

## CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No	Title	Description	Policy clause number								
1	Name of Insurance Product / Policy	Reliance Nippon Life Critical Illness Rider UIN: 121B018V02	Part A of Base Policy Clause 1.2								
2	Policy number	Quotation number: Same as Base Policy For policy number, please refer to the Policy Schedule of the Base Policy.	Part A of Base Policy Clause 1.2								
3	Type of Insurance Product / Policy	Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)	Not Applicable								
4	Sum Assured	<<Rider Sum Assured>>	Part A of Base Policy Clause 1.2								
5	Policy Coverage	<p>The Reliance Nippon Life Critical Illness Rider provides a lumpsum benefit, which is payable, if the Life Assured survives for a period of 30 days following Diagnosis of any one of the covered 25 critical illnesses with fulfilment of covered critical illness definition, subject to the Rider Benefit being In-force i.e. all due premiums under the rider benefit have been paid. A Waiting Period of 90 days from the date of commencement of rider risk and from the date of revival for every subsequent revival during the Rider Policy Term, will be applicable. No Benefits shall be payable on Diagnosis of the covered critical illnesses during this Waiting Period.</p> <p>If the Diagnosis is made within the Rider Policy Term and the Survival Period crosses the end point of Rider Policy Term, a valid claim arising as a result of such a Diagnosis shall not be denied</p> <p>The benefit under this rider will cease after a claim under this rider is paid or at the end of the Rider Term, whichever is earlier.</p> <p>The list of critical illnesses covered under the rider are as below:-</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">1</td> <td>Cancer of specified severity</td> <td style="text-align: center;">14</td> <td>Benign Brain Tumour</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Open chest CABG</td> <td style="text-align: center;">15</td> <td>Motor Neuron disease with permanent symptoms</td> </tr> </tbody> </table>	1	Cancer of specified severity	14	Benign Brain Tumour	2	Open chest CABG	15	Motor Neuron disease with permanent symptoms	PART C (Clause 3.1.1)
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6	Exclusions	<p>We shall not be liable to make any payment under this Policy towards a covered Critical Illness resulting from or in respect of any of the following:</p> <ol style="list-style-type: none"> <li>1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;</li> <li>2. Pre-existing Disease means any condition, ailment, injury or disease: <ol style="list-style-type: none"> <li>a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Company; or its reinstatement; or</li> <li>b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy issued by the Company or its reinstatement.</li> </ol> </li> <li>3. Any Critical Illness caused due to treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li> <li>4. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis,</li> </ol>	<p>PART F (Clause 6.6)</p> <p>A comprehensive list of definitions of each of the covered critical illness and the relevant exclusions are covered in Appendix A</p>																																										

		<p>Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.</p> <ol style="list-style-type: none"> <li>5. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,</li> <li>6. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide</li> <li>7. Any Critical Illness, caused by foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.</li> <li>8. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</li> <li>9. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel.</li> <li>10. Congenital External Anomalies or any complications or conditions therefrom including any developmental conditions of the Insured.</li> <li>11. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.</li> <li>12. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.</li> <li>13. Any Critical Illness, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</li> <li>14. Any Critical Illness, caused by any unproven treatment, service and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</li> <li>15. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.</li> </ol>	
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7	Waiting period	A Waiting Period of 90 days from the date of commencement of rider risk and from the date of revival for every subsequent revival during the Rider Policy Term, will be applicable. No Benefits shall be payable on Diagnosis of the covered critical illnesses during this Waiting Period.	PART C (Clause 3.1.1)

8	Financial Limits of Coverage	As per the Sum Assured mentioned in Row 4	Not Applicable
9	Claims/Claims Procedure	<ul style="list-style-type: none"> <li>• Turn Around Time (TAT) for claims settlement – 15 days from the date of receipt of request in case of claims not requiring investigation and 45 days from the date of receipt of request in case of claims requiring investigation.</li>   <li>• Claim Procedure - To intimate a claim please submit the required documents at your nearest RNLIC Branch office OR You can send the documents via courier to: The Claims Department Reliance Nippon Life Insurance Company Limited The Claims Department Office no. 701 &amp; 702, 7th floor Silver Metropolis, Off Western Express Highway Goregaon East, Mumbai – 400063 OR You can email us the scanned copies of duly filled claims forms and other mandatory documents at <a href="mailto:rnlic.claims@relianceada.com">rnlic.claims@relianceada.com</a></li>   <li>Helpline no: For any assistance on claim, call us on our Toll-Free helpline number 1800 102 3330 (Monday to Saturday, from 8:00 AM to 8:00 PM, excluding public holidays)</li>   <li>• Link for downloading claim form and list of documents required: Click on <a href="https://www.reliancenipponlife.com/claims">https://www.reliancenipponlife.com/claims</a> to know the documents required and to download claim forms</li> </ul>	PART F (Clause 6.2)
10	Policy Servicing	<ul style="list-style-type: none"> <li>• Turn Around Time (TAT)– 7 days from request received date</li> <li>• Contact Details: Call Us between 8am to 8pm, Monday to Saturday (except business holiday), on Our Toll-Free Call Centre Number 1800 102 1010 or  Email Us at: <a href="mailto:rnlife.customerservice@relianceada.com">rnlife.customerservice@relianceada.com</a> or  Chat with us on WhatsApp number (+91) 7208852700</li>   <li>• Link for downloading forms: Click on <a href="https://www.reliancenipponlife.com/downloads">https://www.reliancenipponlife.com/downloads</a> &gt; Select Policy Servicing Request forms</li> </ul>	Part G of the base product policy document

11	Grievances/ Complaints	<p>If You are dissatisfied with any of our services, please feel free to contact Us through any of the mode mentioned above under Policy Servicing.</p> <p>If your complaint is unresolved, you can escalate in the following manner:  Step 1: contact Our Service Branch Manager, who is also the Local Grievance Redressal Officer at Your nearest branch.  Step 2: Write to Head of Customer Care at <a href="mailto:rnlife.headcustomercare@relianceada.com">rnlife.headcustomercare@relianceada.com</a>  Step 3: Write to Our Grievance Redressal Officer at <a href="mailto:rnlife.gro@relianceada.com">rnlife.gro@relianceada.com</a></p> <p>Where the complaint is unresolved or the redressal is unsatisfactory, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:  IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255  Bima Bharosa TOLL FREE NO: 1800 4254 732  Email ID: <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a>  You can also register Your complaint online at <a href="https://bimabharosa.irdai.gov.in">https://bimabharosa.irdai.gov.in</a></p> <p>While we expect to satisfactorily resolve your grievances, you may also at any time approach the Insurance Ombudsman. For contact details, contact number and email of the relevant Ombudsman office, kindly refer the policy document or the website <a href="https://www.ciains.co.in/ombudsman">https://www.ciains.co.in/ombudsman</a> or our website <a href="https://www.reliancenipponlife.com/">https://www.reliancenipponlife.com/</a></p>	PART G of the base product policy document
12	Things to remember	<ul style="list-style-type: none"> <li>• <b>Free Look Cancellation</b>  You are provided with free look period of 30 days beginning from the date of receipt of Policy Document, whether received electronically or otherwise, to review the terms and conditions stipulated in the Policy Document. In the event You disagree to any of the Policy terms or conditions, or otherwise and have not made any claim, You shall have the option to return the Policy to the Company for cancellation, stating the reasons for the same. You are requested to take appropriate acknowledgement of Your request letter and return of Policy. Irrespective of the reasons mentioned, the Company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the Company on Your medical examination, if any, and stamp duty charges. Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free look Period will be from the date of the email informing Policy credit in IR. Any request received by the Company for Free look cancellation of the Policy shall</li> </ul>	PART D (Clause 4.1)

		<p>be processed and premium refunded within 7 days of receipt of the request.</p> <ul style="list-style-type: none"> <li>• <b>Policy Renewal</b> Not Applicable</li> <li>• <b>Migration &amp; Portability</b> Not Applicable</li> <li>• <b>Change in Rider Sum Assured</b> Not Applicable</li> <li>• <b>Moratorium Period</b> Not Applicable</li> </ul>	
13	Your Obligations	<ul style="list-style-type: none"> <li>• Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</li> <li>• Additionally, please ensure you have disclosed any major health related issues, your occupation and income.</li> </ul>	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details. I am aware that on request I can avail the CIS in local language.

Place:

Date:

(Signature of the Policyholder)

Please Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Kindly visit [www.reliancenipponlife.com/downloads](http://www.reliancenipponlife.com/downloads) for accessing product related documents.