on top-up premium units. The surrender value is therefore equal to the fund value under the top ups. In case of surrender of the base policy after 3 years the surrender value of top-ups is paid immediately.

The surrender charge or partial withdrawal charge is not applicable on top-ups.

b) Pay top-ups:

If you have received a bonus or some lump sum money you can use that as a top-up to increase the investments component in your Policy. Top-ups are allowed only if all basic premiums due till date are paid. The minimum top-up premium amount is Rs. 2,500.

c) Switching Option

You will have the flexibility to alter the allocation of your investments among the funds/plans offered in order to suit your changing investment needs by easily switching between the funds/plans. At any time during the policy term, the policyholder may instruct the Company, in writing, to switch some or all of the units from one unit linked fund to another. You can switch

between the Tailor-made plan option and Readymade plan option and in between funds available under Tailor-made plan option. The company will give effect to this switch by cancelling units in the old fund and allocating units in the new fund.

In respect of switching requisition received up to 3.00 p.m. by the company, the closing unit price of the day shall be applicable. In respect of switching requisition received after 3.00 p.m. by the company, the closing unit price of the next business day shall be applicable.

The policyholder is entitled to fifty two free switches each policy year. Unused free switches cannot be carried forward to a following year

d) Premium Redirection

You may instruct us in writing to redirect all the future investment premiums under a policy in an alternative proportion to the various unit funds available. Redirection will not affect the allocation of premium(s) paid prior to the request.

e) Premium paying options

You can pay the regular premium in yearly, half yearly, quarterly and monthly mode and pay by cash, cheque, debit/credit card, ECS & direct debit.

The premium for rider benefits will be paid along with the base premium.

Rs. 20,000 for yearly mode, Rs. 10,000 for half-yearly mode, Rs. 5,000 for quarterly mode and Rs. 2,000 for monthly mode.

Frequency of rider premium should be the same as that of the base premium

The charges for Hospital Cash Benefit under the basic plan are given in Annexure 1.

f) Systematic Transfer Plan (STP) option

Systematic Transfer Plan is available only if the Tailor-made plan is chosen. This feature if chosen allows the policyholder to initially park his / her contributions towards New Equity fund, in the New Money Market fund and then systematically transfer this amount into the New Equity fund over 4 weeks.

STP is however not available under the Ready-made plan option.

This facility will allow policy holder to invest the portion of premium or top - ups meant for New Equity Fund, initially into New Money Market fund and then systematically transfer (i.e automatically

switch) every week (not less than 1/4 part of the amount initially invested) into New Equity fund option. On the date of realization of the installment premium cheque, units will be allocated in the New Money Market fund for the portion of premium meant for New Equity Fund. On each of the next four Systematic Transfer dates one-fourth of the STP units will be transferred to the New Equity fund automatically. The STP dates will be 7th, 14th, 21st & 28th of every month.

The first time the policyholder effects STP on regular premiums or on top ups no charge will be levied. Subsequently, a fixed charge of Rs.100 will be levied each time the Systematic Transfer Plan Option is selected.

However, the selection of STP can take place only on the policy anniversary.

There are no charges for de-selection of STP. No further switches are allowed during STP period in respect of the fund amount under STP option. Once STP option is selected it cannot be cancelled in respect of the amount already lying in the STP fund.

g) Exchange option:

This option is available for existing policyholders after completion of three policy years from the date of commencement. Under this option, the policy holder can transfer policy benefits (surrender, maturity etc.) either fully or partially to another plan wherein exchange option is available.. This option must be exercised at least 30 days before the date of the receipt of benefit under the policy. The terms and conditions as specified in the opted policy document would apply to the policy holder opting for the 'Exchange Option'. The new plan will be offered on the life of the policyholder.

If a policyholder is opting for transfers from other policies to Reliance Wealth + Health Basic Plan under exchange option, the allocation charge in year of exchange will be reduced. The reduced initial allocation charge applicable in the year of exchange is 0% of Annualised premium.

If the exchange option is used to pay top ups in the Reliance Wealth + Health Basic Plan, the allocation charge in the year exchange will be 1% of the top up amount.

Regular allocation charges would apply to the balance of the policy term.

h) Settlement Option

The policyholder has the option to take the maturity proceeds in periodic installments within a maximum

of 5 years from the date of maturity. The policyholder has to give a notice to the insurer at least 30 days before the maturity date. The periodic installment could be in any form including lump sum or infrequent withdrawals as requested by the policyholder.

The policy will participate in the performance of units.

The Company will however continue to deduct administration charges by cancellation of units. The fund management charge will be priced in the unit value.

In the event of death of the Principal Insured during settlement period the fund value as on the date of intimation at the office will be paid to the nominee.

During the settlement period, no health insurance and no rider benefit will be available to Principal Insured, Insured Spouse and Insured Children.

During the settlement period,, the investments made in the unit funds are subject to investment risks associated with capital markets and the NAVs of the units may go up or down based on the performance of the fund and the factors influencing the capital market.

The investment risk during the settlement period will be borne by the policyholder.

If settlement option is selected, then on maturity of the policy, the total fund balance would be automatically moved into New Fund C, the only fund option available during the settlement period.

For those policy holders opting for the settlement option New Fund C would apply by default during the settlement period, irrespective of the age of the policy holder.

For selecting the settlement option, the policyholder should inform to the Company one month before the date of maturity.

i) Option to change mode of premium payment

The mode of premium payment can be changed on the policy anniversary.

Reliance Wealth+Health Basic Plan at- a- glance:

| Base Plan | Minimum | Maximum |
|--|------------------------|------------------------|
| Age at Entry of the Child | 3 month(Completed) | 19 years last birthday |
| Age at Entry of the Principal Insured/Spouse | 18 years last birthday | 50 years last birthday |
| Age at Maturity of the Child | — | 20 years last birthday |

| Base Plan | Minimum | Maximum |
|---|------------------------|---|
| Age at Maturity/ Benefit ceasing age of the Principal Insured/Spouse | — | 65 years last birthday |
| Policy Term (in multiples of 5 years) | 15 years | 25 years |
| Optional Riders on the life/lives of Insured person(s) | | |
| Reliance New Major Surgical Benefit Rider | | |
| Age at Entry (For all lives) | 18 years last birthday | 55 years last birthday |
| Age at Maturity (For all lives) | — | 65 years last birthday |
| Policy Term | 5 years | 25 years |
| Sum Assured of Principal Insured and Insured Spouse | Rs.10,000 | 180 times of the daily hospital cash benefit in a ward other than ICU. However, the sum assured under Reliance New Major Surgical Benefit rider for a life assured across all policies with the Reliance Life should not exceed Rs. 5 lakhs. |
| Lifetime Benefit (Benefit for the entire policy term) for Principal Insured, Insured Spouse and Insured Children | — | 3 times the Sum Assured for Principal Insured, Insured Spouse and Insured Children subject to a maximum of Rs.1500000. |
| Reliance New Term Life with Accident Benefit Rider | | |
| Age at Entry | 18 years last birthday | 55 years last birthday |
| Age at Maturity | 26years last birthday | 64 years last birthday |
| Policy Term | 5 years | 25 years |
| Sum Assured | 25,000 | 180 times of the daily hospital cash benefit in a ward other than ICU. However, the sum assured under Accidental Riders |

| Base Plan | Minimum | Maximum |
|--|------------------------|---|
| | | (including sum assured under Reliance New Term Life with Accident Benefit Rider) across all policies held by the life assured with the Reliance Life should not exceed Rs. 50 lakhs. |
| Reliance Term Life Insurance Benefit Rider | | |
| Age at Entry | 18 years last birthday | 55 years last birthday |
| Age at Maturity | 26 years last birthday | 64 years last birthday |
| Policy Term | 5 years | 25 years |
| Sum Assured | Rs. 25000 | 180 times of the daily hospital cash benefit in a ward other than ICU. |
| Reliance New Critical Conditions (25) Rider | | |
| Age at Entry | 18 years last birthday | 55 years last birthday |
| Age at Maturity | 26years last birthday | 65 years last birthday |
| Policy Term | 5 years | 25 years |
| Sum Assured | 10,000 | 180 times of the daily hospital cash benefit in a ward other than ICU. |
| | | However, the sum assured under Reliance New Critical Conditions rider (including sum assured under Reliance Critical Conditions rider and Reliance New Critical Conditions (25) rider) across all policies held by the life assured with the Reliance Life should not exceed Rs.20 lakhs. |

Note:

The rider terminates with the base plan.

The rider term should be less than or equal to the policy term (if opted during the policy term then it should be less than or equal to the remaining policy term)

Please refer to sales literatures for rider benefits for further details on riders.

Nomination:

As per sec 39 of the insurance act 1938.

1. The person named by you in the proposal form as the nominee/s, shall be the person to whom the death benefits under the policy will be paid. Such nomination only indicates the person, who is authorized to receive the amount on the payment of which, we will receive a valid discharge of our liability under the policy. Change in nomination, if any, may be made by you at any time during the term of the policy and the same must be registered with us.
2. The nominee's right arises only in the event of the death of the Principal Insured. Where the nominee is a minor, life assured shall also appoint a person to receive the money during the minority of the nominee.

Assignment:

No assignment is allowed under this plan.

Policy Loan:

Loans will not be available under this plan.

What if I want to discontinue the Policy?

You may surrender your policy at any time after three years from commencement.

Surrender Value will be acquired immediately on the payment of the first premium. However, the surrender value will be payable after the completion of three policy anniversaries. Whenever full surrender value of basic plan is paid, the surrender value of any attaching top ups will also be paid.

The surrender Value under the basic plan will be the Fund value less surrender charge as given below.

| Year of surrender | Surrender charge as percentage of basic policy fund value |
|-------------------|---|
| 1 to 3 | Surrender Value not payable |
| 4 | 20% |
| 5 | 10% |
| 6 and above | Nil |

In case of Top-ups, the surrender value will be acquired immediately on payment of top up. However, it will be payable on completion of three years from the date of payment of Top Up. The surrender charge is not applicable on top-up premium units. The surrender value is therefore equal to the fund value under the top ups. In case of surrender of the base policy after 3 years the surrender value of top-ups is paid immediately.

Charges under the plan

1. Allocation charges: These are deducted from the savings premiums as they are paid and are as follows:

| Year | Allocation charge as a % of Annualised Premium |
|--------------------------|--|
| 1 | 20% |
| From 2 yr. to 7th yr. | 2.5% |
| From 8th yr. to 10th yr. | 2% |
| From 11th yr. onwards | 1.5% |

The allocation charge on the Top Ups will be @ 2% of the Top Up amount. The allocation charge under top up under the exchange option will be 1% of the top up amount.

2. Hospitalization charges: This charge will apply for all Lives from inception.

The insurance charges will vary depending on

- a) The amount of health related cover
- b) The attained age of life assureds
- c) The occupation of the life assured
- d) The health of the life assureds

These hospitalisation charges will be deducted on a monthly basis on the beginning of first day of each policy month using 1/12th of the Hospital Cash Benefit rates.

3. Policy administration charge: A monthly administration charge of Rs.40 will be deducted by cancelling units in advance at the beginning of the month.
4. Switching charge: There are 52 free switches during any policy year. Subsequent switches if any will have a fixed charge of Rs. 100 per switch.
5. Fund management charge:

| Fund Name | Annual Rate |
|-------------------------|-------------|
| New Money Market Fund | 1.25% p.a. |
| New Gilt Fund | 1.25% p.a. |
| New Corporate Bond Fund | 1.25% p.a. |
| New Equity Fund | 1.35% p.a. |
| New Pure Equity Fund | 1.35% p.a. |
| New Infrastructure fund | 1.35% p.a. |
| New Midcap Fund | 1.35% p.a. |
| New Energy Fund | 1.35% p.a. |
| Fund A | 1.35% p.a. |
| Fund B | 1.30% p.a. |
| Fund C | 1.30% p.a. |

7. Surrender & Partial Withdrawal Charges from Basic Plan:

The surrender charges & Partial withdrawal charge as percentage of fund value under the basic plan are given below:

| Year of surrender | Surrender Charge/Partial Withdrawal as percentage of fund value to be surrendered/withdrawn |
|-------------------|---|
| 1 to 3 | Surrender Value/Partial Withdrawal Value not available |
| 4th | 20% |
| 5th | 10% |
| 6th onwards | Nil |

Note: The surrender charge or partial withdrawal charge is not applicable on top-up. There will be no partial withdrawal charge if the withdrawal is made to fund medical expenses.

8. Premium for rider benefits:

The premium for rider benefits if selected, will be collected over and above the premium under base plan.

9. Miscellaneous Charge (Charge for Systematic Transfer Plan (STP) Option):

There is no charge, the first time the Systematic Transfer Plan Option is effected for Premium Payment Mode as well as Top ups. Subsequently, a fixed miscellaneous charge of Rs.100 will be levied every time the Systematic Transfer Plan is option is selected. There are no charges for cancellations for Systematic Transfer Plan.

10. Service Tax & other applicable charges under the policy:

The charge (along with education cess) for the benefit on hospitalisation is mentioned in the Annexure 1. Service tax charge will be levied on the Fund Management Charge, Allocation charges, hospitalisation charges, Morbidity charge, Policy administration charge, Switching charge, Miscellaneous charges on STP option and on the Rider Premium. The level of service tax charge 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 (including education cess) on risk premium is 10.30%.

Recovery of Charges

1. Hospitalisation Charges

The Hospitalisation charges will be recovered by cancellation of units at the prevailing unit price.

2. Allocation charges

The allocation charges are deducted as percentage of premium (regular premium or top - up as the case may be) before allocation of units each time a premium is received.

3. Fund Management charges

The Fund Management charges will be priced in the unit price of each Fund on a daily basis.

4. Premium for rider benefits

The premium for rider benefits if selected, will be collected over and above the premium under base plan.

5. Policy administration charge

A monthly Policy administration charge will be deducted by cancelling units at the prevailing unit price in advance at the beginning of the month.

6. Miscellaneous Charge (Charge for Systematic Transfer Plan (STP) Option.)

Charge for Systematic Transfer Plan (STP) Option will be recovered by the cancellation of units at the prevailing unit price

7. Switching charge

Switching charge will be recovered by cancellation of units at the prevailing unit price.

8. Service Tax Charge

The service tax charge are collected as below.

- i) The Service Tax Charge on Fund Management Charge will be priced in the unit price of each Fund on a daily basis .
- ii) The Service Tax charge on allocation charge will be deducted from the premium/contribution along with the allocation charge.
- iii) The Service Tax charge on Hospitalisation charge, Policy Administration charge, Miscellaneous charges on STP option and Switching charge will be recovered by cancellation of units at the prevailing unit price.
- iv) Service tax will also be applicable for rider premium and has to be paid along with the rider premium

9. Charges Levied by the Government in Future

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.

Hospitalisation charge, Policy Administration charge, Miscellaneous charges on STP option, Switching

charge and Service tax on these charges will be recovered by cancellation of units at the prevailing unit price.. In the event that units are held in more than one Fund, the cancellation of units will be effected in the same proportion as the value of units held in each Fund. In case the fund value in any fund goes down to the extent that it is not sufficient to support the proportionate monthly charges, then the same shall be deducted from the fund value of the other funds.

Revision in Rate of Charges

The revision in charges if any (except the service tax charge) will take place only after giving three months notice to the policyholders and after obtaining specific approval of the IRDA. The service tax charge will be revised as and when notified by the Government.

If the policyholder does not agree with the modified charges, he/she shall be allowed to withdraw the units in the plans at the then prevailing unit value after paying surrender charge if any and terminate the Policy.

The Company reserves the right to change the Fund Management charge. However, the maximum FMC on any fund will be 1.35% p.a.

The policy administrative charge is subject to revision at any time, but will not exceed Rs. 80 per month.

The surrender and partial withdrawal charges, premium allocation charges) are guaranteed for the term of the policy.

The switching charge, for selecting STP option can be increased upto Rs.500 per transaction.

The hospitalisation charges for Hospital Cash Benefit and premium rates for Reliance New Major Surgical Benefit Rider and Reliance New Critical Conditions (25) Rider are guaranteed for three years from the commencement of policy and are yearly reviewable thereafter.

What if I want to discontinue the Policy?

Within 3 years of the inception of the policy:

If premiums have not been paid for at least three consecutive years from the inception the health insurance benefits and rider benefits if any will cease immediately.

However, the policyholder will continue to participate in the performance of unit funds. The monthly administration charges will be deducted from the Fund Value by cancellation of units. The fund management charge will be priced in the unit value.

Anytime during this period, should the policyholder die, the fund value will be paid

A policyholder may revive a policy by paying the arrears of premiums 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 date of the policy subject to satisfactory medical and financial underwriting.

In the event the policy is not revived during revival period, the policy shall be terminated and the surrender value, if any, shall be paid at the end of the period allowed for revival or at the end of third policy anniversary, whichever is later.

After paying of at least 3 full years' premiums:

If premiums have been paid for at least three consecutive years and subsequent premiums are unpaid, the policy will remain in force with the health insurance benefits intact. The rider benefit if any will cease immediately. The policyholder will continue to participate in the performance of the unit funds chosen by him.

The hospitalisation and administration charges will be deducted from the Fund Value by cancellation of units. The fund management charge will be priced in the unit value.

The policyholder may revive the Policy by paying the arrears of premiums and recommencing the payment of premium at any time within a period of two years from the due date of first unpaid premium but before the maturity date of the policy.

At the end of the allowed period for revival, if the policy is not revived, the policy shall be terminated by paying the surrender value.

However, the policyholder may opt to continue the policy even beyond the revival period (but not beyond the maturity date of the policy). The hospitalisation and administration charges will be deducted from the Fund Value by cancelling the units. The policy will continue to participate in the performance of the unit funds chosen by the policyholder.

This option will be available until the fund value reaches an amount equivalent to one full year's premium plus surrender charges, if any the policy will be terminated by paying one full year's premium.

Foreclosure of the Policy

If at any point of time during the policy, if the fund value is less than the hospitalisation charge and policy administration charge for the next month, the policy will be foreclosed by paying the fund value.

Grace Period for payment of premiums

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

Revival of a discontinued policy

A policyholder may revive a policy by paying the arrears of premiums 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 date of the policy subject to satisfactory medical and financial underwriting

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. The current rate of interest is 9.0% p.a. This will be subject to satisfactory medical and financial underwriting.

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.

As per current tax rules premiums paid in respect of hospitalization charges are eligible for tax deduction under section 80 D of the Income Tax Act, 1961 (the Act). The balance of premium is eligible to tax deduction under section 80 C of the Act, provided the annual premium during the year does not exceed 20% of the Sum Assured.

Premium paid under Reliance Term Life Insurance Benefit rider and Reliance New Term Life with Accident Benefit Rider are eligible for tax deduction under Section 80C of the Act, provided the annual premium during the year does not exceed 20% of the Sum Assured.

Premium paid under Reliance New Major Surgical Benefit Rider and Reliance New Critical Conditions (25) Riders are eligible for tax deduction under section 80D of the Act.

The benefits under this plan and riders are tax exempt under section 10 (10D) of the Act subject to conditions.

Service tax and education cess will be charged as per applicable rates.

You are recommended to consult your tax advisor

General Policy Provisions.

a. Suicide Claim provisions.

The Company will not pay any benefit in respect of Hospital Cash Benefit claims which result from self afflicted injuries or conditions (attempted suicide).

If the suicide results into death, the company will pay only the Fund Value and the policy will be terminated.

b. Exclusions

The Exclusions under Hospital Cash Benefit cover:

No benefits are available hereunder and no payment will be made by the Company for any claim for Hospital Cash Benefit under this Policy on account of

Hospitalization directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. "Pre-existing condition"- any medical condition or any related condition (e.g. illnesses, symptoms, treatments, 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, will be deemed to be pre-existing. The following conditions will also be deemed to be "pre-existing":
 - a. Conditions arising between signing the application form and confirmation of acceptance by the company;
 - b. Any sickness, illness, complication or ailment arising out of or connected to the pre-existing illness.
2. Hospitalization due to illness within the first 90 days from the Date of Cover commencement or 90 days from the date of revival if reinstated after discontinuance of the cover;
3. Any treatment not performed by a Physician or any treatment of a purely experimental nature;
4. Any routine or prescribed medical check up or examination;
5. Medical Expenses relating to any hospitalization primarily for diagnostic, X-ray or laboratory examinations;
6. Any Sickness that has been classified as an Epidemic by the Central or State Government;
7. Circumcision, cosmetic or aesthetic treatments of any description, change of gender surgery , plastic surgery (unless such plastic surgery is 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);
8. Hospitalization for donation of an organ;
9. Hospitalization for correction of birth defects or congenital anomalies;
10. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury;
11. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterilisation or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure;

12. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol;
13. 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;
14. Removal of any material that was implanted in a former surgery before date of Cover commencement
15. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), 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;
16. Hospitalization for the sole purpose of physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology;
17. 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;
18. Naval or military operations (including duties of peace time) 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;
19. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard);
20. Participation in any hazardous activity or sports including but not limited to racing, scuba diving, aerial sports, bungee jumping and mountaineering or in any criminal or illegal activities;
21. Radioactive contamination;
22. Non-allopathic methods of treatment;

15 day free look period

In Case the Policy Holder disagrees with any of the terms and conditions of the policy, he may return the policy to the Company within 15 days of its receipt for cancellation, stating his/her objections in which case the company will refund an amount equal to the non allocated premium Plus the charges levied by Cancellation of units plus fund value as on the date of receipt of the request in writing for cancellation, less the proportionate premium for the period the company has been on risk and the expenses incurred by the company on medical examination and stamp duty charges.

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, a Reliance Capital Company is a part of Reliance - Anil Dhirubhai Ambani Group. Reliance Capital Limited is one of India's leading private sector financial services companies. Reliance Capital Limited has interests in asset management and mutual funds, stock broking, life and general insurance, proprietary investments, private equity and other activities in financial services.

Reliance - Anil Dhirubhai Ambani 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: This product brochure gives only the salient features of the plan. For further details on all the conditions, exclusions related to Reliance Wealth+Health Basic Plan, please contact our insurance advisors.

Appendix 1:

The Standard rates for Hospital Cash Benefit are as follows:

| Age | Annual Rates for Hospital Cash Benefit (Male) per Rs.100 Daily Benefit | Annual Rates for Hospital Cash Benefit (Female) per Rs.100 Daily Benefit | Age | Annual Rates for Hospital Cash Benefit (Male) per Rs.100 Daily Benefit | Annual Rates for Hospital Cash Benefit (Female) per Rs.100 Daily Benefit |
|-----|--|--|-----|--|--|
| 0 | 54.36 | 54.36 | 33 | 51.22 | 43.27 |
| 1 | 51.77 | 51.77 | 34 | 50.85 | 45.48 |
| 2 | 47.89 | 47.89 | 35 | 50.85 | 47.70 |
| 3 | 44.19 | 44.19 | 36 | 50.66 | 49.74 |
| 4 | 40.31 | 40.31 | 37 | 50.48 | 51.59 |
| 5 | 36.61 | 36.61 | 38 | 51.22 | 51.77 |
| 6 | 32.73 | 32.73 | 39 | 51.96 | 55.65 |
| 7 | 29.03 | 29.03 | 40 | 52.51 | 57.69 |
| 8 | 29.77 | 29.77 | 41 | 53.25 | 59.35 |
| 9 | 30.51 | 30.51 | 42 | 53.99 | 61.39 |
| 10 | 31.25 | 31.25 | 43 | 56.76 | 63.05 |
| 11 | 31.99 | 31.99 | 44 | 59.72 | 64.34 |
| 12 | 32.91 | 32.91 | 45 | 62.31 | 65.64 |
| 13 | 33.84 | 33.84 | 46 | 65.27 | 66.93 |
| 14 | 34.76 | 34.76 | 47 | 68.04 | 68.41 |
| 15 | 35.68 | 35.68 | 48 | 70.45 | 69.89 |
| 16 | 36.61 | 36.61 | 49 | 72.85 | 71.55 |
| 17 | 37.53 | 37.53 | 50 | 75.25 | 73.40 |
| 18 | 43.64 | 33.84 | 51 | 77.47 | 75.07 |
| 19 | 45.67 | 35.13 | 52 | 80.06 | 76.73 |
| 20 | 48.07 | 36.24 | 53 | 84.13 | 80.43 |
| 21 | 50.11 | 37.35 | 54 | 88.01 | 83.94 |
| 22 | 52.51 | 38.83 | 55 | 91.89 | 87.46 |
| 23 | 51.59 | 39.01 | 56 | 95.78 | 90.97 |
| 24 | 51.03 | 39.57 | 57 | 99.84 | 94.67 |
| 25 | 50.11 | 39.75 | 58 | 106.32 | 103.73 |
| 26 | 49.37 | 39.94 | 59 | 112.79 | 112.97 |
| 27 | 48.81 | 40.31 | 60 | 119.44 | 122.22 |
| 28 | 49.55 | 40.49 | 61 | 125.91 | 131.28 |
| 29 | 49.92 | 40.68 | 62 | 132.57 | 140.71 |
| 30 | 50.48 | 40.86 | 63 | 151.80 | 155.13 |
| 31 | 50.85 | 41.05 | 64 | 168.99 | 172.69 |
| 32 | 51.40 | 41.42 | | | |

1. The above rates are guaranteed for three years from the commencement of the policy and are yearly reviewable thereafter.
2. Monthly rates are 1/12th of the annual rates and there is no frequency loading
3. Hospital cash benefit charges will be different for sub standard lives.

RELIANCE Life Insurance

Anil Dhirubhai Ambani Group

Reliance Life Insurance Company Limited (Reg. No 121)

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

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

UIN for Reliance Wealth+Health Basic Plan: 121L066V01,
Reliance New Term Life with Accident Benefit Rider: 121C013V01,
Reliance New Critical Conditions (25) Rider: 121C012V01,
Reliance New Major Surgical Benefit Rider: 121C014V01,
Reliance Term Life Insurance Benefit Rider: 121C009V01

Insurance is the subject matter of the solicitation.

ISO 9001:2000
CERTIFIED COMPANY