

A Non-Linked, Non-Participating, Individual, Pure Risk, Life Insurance Rider
(attachable to Unit Linked Products)

1. Part A

Forwarding Letter

As per Base Policy

1.1. Rider Policy Preamble

This Rider Policy Document is the evidence of the contract between Reliance Nippon Life Insurance Company Limited (hereinafter called “Company”) and the Policyholder referred to in the Base Policy document. The terms listed in Part B (Definitions) of the Rider Policy Document and which have been used elsewhere in Initial Capital letters shall have the meaning set out against them in Part B, wherever they appear in the Policy Document.

The Company agrees to pay the Benefits as stipulated in the Base Policy Schedule, to the Claimant 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 this Policy Document. The Benefits shall be paid as stipulated in the Rider Policy Document. The Claimant needs to submit applicable documents to the Company for claiming the Benefit.

It is hereby further agreed that this Rider Policy shall be subject to the terms, conditions and Exclusions in this Rider Policy Document and that the Base Policy Terms & Conditions, Base Policy Schedule and every endorsement, if any, placed on Base Policy by the Company shall be deemed to be a part of the Policy Document.

This Rider is not a stand-alone insurance policy and is available only with Base Insurance Policy . This Rider Policy Document should be read in conjunction with the Base Policy Document.

1.2. Policy Schedule – Reliance Nippon Life Accidental Total and Permanent Disability Plus Rider

As per Base Policy

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2. Part B

2.1. Definitions

“Accident” means sudden, unforeseen and involuntary event caused by external, visible and violent means.

“Annualized Premium” means the premium amount payable in a year, excluding taxes, underwriting extra premiums and loadings for modal premiums.

“Benefits” means the Disability Benefit, as per the Rider Terms and Conditions.

“Free Look Period” means a period of 30 days beginning from the date of receipt of this Rider Policy Document, whether received electronically or otherwise, to review the terms and condition of the Rider Policy. If the Policyholder disagrees to any of this Rider Policy terms and conditions, or otherwise has not made any claim, he/she shall have the option to return this Rider Policy to the Company for cancellation, stating the reasons for the same.

“Medical Practitioner” means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close member of the family.

“Rider” means the insurance cover(s) added to a base policy for additional premium.

“Rider Premium Payment Term” means the period or the term during which the Policyholder is required to pay the premium for this Rider to the Company.

“Rider Sum Assured” means the Sum Assured opted by the Policyholder for this Rider as specified in the Policy Schedule for the Base Policy.

“Rider Term/Rider Policy Term” means entire term opted for this rider as specified in the Policy Schedule for the Base Policy.

“Total Rider Premiums Paid” means total of all premiums paid under this Rider Policy, excluding any extra premium and taxes, if collected explicitly.

The Terms not defined here, shall have the same meaning, as defined in the Base Policy.

3. Part C

3.1. Key Benefits

3.1.1. Accidental Total and Permanent Disability Benefit

In the event of an Accidental Total and Permanent Disability of the Life Assured within the Rider Policy Term, the Rider Sum Assured will be payable to the Claimant in lump sum, provided the Rider is in-force as on the date of Accident and disability occurs within 180 days from the date of Accident.

Accidental Total and Permanent Disability means disability as a result of bodily injury caused by an accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Life Assured's disability which must be total and permanent, and must result in at least one of the following:

The Life Assured suffers an injury/Accident due to which there is total and irrecoverable:

- i. Loss of Use of at least two limbs
- ii. Loss of Sight of both eyes
- iii. Loss of hearing and loss of speech
- iv. Loss of Use of four fingers and Thumb of both hands
- v. Loss of Use of one limb and sight of one eye
- vi. Loss of Use of one limb and hearing
- vii. Loss of Use of one limb and speech
- viii. Loss of sight of one eye and speech
- ix. Loss of sight of one eye and hearing
- x. Loss by severance of two or more limbs at or above wrists or ankles
- xi. Loss by severance of four Fingers and Thumb of both hands
- xii. Loss by severance of one limb and sight of one eye
- xiii. Loss by severance of one limb and hearing
- xiv. Loss by severance of one limb and speech

If the disability is due to severance, the loss of hand will mean amputation/dismemberment above wrist, the loss of arm will mean amputation/ dismemberment above elbow, the loss of feet will mean amputation/dismemberment above ankle and the loss of leg will mean amputation/dismemberment above knee. This will include medically necessary amputation necessitated by accidental injury. The separation has to be permanent without any chance of surgical correction. If the disability is not due to amputation/dismemberment, the loss will mean loss of usage of both limbs and the limbs should have motor power grade 0/5, 1/5 or 2/5 only. Loss of a limb resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. The loss of use of the particular limb must be certified by a relevant Medical Practitioner and documented for an uninterrupted period of at least six months.

The total Loss of Sight in one eye means total, permanent and irreversible loss of all vision in an eye as a result of accident, evidenced by:

- i. corrected visual acuity being 3/60 or less in one eye or;
- ii. the field of vision being less than 10 degrees in one eye

The diagnosis of Loss of Sight in one eye must be certified by an Ophthalmologist to be permanent in nature and must not be correctable by aids or surgical procedure.

Loss of Hearing – Total and irreversible loss of hearing in both ears as a result of accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

Loss of Speech – Total and irrecoverable loss of the ability to speak as a result of injury to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

The disabilities as stated above must have continuously lasted, without interruption for at least 180 days and must in the opinion of a Medical Practitioner, be deemed permanent. These disabilities as stated above must also be verified by a Medical Practitioner appointed by the Insurer.

The benefit is also payable if the Accidental Total & Permanent Disability occurs beyond the Rider Coverage Term but within 180 days from the date of Accident, provided the Accident occurs within the Rider Coverage Term and the Rider is either in-force or in the Grace Period at the time of Accident. In case of a valid claim, the rider premiums paid within 180 days after the date of accident will be paid back to the Claimant along with payment of Rider Benefit.

3.1.2. Maturity Benefit

There is no Maturity Benefit under this Rider.

3.2. Premium Details

3.2.1. Payment of Premium

- Rider premium is payable over and above the premium under the Base Policy and shall be paid along with the premium under the Base Policy.
- Premium payment frequency of the Rider shall be same as Premium payment frequency of the Base Policy.
- Taxes (along with cess), if any, at the rate as declared by the Government from time to time shall be collected along with the Rider premium.
- The premium rates under this Rider are guaranteed throughout the Rider Term.

3.2.2. Grace Period for payment of premiums

The Grace Period will be same as applicable for the Base Policy. In case of a valid claim arising during the Grace Period, the eligible Benefit amount will be paid to the claimant after deducting the due unpaid rider premium for that Policy Year.

3.2.3. Premium Discontinuance

Rider coverage shall lapse if due premiums are not received before expiry of grace period. No rider benefit shall be payable in lapsed status. If a Lapsed Rider is not revived within the Revival Period, the Rider Policy will terminate on expiry of the Revival Period and Exit Value, if applicable, will be paid to the Policyholder as mentioned in section 4.2. below.

Paid-up benefits:

Rider shall not acquire any Paid-up value.

4. Part D

4.1. Free look

You are provided with free look period of 30 days beginning from the date of receipt of this Rider Policy Document, whether received electronically or otherwise, to review the terms and conditions stipulated in this Rider Policy Document. In the event You disagree to any of the Rider Policy terms or conditions, or otherwise and have not made any claim, You shall have the option to return the Rider 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, if any and the expenses incurred by the Company on the medical examination, if any, and stamp duty charges. The Policy shall terminate on Free Look cancellation.

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.

A request received by the Company for cancellation of the Policy during Free Look period shall be processed and the proceeds shall be refunded within 7 days of receipt of such request, subject to the aforesaid deductions.

4.2. Exit Benefit

If the Base Policy, to which the Rider is attached, is discontinued the Rider coverage would cease and Exit Value for Rider benefit, if any, shall be payable along with the benefit payable under the Base Policy on such discontinuation or at the end of the Rider Policy Term or at the end of the Revival Period, whichever is earlier.

If the policyholder voluntarily opts to discontinue the rider coverage and terminate it prior to completion of Rider Policy Term, the Exit Value of the Rider, if any, shall be paid immediately and the rider coverage shall be terminated.

Exit Benefit shall be payable subject to the terms and conditions mentioned in the table below:

Premium Payment	Exit Benefit	Exit Value
Limited Pay	Exit Value shall be payable if at least 3 full year's rider premiums have been paid.	75% multiplied by Total Rider Premiums Paid multiplied by ((Rider Policy Term minus Rider Premium Payment Term) divided by Rider Policy Term) multiplied by (Outstanding Rider Policy Term divided by Rider Policy Term)
Regular Pay	No Benefit payable	No Benefit payable

4.3. Policy Revival

The Rider can be revived within the applicable revival period starting from the due date of first unpaid premium but before the end of Rider Policy Term provided that the Base Policy is in-force. Revival period would be the same as applicable to the Base Policy. If the Base Policy is revived, Rider benefits can be

revived provided Rider is not terminated, by paying all the due Rider premiums under the Riders with interest at prevailing rate of interest.

Prevailing interest shall be equal to 10-year benchmark G-sec effective annual yield as on last working day of previous financial year, rounded up to the nearest multiple of 25 basis points subject to minimum revival interest rate of 6.50% p.a. The revival interest rate will be declared at the start of the financial year and will be applicable for the financial year effective from 1st April. The Company reserves the right to revise the applicable interest rate less frequently than annual and change in basis of determination of revival interest rate. The revival interest rate for FY 25-26 is 6.75% p.a. compounded yearly. Please contact Us to know the prevailing rate of interest for revival of policies.

Revival will be subject to Company's Board approved Underwriting Policy. The revival of the Rider coverage shall take effect only if the Base Policy is In-force or it has been revived.

4.4. Expiry of Rider Coverage

The Rider cover will expire on the earliest of the following:

- On Discontinuance of Base Policy.
- On Lapsation of the Rider
- On total and permanent disability of the Life Assured
- On payment of the Exit Value
- On death of the Life Assured
- On completion of the Rider Policy Term
- On termination of the Base Policy on any reason
- On termination of the Rider or base policy by the insurer on grounds of misinterpretation, fraud or non-disclosure established in terms of section 45 of the Insurance Act, 1938, as amended from time to time.

5. Part E

Not applicable as this is not a Unit Linked Insurance Policy.

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6. Part F

6.1. General terms and conditions

Please refer Base Policy Document for common Terms and Conditions applicable on this Rider. Such general / common Terms and Conditions shall be deemed part of Rider Policy Document also and shall have effect accordingly. Terms and Conditions contained under Part F of the Base Policy Document shall apply to this Rider Policy Document.

6.2. Claims

The Company will pay the Rider Benefit to the Claimant when it is satisfied with the identity of the Claimant and all relevant provisions of the Policy have been met.

In the event of assignment under this Rider Policy (along with the Base Policy), the Assignee would be entitled to the Benefits under the Policy, subject to Section 38 of Insurance Act, 1938 as amended from time to time or any further amendments affected by the IRDAI or other appropriate governmental authorities from time to time

6.3. Requirements for Accidental Total and Permanent Disability claim

In the event of a claim for Rider Benefit arising under this Policy the Claimant shall endeavor to intimate the Company in writing of the claim and provide the following documents to the Company within 180 days from the claim event. However, the claim shall only be payable post 180 days from the date of the claim event subject to survival of the Life Assured and satisfactory fulfilment of Rider terms and conditions. The Company may ask for additional explanations and documents, justifying the delay from the Claimants intimating the claim beyond specified period.

List of primary documents required in the event of a claim for Accidental Total Accidental Disability Benefit

- a. Original Policy Document (in case of issuance of policy in physical form)
- b. Disability / Dismemberment certificate in original issued by the competent authority
- c. Copy of all Medical / Hospital records (Admission Notes, Discharge summary and Test Reports)
- d. Copies of the First Information Report thereof, duly attested by the concerned police officials and the Final Investigation Report if Disability arising out of Accident.
- e. Claim Forms duly filled in by the claimant, by the last treating doctor (if applicable) and by a third person (who is not a relative of the Claimant)
- f. KYC documents of the Claimant as per the Anti Money Laundering (AML) Policy of the Company
- g. Bank details of Life Assured (Personalized cancelled Cheque or Completed Bank Authorization Form, attested by the Bank, along with a self-attested copy of Passbook / Bank Statement with IFSC and Bank Account number mentioned thereon)

The Company reserves the right to call for any additional / other document which may be relevant, including documents/ information concerning the title of the person claiming Benefits under this Policy, as may be required by the Company. Payment of claims is subject to the validation of the documents submitted.

In the event of an act of God and other such extraneous circumstances where the relevant documents are not submitted by the Policyholder / Claimant due to reasons beyond the control of the Policyholder/ Claimant, the Company may process the claim provided there are valid reasons for the non-submission of the relevant documents and it is satisfied on the genuineness of the claim.

6.4. Nomination

Nomination is allowed as per Section 39 of the Insurance Act, 1938, as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in Appendix – B for reference]

6.5. Assignment

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Appendix – C for reference]

Assignment will not be permitted if the policy is issued under Married Women's Property Act, 1874.

6.6. Limitation of liability

The maximum liability of the Company under this Rider shall not, in any circumstances, exceed the aggregate amount of the relevant Benefits payable hereunder.

6.7. Exclusion

The accidental total and permanent disability benefit is not payable if total and permanent disability occurs after 180 days of the occurrence of the accident. The accidental total and permanent disability benefit is not payable if total and permanent disability occurs within 180 days of the occurrence of the accident and provided the disability does not persist continuously for 180 days from the date of the accident.

The Company will not pay any accidental total and permanent disability claim which results directly or indirectly from any one or more of the following:

1. Disability occurs as a result of any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:
 - a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement.
2. Disablement occurs as a result of Accident where the Accident had happened before or after the coverage period.
3. Disablement occurs as a result of Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction.
4. Certification of disability is provided by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Disablement arising out of or attributable to 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), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Disability occurs as a result of Congenital external diseases, defects or anomalies or in consequence thereof.

- 7 Disablement caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)
- 8 Disability occurs as a result of Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- 9 Disablement occurs as a result of treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- 10 Disablement occurs as a result of policyholder being under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner.
- 11 Disablement occurs as a result of participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- 12 Disablement occurs as a result of Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.
- 13 Disablement occurs as a result of working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
- 14 Disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

6.8. Fraud Misstatement of a Material Fact and Forfeiture

In the event of a fraud, the Policy shall be cancelled immediately and all the premiums paid till date shall be forfeited, subject to fraud being established as per Section 45 of the Insurance Act, 1938, as amended from time to time. In the event of a misstatement or suppression of a material fact, not amounting to fraud, by the insured, the Policy shall be declared “Null and Void” and premiums paid shall be refunded after deducting applicable charges, if any, subject to misstatement or suppression of fact being established, in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time. (Please refer to the simplified version of the provisions of Section 45 as mentioned in Appendix D for reference).

7. Part G

7.1. General terms and conditions

The terms & conditions under Part G of the Base Policy shall apply to this Rider.

About Reliance Nippon Life Insurance Company Limited

Reliance Nippon Life Insurance Company Limited, is a licensed life insurance Company registered with the Insurance Regulatory & Development Authority of India (IRDAI) Registration No. 121. Reliance Nippon 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.

CIN: U66010MH2001PLC167089

Registered and Corporate Office: Reliance Nippon Life Insurance Company Limited, Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai– 400051

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For more information or any grievance,

1. Call Us between 8am to 8pm, Monday to Saturday on our Toll Free Call Centre Number 1800 102 1010
2. Visit Us at www.reliancenipponlife.com or
3. Email Us at: rnlife.customerservice@relianceada.com
4. Chat with us on Whatsapp number (+91) 7208852700

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

Appendix A: Insurance Ombudsman

Refer Base Policy Document for the detailed list of the Insurance Ombudsman. For updated list, please refer <https://www.cioins.co.in/ombudsman>

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Appendix B: Section 39, Nomination by policyholder

Please refer to Base Policy Document

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Appendix C: Section 38, Assignment and Transfer of Insurance Policies

Please refer to Base Policy Document

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Appendix D: Section 45, Policy shall not be called in question on the ground of mis-statement after three years

Please refer to Base Policy Document

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