

Policy Document – Reliance Group Jan Samriddhi Suraksha Plan

POLICY SCHEDULE

Name of Proposer:

Name of the Plan : Reliance Group Jan Samriddhi Suraksha Plan

Name of Principal Officer:

XXXXXXXXXX XXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXX

being the principal officer of the Reliance Group Jan Samriddhi Suraksha Plan at the time this Policy commenced

Name of the Master Policy Holder: XYZ Limited

Date of Commencement: the ____ day of _____ 20_.

Sum Assured Based on member's choice, Sum Assured will be given to the member

Premiums Based on Sum Assured chosen by the member, premium will be reflected in member Certificate of insurance

Applicable deductions As stated in the Policy Document

Policy Period: Period commencing ____ day of ____ 20__ or such other period as may be agreed upon by the Master Policy Holder and Reliance Life Insurance Company Limited

Benefits: As stated in the Policy Document.

Frequency of Total premiums: Master Policyholder can select the premium paying frequency on behalf of individual members for the following modes:
Yearly, Half-Yearly, Quarterly, Monthly

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

Reliance Group Jan Samriddhi Suraksha Policy

Contract Number _____

Policy Terms & Conditions and Privileges within referred to

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

Reliance Life Insurance Company Limited (hereinafter called "RLIC") agrees to pay the benefits, as stipulated in the Policy Schedule to the Policyholder on the basis of the statements, proposal, declarations and Premium along with taxes as applicable from the Policyholder on the assurance that the Policyholder has agreed to all the policy terms and conditions referred to in the Reliance Group Jan Samriddhi Suraksha Plan (UIN: 121N094V01) policy document kit. The Proposal, Declaration and other information called for from you form the basis of this contract. If any of the details furnished to the Company are incorrect or incomplete, then the Policy will be void. The benefits shall be paid only when the same are payable as per the stipulations in the policy document kit. The Claimant/ Nominee needs to submit satisfactory proof of title and other applicable documents pertaining to the Policy at the RLIC offices for claiming the benefit. It is hereby further declared that this Policy of Assurance shall be subject to the terms, conditions and privileges in this Policy Document kit and that the Policy Schedule and every endorsement placed on the Policy by RLIC shall be deemed to be a part of the Policy.

.....
Authorised Signatory

Date

Reliance Life Insurance Company Limited

Registered Office:

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

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Policy Document – Reliance Group Jan Samriddhi Suraksha Plan

Reliance Group Jan Samriddhi Suraksha Plan is a Non-Linked Non-Participating Group Savings Variable insurance product with an objective of providing a medium for regular Savings & Protection to the homogeneous non-employer-employee groups

Key benefits

On the death of the member during the member-contract term provided the member-contract is in full force by payment of premium	Maximum of, Policy Account Value or Basic Sum Assured or 105% of all the premiums paid till the time of death, excluding any extra premiums (if any)
Accidental Death benefit	If the death is on account of an accident, an additional amount equal to the Basic Sum Assured will also become payable
On the death of the member during the member-contract term if the member-contract is in paid-up status	Maximum of, Policy Account Value or Basic Sum Assured x (number of premiums paid / total number of premiums payable) or 105% of all the premiums paid, excluding any extra premiums (if any)
Maturity benefit	The balance in the Policy Account will be paid in one lump sum at maturity

General Description of the Plan:

Reliance Group Jan Samriddhi Suraksha Plan is a Non-Linked Non-Participating Group Savings Variable insurance product with an objective of providing financial protection and a medium for regular savings to the homogenous non-employer-employee groups.

The premiums received from the members less applicable deductions (premium allocation charges) will be invested according to the IRDA Investment Regulations in respect of Policyholder's funds. A separate member policy account called "Policy Account" will be maintained in respect of each member of the Group. The Company will earmark assets for this product separately and the Policy Account value for the product shall be disclosed on a daily basis in the company's website through specifically assigned identification number (SAIN) for the fund for this product. SAIN for this product is 121N094V0103.

The product provides members of the group an option to choose the Basic Sum Assured equal to integer values between 10 to 25 times (both inclusive) of the annualized premium at inception of the member-contract. The chosen Basic Sum Assured cannot be changed during the term of the member-contract. The product provides an Accidental Death Benefit equal to the Basic Sum Assured provided the attained age of the member is less than or equal to 65 years at the time of death.

Terms and Conditions

1. Free look

- a. In the event the Master Policyholder disagrees with any of the terms and conditions of the Policy, Master Policyholder may return the Policy to the Company within 15 days for all distribution channels, except for Distance Marketing* channel, which will have 30 days of its receipt for cancellation, stating the objections in which case the Insurer will refund the entire premium received towards the Policy except for the amounts which will be deducted towards a proportionate risk premium for the period of cover, the expenses incurred on medical examination of the Group members and the stamp duty charges.
- b. In the event an individual group member disagrees with any of the terms and conditions of the Policy, the group member may return the Certificate of Insurance to the Company within 15 days for all distribution channels, except for Distance Marketing* channel, which will have 30 days of its receipt for cancellation, stating the objections in which case the group member shall be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period on cover and the expenses incurred by the insurer on medical examination of the group member and stamp duty charges for the Certificate of Insurance.

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

Voice mode, which includes telephone-calling:

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

2. Definitions

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

“Applicable Deduction” shall include Premium Allocation charges, Mortality charges, Accidental Death benefit charges, Policy Administration Charge, Service Tax and such other charges, taxes and fees that may be levied by RLIC, with prior approval of the Regulatory Authority or as notified by the Government of India.

“Base/Basic Plan/ Policy” means “Reliance Group Jan Samriddhi Suraksha Plan”

“Benefits” means the Death benefit, Maturity Benefit, Surrender Benefit, or any other benefits, as the case may be, applicable in terms of this Policy.

“Business Day” means any day on which the Company is open to the public for transacting business and on which banks are generally open to public for transacting business.

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

“Commencement date” is the date of commencement of this policy as shown in the Schedule A.

“Date of Commencement of Risk” as mentioned in the Certificate of Insurance is the date from which the insurance benefit commences under the policy.

“Discontinuance/ Discontinue” means the state of policy that could arise on account of surrender of the policy or non-payment of the contractual premium due before the expiry of the 30 days from the date of receipt of revival notice from the insurer. Provided that no policy shall be treated as discontinued on non-payment of the said premium if, within the grace period, the premium has not been paid due to the death of the insured or upon the happening of any other contingency covered under the policy.

“Financial Year” means a period of twelve months coming from April 01 each year and ending with March 31st of the following year.

“Insurance Cover” means the cover for the Death benefits payable under this Policy;

“Lock-in-period” means the period of five consecutive years from the date of commencement of member-contract, during which the proceeds of the discontinued member-contracts cannot be paid by the insurer to the member, as the case maybe except in case of death or happening of any other contingency covered under the policy.

“Master Policy Holder” is also defined as proposer in Schedule A. The policy would be issued in the Master Policy Holder’s name.

“Member” is a fulltime group member/ life assured who, on the invitation of the Master Policyholder, has volunteered to become a Member of the Reliance Group Jan Samriddhi Suraksha Plan and on whose life the Insurance Cover is effected in terms of this Policy. The member will receive the Certificate of Insurance (COI).

“Member-contract” refers to the Certificate of Insurance of the individual member under the Master Policy.

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

“Person to whom benefits are payable” means the member including nominees or proving executors of administration or other legal representatives, as per the applicable Regulations. In non-employer-employee cases, the individual group member would be treated as the insured beneficiary and the Master policyholder will be only the holder of the group policy.

“Policy Account Value” refers to the total value of premium net of charges accrued to all the members and payable to the proposer upon surrender or maturity of the policy subject to applicable charges.

“Policy Anniversary” means the date of end of every policy year.

“Policy Maturity Date” means the date specified as such in the policy schedule.

“Policy Month” means a period of thirty (30) consecutive calendar days starting with the Date of Commencement of the policy as stated in the policy schedule and each subsequent period for one consecutive calendar month thereafter.

“Policy Schedule” means the Policy Schedule issued by RLIC, together with any amendments to the schedule which may be issued from time to time; time and which shall form part of the policy document.

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

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

“Regulations” means the laws and regulations as in effect from time to time and applicable to this Policy, including without limitation the regulations and directions issued by the Regulatory Authority from time to time.

“Regulatory Authority” means the Insurance Regulatory and Development Authority (IRDA) or such other authority or authorities, as may be designated under the applicable laws and regulations.

“Relevant Date” means (i) for the purpose of calculation of the Death benefit or in case of death of the Member prior to the Risk Commencement Date, the date of receipt of written intimation of death by RLIC, on any business day before the cut-off time; (ii) the Policy Maturity Date, for calculation of Maturity Benefit; (iii) for the purpose of calculation of the Surrender Benefits or the Partial Withdrawal Benefits, the date of receipt of written notice by RLIC on any business day before the cut-off time; (iv) for the purpose of determination or levy of the applicable deductions, the date on which RLIC gave effect to the event for which the deduction is applicable, (v) for the purpose of accounting for the Premium, which is paid by cheque drawn on a local bank, which is a member of the local clearing, the date of realization of the cheque (which shall be normally the next business day following date of receipt of the cheque which is received on any business day before the cut-off time; and in the case of such cheques received after the cut-off time, the cheque shall be treated as received the next business day and shall be dealt with accordingly; (vi) for the purpose of accounting for Premium, which is paid by an out station cheque, the date on which the proceeds of the cheque are realized by RLIC.(vii) for the purpose of guaranteed additions.(ix) for the purpose of guaranteed returns, the date on which RLIC declares the return.

“Sum Assured/ Insured Death Benefit” means the Sum Assured as mentioned in the Certificate of Insurance or such amount as may be endorsed on the Policy.

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

3. Key Benefits

3.1. Death benefit - subject to the member-contract being in force

On the death of the member during the member-contract term provided the member-contract is in full force by payment of premium, Maximum of, Policy Account Value or Basic Sum Assured or 105% of all the premiums paid till the time of death, excluding any extra premiums (if any) will be paid.

3.2. Death due to Accident - subject to the member-contract being in force

If the death is on account of an accident on or before age 65, an additional amount equal to the Sum Assured will also become payable.

3.3. Death benefit – subject to the member-contract being in paid-up status

On the death of the member during the member-contract term if the member-contract is in paid-up status, Maximum of, Policy Account Value or Basic Sum Assured * (number of premiums paid / total number of premiums payable) or 105% of all the premiums paid, excluding any extra premiums (if any)

3.4. Death due to Accident - subject to the member-contract being in paid-up status

If the death is on account of an accident on or before age 65, an additional amount equal to Accidental Death Benefit * (number of premiums paid / total number of premiums payable) will also become payable.

3.5. Maturity benefit

On survival of the member up to the maturity date provided the member-contract is in force, the balance in the Policy Account will be paid in one lump sum.

4. Other benefits and features

4.1. Rider Benefits

No rider is attached to this policy.

4.2. Surrender by an individual member of the Group Scheme

- a) Individual member may surrender his/her member-contract (Certificate of Insurance) after a period of five years from the commencement of the member-contract (Certificate of Insurance)
- b) The balance in the Policy Account less discontinuance charge, if any will be paid to the member without any deduction
- c) A member-contract once surrendered by the member, cannot be reinstated

4.3. Discontinuance of due premiums by an individual member within the lock-in period of 5 member-contract years

If the due premiums are not paid within the grace period mentioned in Section 5.5, a revival notice will be sent to the individual member within fifteen days from the date of expiry of the grace period to such a member.

The individual member shall be entitled to exercise one of the following options

- i) Revive the policy within two years
- ii) Complete withdrawal from the policy without any insurance benefit.

The member has to exercise any one of the options within 30 days from the date of receipt of the revival notice. During this period, the policy will be treated as in-force with insurance benefits intact, base as well as accidental death benefit.

If the member opts to revive the policy, the policy continues with all the benefits. We will credit the interest amounts and debit the applicable charges.

If the individual member exercises the option of withdrawal or does not exercise any option, the balance in the Policy Account (after crediting interest amounts and debiting charges, as applicable) less applicable discontinuance charges will be switched to segregated Discontinued Policy Account (DPA). The insurance benefit and accidental death benefit ceases immediately. Only Fund Management Charges of 0.50% for the Discontinued Policy Account (DPA) will be deducted from the Discontinued Policy Account. The income earned on the Discontinued Policy Account (DPA) shall be apportioned to the Discontinued Policy Account (DPA) value with the minimum guaranteed interest rate of 4% p.a. on DPA. The proceeds of the discontinued policies shall be payable only on completion of lock-in period or revival period, whichever is later.

The individual member can revive the discontinued member-contract within two years from the date of discontinuance by paying the all due and unpaid premiums. If the individual member opts to revive the member-contract, then the proceeds of the Discontinued Policy Account (DPA) and the entire discontinuance charge deducted will be transferred to the individual member Policy Account at the time of revival.

If the revival period of two years is not completed at the end of the lock in period, then additional revival notice will be sent to the individual member within fifteen days from the date of expiry of the lock in period to such a member to exercise the following options within a period of thirty days of receipt of such notice:

- i) Revive the member-contract within the revival period
- ii) Complete withdrawal

4.4. Discontinuance of due premiums by an individual member after the lock-in period of 5 member-contract years

If the due premiums are not paid within the grace period, a notice will be sent to the member within fifteen days from the date of expiry of the grace period to such a member to exercise the following options within a period of thirty days of receipt of such notice.

- i) Revive the member-contract within a period of two years from the date of discontinuance. During the revival period member-contract will be treated as in force with insurance benefits.
- ii) Complete withdrawal from the member-contract without any insurance benefit and accidental death benefit
- iii) Convert the member-contract into paid-up member-contract, with reduced insurance benefit and accidental death benefit.

Paid-up Sum Assured = Base Sum Assured * Total no. of premiums paid/original number of premiums payable under the member-contract.

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Where the member does not exercise any of the above option within a period of thirty days, default option 2 is applicable.

For option i & iii, the Company will credit the interest amounts) at the end of each financial quarter in to the Policy Accounts. Mortality charges, Accidental Death Benefit charges, Policy Administration Charges and Fund Management Charges, as applicable will be deducted from the Policy Account value.

If the individual member exercises the option to convert the member-contract to the paid-up member-contract, the member-contract continues with reduced insurance and accidental death benefits. The Basic Sum Assured will be reduced in proportion of number of premiums paid divided by the total number of premiums and mortality charges & Accidental death benefit charges will be based on reduced Basic Sum Assured.

The discontinuance charge is as given below:

The year during which the contract is discontinued	Discontinuance charge if the annualised premium is less than or equal to Rs. 25,000	Discontinuance charge if the annualised premium is greater than Rs. 25,000
1	Lower of 20% of (Annualised premium or Policy Account value), subject to a maximum of Rs.3,000	Lower of 6% of (Annualised premium or Policy Account value), subject to a maximum of Rs.6,000
2	Lower of 15% of (Annualised premium or Policy Account value), subject to a maximum of Rs.2,000	Lower of 4% of (Annualised premium or Policy Account value), subject to a maximum of Rs.5,000
3	Lower of 10% of (Annualised premium or Policy Account value), subject to a maximum of Rs.1,500	Lower of 3% of (Annualised premium or Policy Account value), subject to a maximum of Rs.4,000
4	Lower of 5% of (Annualised premium or Fund value), subject to a maximum of Rs.1,000	Lower of 2% of (Annualised premium or Fund value), subject to a maximum of Rs.2,000
5 and above	Nil	Nil

4.5. Revival of the Policy Account by an individual member

- a) A member may revive his/her Policy Account by recommencing the payment of premiums any time during the period of two consecutive years from the date of discontinuance of the member-contract before the maturity of the Policy Account subject to satisfactory medical and / or financial underwriting.
- b) On revival, the insurance cover (including the additional cover on accidental death) will commence from the date of revival. The deduction of Premium Allocation charges will start along with the deduction of Mortality charges and Accidental Death benefit charges.

4.6. Full Surrender of the Scheme by the Master Policyholder:

- a) In case of surrender of the master policyholder, the individual members of the group on such surrender shall have an option to continue the member-contract as an individual policy and the company shall continue to be responsible to serve such members till the coverage is terminated.

- b) If the individual member does not want to continue the member-contract, the treatment would be on terms of the Surrender by an individual member of the Group Scheme.

4.7. Non-foreclosure guarantee for in-force member-contract

If at any time the Policy Account value is less than the charges for the next month, the member-contract will not be foreclosed and the Death benefit and Accidental Death Benefit will continue till the term of the member-contract provided the due premiums are paid. The charges including the applicable service taxes will be deducted only to the extent of the Policy Account value.

5. Premium payment

5.1. Payment of premiums

The premiums may be paid by the Member(s) as per the premium payment limits.

5.2. Deposit of premiums

All premiums paid into the scheme must accompany a deposit slip (containing member wise contribution amount) as provided by RLIC.

Any liability arising out of any loss of investment earnings where a payment was not accompanied with a deposit slip and consequently was not credited to the Member's account value/ into the master policyholder's policy will not be borne by us.

5.3. Application of premiums

The premiums received from the members less applicable deductions will be invested according to the IRDA Investment Regulations in respect of Policyholders funds.

5.4. The Amount and frequency of premiums

The amount and frequency of premiums paid into the policy is shown in Policy Schedule and COI. The premiums can be paid either in yearly or half-yearly or quarterly or monthly installments.

5.5. Grace Period

For the yearly, half yearly and quarterly mode of premium, there will be a grace period of 30 days from the due date. If premium is payable monthly, the grace period will be 15 days from the due date.

6. Group Administration

6.1. Policy Account value

The Policy Account will be credited with

- 1) Regular premium (net of premium allocation charges) paid by the member every year
- 2) A guaranteed interest amount derived from Minimum Floor Rate (MFR) at the end of every financial quarter.

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- 3) A non-zero positive additional interest amount derived from Additional Interest Rate (AIR) at the end of every financial quarter.
- 4) A non-zero positive residual addition (NRA), if any.

Both the Minimum Floor Rate (MFR) and Additional Interest Rate (AIR) shall be credited to the Policy Account Value net of relevant charges on pro-rata basis at the end of every financial quarter or the date of termination, whichever is earlier.

The Policy Account will be debited with

- 1) Premium Allocation Charges
- 2) Policy Administration Charges
- 3) Mortality Charges
- 4) Accidental Death Benefit Charges
- 5) Fund Management Charges
- 6) Taxes, duties or surcharges or whatever description levied by any statutory authority;

The Mortality charges, Accidental Death Benefit (ADB) Charges and Policy Administration Charges will be collected monthly in advance from the policy account.

Credit of Investment Return to the Policy Account.

The premiums received from the members less applicable deductions (premium allocation charges) will be invested according to the IRDA Investment Regulations in respect of Policyholders funds. A separate member policy account called “Policy Account” will be maintained in respect of each member of the Group. The Company will earmark assets for this product separately and the Policy Account value for the product shall be disclosed on a daily basis in the company’s website through specifically assigned identification number (SAIN) for the fund for this product. SAIN for this product is 121N094V0103.

The product shall have:

- i) Guaranteed non-zero positive interest rate, referred as Minimum Floor Rate (MFR) and
- ii) Non-zero positive Additional Interest Rate (AIR), which is over and above the minimum Floor Rate (MFR)
- iii) The non-zero positive residual additions (NRA), if any, will be credited to the Policy Account in order to comply with the maximum reduction in yield as stipulated in Regulation 37 of IRDA (linked Insurance Products) Regulations, 2013 at the end of each year starting with year 5 or date of maturity, whichever is earlier. Such non-zero positive residual additions will be determined as follows:
 - (1) Gross Investment Yield earned in the shadow account at the end of each member-contract year less
 - (2) Actual yield earned in the policy account value, at each member-contract year less the end of
 - (3) Yield referred in the reduction in yield at that duration as per the Regulation 37 of IRDA (linked Insurance Products) Regulations, 2013
 - (4) Where, the Actual yield earned in the policy account will be calculated using the money weighted rate of return method at the end of each member-contract year. Mortality Charges, Accidental Death Benefit Charges and Service Taxes shall be excluded from the computation of Actual investment yield.

The Minimum Floor Rate (MFR) for the product is guaranteed for the entire policy term at 2.50% and. The Additional Interest Rate (AIR) is equal to expected Gross Investment Yield EGIY to be earned on the Shadow Account during the next Financial quarter minus Minimum Floor Rate (MFR). The Additional Interest Rate (AIR) would be declared at the beginning of each financial quarter and would be credited at the end of the quarter.

The expected Gross Investment Yield (EGIY) would be calculated for the financial quarter on the basis of the asset profile of the Shadow Account and the prevalent economic environment as at the date of declaration. The minimum Additional Interest Rate (AIR) is guaranteed at 0.01% p.a.. Additional Interest Rate (AIR) Amount and Minimum Floor Rate (MFR) Amount are derived based on the policy account value net of relevant charges.

6.2. Shadow Account

Shadow policy account will be maintained on a daily basis. The shadow account will be computed based on the actual accruals of all income elements like premiums, income from investments as and when received and all actual debits to the policy account value as and when debited to arrive at the actual gross investment return and reduction in yield to the policy account value, at the end of each year starting from fifth year of the member-contract.

6.3. New Members

New members will be allowed to join at any time during the tenure of the policy. The insurance cover in respect of members will start from the date of joining.

Notice of new Members must be signed by the Principal Officer of the Master Policyholder. All fulltime Members are invited to join the Policy at the Master Policyholder's invitation.

RLIC will provide the necessary administration forms to assist the Master policyholder in notifying RLIC's office when a new Member is admitted to the Policy.

Any new Member can join the Policy subject to terms and conditions in the Reliance Group Jan Samriddhi Suraksha Plan.

We will require from the master policyholder, any information as requested by us, to set up a new Member record.

6.4. Option to continue in case of surrender of Group Policy

In case of surrender of the master policyholder, the individual members of the group on such surrender shall have an option to continue the member-contract as an individual policy with and the RLIC shall continue to be responsible to serve such members till the coverage is terminated.

7. Applicable deductions

7.1. Premium Allocation Charges

The Premium Allocation Charges is applicable on the annualized premiums paid by the members of the Group Scheme during first five years of the policy. It will be deducted before crediting the premiums in to the Policy Account of the member.

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The rate of Premium Allocation Charges is stated below:

- 12% of the annualized premium in the first year.
- 7.5% of the annualized premium from second year to fifth year.
- 5.5% of the annualized premium from sixth year onwards.

7.2. Fund Management Charges

The Fund Management Charges is applicable on the Policy Account of each member of the Group Scheme. The Fund Management charges for the in-force member-contract are applicable only after completion of five member-contract years. The rate of Fund Management Charges is 1.35% p.a. The rate of Fund Management Charges is 0.5% p.a. of the Discontinued Policy Account value. The Fund Management charges will be collected on pro rata basis.

7.3. Policy Administration Charges

The Policy Administration charges is applicable for the entire member-contract term. The rate of Policy Administration charges is 2.5% per annum of the Annualised premium subject to maximum of Rs. 6,000 per member-contract year. The Policy Administration charges will be deducted from the Policy Account value monthly in advance.

7.4. Mortality Charges

The Mortality charges will be collected monthly in advance based on the following factors:

- 1) The amount of death benefit applicable at the beginning of month
- 2) The Policy Account Value at the beginning of month
- 3) The attained age of the individual member (ADB charges only applicable till the age of 65 year last birthday)
- 4) Mortality Selection factor
- 5) Group loading factor
- 6) Health of the Life Assured

Monthly Mortality Charge= $(1/12) * [\text{Standard Mortality Charge} * \text{Mortality Selection Factor} * \text{Group Loading Factor} + \text{Extra Mortality Loading} , \text{ if any}]$

There will be anti-selection risk in the absence of comprehensive underwriting and will be countered by applying a mortality selection factor for first three member-contract years for all members. Mortality Selection Factor will be based on the year of the member-contract in the following manner.

Member-Contact Year	Mortality Selection Factor
1	200%
2	150%
3	150%
4+	100%

The additional risk characteristics of the individual member will be dealt with an appropriate extra mortality loading as per the underwriting norms approved by the Board.

Policy Document – Reliance Group Jan Samriddhi Suraksha Plan

The Mortality charges and Accidental Death Benefit (ADB) Charges shall be guaranteed during the member-contract period.

7.5. Accidental Death benefit Charges

Annual charge for Accidental Death benefit up to age 65 last birthday is Rs.1 per 1000 Sum Assured and will be deducted on monthly basis at the beginning of each member-contract month using 1/12th of the charge.

7.6. Discontinuance Charges

The discontinuance charge is as given below:

The year during which the member-contract is discontinued	Discontinuance charge if the annualised premium is less than or equal to Rs. 25,000	Discontinuance charge if the annualised premium is greater than Rs. 25,000
1	Lower of 20% of (Annualised premium or Policy Account value), subject to a maximum of Rs.3,000	Lower of 6% of (Annualised premium or Policy Account value), subject to a maximum of Rs.6,000
2	Lower of 15% of (Annualised premium or Policy Account value), subject to a maximum of Rs.2,000	Lower of 4% of (Annualised premium or Policy Account value), subject to a maximum of Rs.5,000
3	Lower of 10% of (Annualised premium or Policy Account value), subject to a maximum of Rs.1,500	Lower of 3% of (Annualised premium or Policy Account value), subject to a maximum of Rs.4,000
4	Lower of 5% of (Annualised premium or Fund value), subject to a maximum of Rs.1,000	Lower of 2% of (Annualised premium or Fund value), subject to a maximum of Rs.2,000
5 and above	Nil	Nil

7.7. Service Tax

This charge shall be levied on the Premium Allocation charges, Mortality charges, Accidental Death benefit charges, Policy Administration charges, Discontinuance charges and Fund Management charges. The level of this charge shall be as per the rate of Service Tax, declared by the Government from time to time. The current rate of Service tax is 12.36% (Service tax of 12% and education cess of 3%) as on June 15, 2013.

7.8. Charges levied by Government in future

In future RLIC may decide to pass on any additional charges levied by the governmental or any statutory authority to the member/policy holder. Whenever RLIC decides to pass on the additional charges to the member/policy holder, the method of collection of these charges shall be informed to them.

7.9. Guarantees on Charges

The company gives the guarantee on stability of following charges for the entire member-contract term:

- a. Premium Allocation Charges,
- b. Mortality Charges,
- c. Accidental Death Benefit Charges and
- d. Fund Management Charges

7.10.Recovery of additional expenses incurred on account of acts of policy holders

RLIC reserves the right to recover "cheque bounce charges", incurred by it from the policy holders, on account of dishonour of cheque issued towards premium payment, by policy holders. Company may recover these additional costs by requisitioning additional payments from the policyholders.

8. General conditions

8.1. Proof of age

RLIC may require proof of age of the member/beneficiary before paying any benefits. If the age has been incorrectly stated, the benefits will be adjusted in terms of the trust deed and rules to reflect the true value. If the trust deed is silent in this aspect then the decision of the insurer is final and the same shall be fair and equitable to all the parties, as far as possible. This Policy shall however become voidable at the instance of RLIC from the date of commencement of this policy or the date of admission of the member, if the age of the Life Assured at the Policy Commencement Date or date of admission is found to be higher than the maximum or lower than the minimum entry age that was permissible under the plan of this Policy at the time of acceptance of risk on the life of the member. In such a case, the policy shall be cancelled immediately and the premiums received shall be refunded after deducting all the charges by the Company. It is the responsibility of the trustees to seek satisfactory evidence of the member's age.

8.2. Suicide Exclusion

In case of a claim where a member has committed suicide within 12 months:

- i. from the date of inception /revival of the member-contract, the nominee or beneficiary of the member shall be entitled to higher of 80% of the premiums paid, till the date of death or the policy account value as available on the date of death provided the policy is in force or
- ii. Any charges recovered subsequent to the date of death shall be paid back to the nominee or beneficiary along with the death benefit.

8.3. Member record

The member record should be updated by the Master Policyholder with:

- a) Name
- b) Date of Birth
- c) Occupation
- d) The date of joining the group for the member.

- e) The premiums as payable by the Member
- f) The Sum Assured for the member as per the member list.

8.4. Insurance eligibility

The Member should fulfil the following eligibility conditions

- a) The Member should be not less than 12 years of age and not more than 60 years of age.
- b) The Member shall undergo Medical examination, if applicable, to the satisfaction of Reliance Life Insurance Company Limited.

8.5. Start and end of Insurance Cover

On payment of premiums, the Insured Death benefit of the eligible Member commences from the date of acceptance of risk. The cover ends under the following conditions:

- a) The Member completes 70 years of age prescribed under the Reliance Group Jan Samriddhi Suraksha Plan,
- b) On death of the Insured Member.
- c) If the insurance cover ceases as given in Clause 4.4 above, whichever is earlier
- d) In the event, the cover expires as per the period mentioned in the COI of the member.

8.6. Claims

The Company will pay the sum insured when it is satisfied of the identity and age of the insured person that the insured person is dead that all relevant provisions of the policy have been met.

The Company will adjust the claims payable, in case it is found that the age as declared to us is incorrect, to that the proportion of the sum insured that is equal to the proportion that:

- The amount of the insurance premium that was actually paid in relation to that person (in the policy period in which they died); is of
- The amount of insurance premium that should have been paid for that person (in that policy period) having regards to the rate of insurance premium applicable to their correct age. Company has a right to refute any claim/s subject to the section 45 of the insurance Act.

In case of a death claim, the Company will pay the claim amount only to the nominee / legal heir.

8.7. Claims process

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

- Certificate of Insurance, in original
- Death Certificate, in original
- Copies of the First Information Report and the Final Investigation Report thereof, duly attested by the concerned police officials
- Copy of post-mortem report duly attested by the concerned officials
- Claim Form (A) to be filled in by the nominee
- Claim Form (B) to be filled in by the last treating Doctor
- KYC documents of the claimant as per AML Guidelines. (Address Proof & Identity Proof)
- ECS Mandate form/ Cancelled cheque leaf/ Self attested passbook copy of the claimant
- Any other document as may be required

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In case of claim for death benefit arising other than out of accidents or unnatural deaths

- Certificate of Insurance in original
- Death Certificate, in original, issued by the competent authority; and
- Hospitalization documents (discharge summary along with all investigation reports) if Life Assured has taken treatment for illness leading to his death
- Claim Form (A) to be filled in by the nominee
- Claim Form (B) to be filled in by the last treating Doctor
- KYC documents of the claimant as per AML Guidelines. (Address Proof & Identity Proof)
- ECS Mandate form/ Cancelled cheque leaf/ Self attested passbook copy of the claimant
- Any other document as may be required

Notwithstanding anything contained in Clause 8.6 above, depending upon the cause or nature of the claim, the Company reserves the right to call for other and/or additional documents or information, including documents/information concerning the title of the person claiming Benefits under this Policy, to the satisfaction of the Company, for processing the claim.

8.8. Requirement for maturity claims and death claims

In the event of a claim for Maturity or Death or Surrender Benefit arising under this policy, the person to whom benefits payable shall endeavor to intimate to the Company in writing of the claim and provide the following documents to the Company preferably within 30 days of the claim arising to enable the Company to process the claim. The Company may accept/ process claims on merits of case even beyond the period of 30 days provided

- a) Reasons of delay are due to unavoidable circumstances beyond the control of the claimant and
- b) The submission of documents in respect of said delays are evidenced to the satisfaction of the Company.

8.9. Ending the policy

- a) The Master Policy Holder may end the policy at any time by giving RLIC a written notice of termination. The policy ends on the date of receipt of such notice from the Master Policy Holder or such later date as specified in the notice.
- b) Where the policy is terminated during a policy period, Reliance Life Insurance Company Limited will pay back the Policy Account Value of members less surrender penalty or other charges, as may be applicable. The individual members of the group on such surrender of the Master Policy Holder shall have an option to continue the member-contract as an individual policy and the company shall continue to be responsible to serve such members till the coverage is terminated.
- c) The notice does not affect RLIC's liability in relation to each of the Members on the last day of notice period for claims arising on or before that date

8.10. Changes at any time

RLIC reserves the right to effect the following changes by giving a 3 month's notice to the Master Policy Holder:

- a) Cease future increases to the Insured Death benefit amount

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The notice mentioned above does not affect RLIC's liability in relation to each of the Members on the last day of the 3 months notice period for claims arising on or before that date.

8.11.Changes to the Insurance risk premiums

The Insurance risk premiums are guaranteed throughout the term of the contract.

8.12.Incontestability

- a) In case fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misrepresentation being established by the insurer in accordance with Section 45 of the Insurance Act, 1938.
- b) In the event of any inconsistency or conflict between the terms and conditions contained in the Policy document and the terms and conditions contained in any other document such as marketing material or sales brochure, the Terms and Conditions contained in the Policy document shall prevail over all other terms and conditions contained in various other documents.

8.13.Payment Options

The permitted modes of payments contributions along with the insurance premiums are Annual, Half Yearly, Quarterly and Monthly.

8.14.Partial Withdrawal

No Partial withdrawal is allowed under this Policy.

8.15.Review

RLIC reserves the right to review the functioning of the master policyholder, including the issuance of COI, claim process as per the directives of the Regulatory Authority provided in the Group Guideline issued vide Circular No. 015/IRDA/Life/Circular/GI Guidelines/2005 dated July 15, 2005

Each year at the end of the policy period, RLIC will provide the Member or the Master Policy Holder with a statement, showing a summary of all financial transactions and the returns earned i.e.:

- Opening balance of contributions/premiums at the beginning of the policy period;
- premiums received
- Benefits paid by crediting rate of return on investment in the Accumulation Account value
- Applicable deductions from the premium
- Closing balance at the end of the Policy period expressed in terms of the value in the member's accumulation account.

8.16.Payment of benefits

- a) Unless otherwise directed in writing by the member, all benefits will be calculated in accordance with the rules and/or guidelines mentioned in the document. However, the liability of RLIC at any time will be limited to the Maximum of, Policy Account Value or Basic Sum Assured or 105% of all the

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premiums paid till the time of death, excluding any extra premiums (if any), if applicable provided under the Policy.

b) Information required for payment of the benefits

The following information is to be provided for each benefit payment:

- Notice that a benefit is payable as per the Terms & Conditions laid down in this policy document.
- This notice must be signed by the Principal Officer of the Master Policy Holder.
- This notice shall be a valid discharge of RLIC's liability.

Authority to pay benefits either to:

- To the Member;
- The Member's beneficiary, where a Death benefit is payable;
- To the Master Policyholder
- Any additional requirements as RLIC may find necessary to call for.

Normally, the following documents are required for processing a claim under this policy:

- Copy of the proposal form.
- Certificate of Insurance of the insured member
- Proof of age of the Member if his or her age is not already admitted in RLIC's records,
- Claim discharge form signed by the party to whom the benefits are payable,
- Proof of title
- In case of death claim, proof of death and medical treatment reports, and other documents, if found necessary to the satisfaction of RLIC

c) Payment of benefits

Benefits shall be payable to the member or the beneficiary. In non-employer-employee cases, the individual group member would be treated as the insured beneficiary and the Master Policyholder will be only the holder of the group policy. The insurer may take the services of the Master Policyholder in facilitating the registering and settlement of a claim, however, the insurer is totally responsible to ensure that the claim payment is made in the name of the insured member or his/her nominee even if the cheque is sent to the Master Policyholder for administrative convenience or through any other electronic mode of payment to the specific bank account of the insured. This payment shall be made only when the service is rendered.

Master Policyholder shall be responsible for collecting KYC details of the nominee and beneficiary. Further Master Policyholder shall also be responsible to provide RLIC with a copy of the proposal form signed by the member insured.

The policy is underwritten on the express understanding that Name, Address, occupation, declaration of good health, witness details, age and other particulars of the Member as contained in the proposal form are accurate. The master policyholder shall be liable to indemnify Reliance Life Insurance Company Limited (RLIC) of any Losses, whether financial or reputational that RLIC may suffer on account of placing reliance on the above information supplied.

d) Benefit statement

A benefit statement will accompany all benefit payments. Each benefit statement will include the accrued benefits up to the date of payment. These statements are produced for distribution to the Member, to whom a benefit is being paid.

8.17. Taxes, duties and levies and disclosure of information

- a) This Policy, and the Benefits and the surrender value payable under this Policy shall be subject to the Regulations, including taxation laws in effect from time to time. All taxes, duties, levies or imposts including without limitation any sale, use, value added, service or other taxes, as may be imposed now or in future by any authority (collectively “Taxes”) on the Premiums and other sums payable to RLIC or RLIC’s obligations under the Policy or the Benefits payable under the Policy or in any way relating to this Policy, shall be borne and paid by the Policyholder or the Person to whom Benefits payable, as the case may be. The Premium and other sums payable under or in relation to the Policy do not include the Taxes. If, however, the applicable law imposes such Taxes on RLIC, then RLIC shall have the right to recover the same from the Policyholder or the Person to whom Benefits payable.
- b) The persons receiving the Benefits shall be solely liable for complying with all the applicable provisions of the Regulations, including taxation laws, and payment of all applicable Taxes. Except as otherwise required by law, RLIC shall not be responsible for any Tax liability arising in relation to this Policy or the Benefits payable in terms of this Policy. In any case where RLIC is obliged to account to the revenue authorities for any Taxes applicable to this Policy or the Benefits payable under this Policy, RLIC shall be entitled to deduct such Taxes from any sum payable under this Policy, and deposit the amount so deducted with the appropriate governmental or regulatory authorities.
- c) In any case where RLIC is obliged to disclose to the revenue or other regulatory authorities any information concerning the Policy, including information concerning the Premium and the Benefits under this Policy, RLIC shall be entitled to disclose the required information to the appropriate governmental or regulatory authorities.
- d) It shall be the responsibility of the Policyholder to satisfy himself and ensure that the payment of the Additional Premium does not adversely affect his entitlement or claim for tax benefits, if any, available or admissible under this Policy.

8.18. Nomination of beneficiary (Section 39 of Insurance Act, 1938)

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

8.19. Assignment (Section 38 of Insurance Act, 1938)

Assignment will not be allowed under this plan.

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

The Master Policy Holder will provide notice to RLIC of new Members joining the Reliance Group Jan Samriddhi Suraksha Plan policy and of Members ceasing to be a member of the group for any reason.

8.21. Authority to pay benefits

In Non employer employee groups the payment of benefits under this policy shall be made either to the member or their beneficiaries.

The insurer shall make the payment towards claim in the name of the insured member or his/her nominee/legal heir through cheque or any other electronic mode of payment to the specific bank account of the insured/nominee. In case the appropriate details for the payment of benefit are not available and/or provided by the insured, then in that scenario, RLIC may send a cheque to the Master Policyholder in favour of the insured. The insurer may take the services of the Master Policyholder in facilitating the registration and settlement of a claim and make agreed payments towards for the services rendered by the Policyholder.

8.22. Loans

No loans are available under this Policy.

8.23. Endorsements

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

We must be notified of any changes by the Principal Officer. RLIC will not be liable for any error in calculating or paying benefits, where such changes have not been provided by the Master Policy Holder and endorsed by RLIC under this Policy.

8.24. Electronic Transaction

The Master Policyholder shall adhere to and comply with all such terms and conditions as prescribed by RLIC from time to time and hereby agree and confirm that all transactions effected by or through facilities for effecting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of RLIC, for and in respect of the Policy or its terms, or RLIC's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with RLIC's terms and conditions for such facilities, as may be prescribed from time to time.

8.25. Non-participation in surplus or profits

This Policy does not confer any rights on the Master policyholder to participate in surplus or profits of RLIC.

8.26. Notice under this Policy

Any of the notices required to be issued in terms of this Policy may be issued, either by issuing individual notices to the Master policyholder, including by electronic mail and/or facsimile, or by issuing a general notice, including by publishing such notices in newspapers and/or on RLIC's website.

8.26.1. In the event the notice is sent by RLIC

As per the details specified by the Master Policyholder in the Proposal Form/Change of Address intimation submitted by him, notices and instructions are sent through various modes such as electronic mail and/or facsimile, or by issuing a general notice, including by publishing such notices in newspapers and/or on RLIC's website.

8.26.2. In the event the notice is sent by the Master Policyholder

Address: Reliance Life Customer Service
Reliance Life Insurance Company Limited
H Block, 1st Floor, Dhirubhai Ambani Knowledge City
Navi Mumbai,
Maharashtra 400710
India

Customer **care number**: 30338181 (Local call charges apply) & 1800 300 08181 (Toll free)

Email: rlife.customerservice@relianceada.com

8.27. Payment of taxes, stamp duties

The Company reserves the right to deduct all applicable taxes, duties and surcharges on premiums and benefits, as per the applicable rate imposed by the Government authorities from time to time.

8.28. 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.

8.29. Special Provisions

Any special provisions subject to which this Policy has been entered into whether endorsed in the Policy or in any separate instrument shall be deemed to be part of the Policy and shall have effect accordingly.

This product is approved by the Insurance Regulatory and Development Authority (IRDA). The terms and conditions of this Policy is in accordance with the Insurance Act, 1938, Insurance Rules, 1939, IRDA Regulations and other such relevant laws, rules, regulations, and guidelines, directives, circulars, clarifications including that of the Life Insurance Council of the Insurance Association of India constituted under the provisions of Sec 64-C of the Insurance Act, 1938, ,Governing Body of

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Insurance Council constituted under the Redressal of Public Grievances Rules, 1998, other such regulatory, statutory, administrative, judicial authority(s) and local customs, the terms of which shall be subject to change by virtue of any change/amendment(s) in such laws, rules, regulations, and guidelines, IRDA, Life Insurance Council of the Insurance Association of India, Governing Body of Insurance Council, other such regulatory, statutory, administrative, judicial authority(s) at all time. Consequently, RLIC reserves the right to review, revise, alter, amend or delete any of the terms and conditions of this Policy, including without limitation the Benefits, the fees other than those fees which are specifically stated to remain unchanged in this Policy, the method, manner and timing of levy or recovery of the fees or valuation of the investments and / or assets of the Policy Account and / or determination of the Rate of Investment, with the approval of the Regulatory Authority, by notifying, in such manner as deemed fit, from time to time.

8.30. Change of Address

The Master Policy Holder has to inform Reliance Life Insurance Company Limited of any change in their address in writing.

8.31. Dispute reconciliation

If RLIC is unable to resolve any grievances, the master policyholder may have under this Policy, the master policyholder's may refer these to the Insurance Ombudsman.

8.32. Grievance Redressal:

Step 1: In the event the Policyholder/Complainant has any grievance under this policy, a reference shall be made at the following touch points of RLIC-

Step 1.1 24 hours contact centre: 30338181 (Local call charges apply) & 1800 300 08181 (Toll free)
Email: rlife.customerservice@relianceada.com

OR

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

OR

Step 1.3 Write to

Reliance Life Customer Service
Reliance Life Insurance Company Limited
H Bolck, 1st Floor, Dhirubhai Ambani Knowledge City
Navi Mumbai,
Maharashtra 400710
India

Step 2: If your complaint is unresolved for more than 10 days –

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

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Step 3: If you are unhappy with the solution offered,

Write to Amitabh Aich- Head of Customer Care at rlife.headcustomercare@relianceada.com or at the address mentioned above

Step 4: If you are still not happy with the solution offered,

Write to our Grievance Officer, Sameer Karekatte – Head - Legal & Compliance at rlife.gro@relianceada.com or at the address mentioned above

If the issues remain unresolved; a further reference may be made to the Insurance Ombudsman in terms of Rule 12 & 13 of the Redressal of Public Grievance Rules, 1998

Power of Ombudsman

Rule 12

1. The insurance Ombudsman may receive and consider –
 - i complaints under rule 13
 - ii any partial or total repudiation of claims by the insurance companies
 - iii any dispute in regard to premium paid or payable in terms of the policy
 - iv any dispute on the legal construction of the policies insofar as such disputes relates to claims
 - v delay in settlement of claims and
 - vi non-issue of any insurance document to customers after receipt of premium
2. The Ombudsman shall act as counselor and mediator in matters which are within his terms of reference and; if requested to do so in writing by mutual agreement by the insured person and insurance company.
3. The Ombudsman's decision whether the complaint is fit and proper for being considered by it or not, shall be final manner in which complaint is to be made.

Rule 13

1. Any person who has a grievance against an insurer, may himself or through his legal heirs make a complaint in writing to the insurance Ombudsman within whose jurisdiction the branch or office of the insurer complained against is located.
2. The complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint supported by documents, if any, relied on by the complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.
3. No complaint to the ombudsman shall lie unless –
 - i The complainant had before making a complaint to the Ombudsman made a written representation to the insurer named in the complaint and either insurer had rejected the complaint or the complainant

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have not received any reply within a period of one month after the concerned insurer has received his representation or the complainant is not satisfied with the reply given to him by the insurer.

- ii The complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant; and
- iii The complaint is not on the same subject matter, for which any proceedings before any court or consumer forum, or arbitrator is pending or were so earlier.

The detailed list of Ombudsman is provided below.

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

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.

Section 41 (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Section 45 of the Insurance Act:

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

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.

About Reliance Life Insurance

Reliance Life Insurance is a licensed life insurance company registered with Insurance Regulatory & Development Authority (IRDA) Registration No. 121. Reliance Life Insurance Company Limited offers you products that 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.

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

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

Reliance Life Insurance Company Limited Registration No: 121.

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

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

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

UIN of Reliance Jan Samriddhi Suraksha Plan: **121N094V01**

Insurance is the subject matter of the solicitation.

List of Insurance Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
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AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman, 2 nd Floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD – 380 014 Tel.079- 27456150; Fax:079-27546142 E-mail: insombahd@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor Malviya Nagar, BHOPAL Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park BHUBANESHWAR – 751 009 Tel.0674-2535220 Fax - 0674-2531607 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2 nd floor, Batra Building Sector 17-D , CHANDIGARH – 160 017 Tel.: 0172-2706196 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI – 600 018 Tel. 044-24333678 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road NEW DELHI – 110 002 Tel. 011-23239611 Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajashtan
GUWAHATI	Insurance Ombudsman Office of the Insurance	Assam , Meghalaya,

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	Ombudsman Jeevan Nivesh, 5 th floor Nr. Panbazar Overbridge , S.S. Road GUWAHATI – 781 001 Tel. : 0361-2131307 Fax:0361-2732937 E-mail: omb_ghy@sify.com	Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool HYDERABAD – 500 004 Tel. 040-23325325 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2 ND Floor, CC 27/2603, Pulinat Building , Opp. Cochin Shipyard, M.G. Road , ERNAKULAM – 682 015 Tel: 0484-2358734 Fax:0484-2359336 E-mail: iokochi@asianetglobal.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road , 3 rd floor, KOLKATA – 700 001 Tel.:033-22134869 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6 th floor, Nawal Kishore Rd. Hazratganj, LUCKNOW – 226 001 Tel.:0522-2201188 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), MUMBAI – 400 054 PBX: 022-26106928 Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra , Goa