

## RELIANCE GROUP MEDICLAIM SUPER TOP UP INSURANCE -CUSTOMER INFORMATION SHEET

## CUSTOMER INFORMATION SHEET: PLAN A (DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE)

SI. No.	TITLE	DESCRIPTION	Refer to policy clause number
1	Product Name	RELIANCE GROUPMEDICLAIM SUPER TOPUP INSURANCE- Plan A	
<b>Built in Covers</b>			
2	<b>What am I covered for</b>	a. Medical Expenses: This cover indemnifies the Insured Person for medical expenses against illness/injury that requires Inpatient and Day Care Treatment up to the Sum insured. It also covers Pre and Post Hospitalization for 60 and 90 days respectively. This shall also cover Day Care Treatment.	3.1
		b. Domiciliary Hospitalization: Reasonable and Customary charges are payable for medical expenses incurred during Domiciliary Hospitalization as defined under this Policy, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days	3.2
		c. Maternity Cover: This Cover indemnifies the Insured Person up to Rs 1 lakh for the maternity expenses including pre-natal and post-natal hospitalization expenses incurred on Inpatient Treatment during the Policy Period. Benefit shall become available only after the expiry of 12 months from the date of inception of the first Policy with the Company.  The payment under this benefit is limited to maximum two deliveries or termination(s) or either, during the lifetime of the Insured Person.  This cover is available for Aggregate Deductible Rs 2lakhs and above.	3.3
		d. Organ Donor: This cover will indemnify the Policyholder/Insured Person up to the Sum Insured for the medical expenses incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on insured person during the Policy period	3.4
		e. AYUSH Treatment: This cover indemnifies the Insured Person for Medical Expenses which are incurred on treatment under Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy up to the Sum Insured. The AYUSH treatment should be carried out in an AYUSH Hospital or AYUSH Day Care Centre as defined under the Policy.	3.5
		f. Ambulance: This cover indemnifies the Insured Person up to an amount of Rs 3500 per Hospitalization for Expenses incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider.	3.6
		g. Modern Treatment Methods: Coverage up to 50%of S.I under this benefit for the medical expenses incurred during the Policy Period on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods	3.7
		<b>Optional Covers(Personal Accident)</b>	3.8
		h.Accidental Death: This Cover compensates the Insured Person/ Nominee/Legal Heir/Assignee,with the opted Personal Accident Sum Insured (Options- from Rs. 1 lakh up to Rs. 25 lakhs, in multiples of 1 lakh),	3.8.1

An ISO 9001:2015 Certified Company

Reliance General Insurance Company Limited. IRDAI Registration No. 103.

Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity No.U66603MH2000PLC128300. **Reliance Group Mediclaim Super Top Up Insurance UIN: RELHLGP21161V012021.** Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO//RGMC-STU-CIS/Ver. 1.0/060521.

		<p>i. Permanent Total Disability: This Cover compensates the Insured Person/Nominee/Legal Heir/Assignee, with the Personal Accident Sum Insured, for the Permanent Total Disability caused by an Accidental injury</p>	3.8.2
		<p>j. Permanent Partial Disability: This Cover compensates the Insured Person, upto the Personal Accident Sum Insured, for the Permanent Partial Disability caused by an Accident.</p>	3.8.3
		<p>k. Burns and Broken Bones: This Cover compensates the Insured Person, upto the opted limit, for the medical expenses incurred for Broken Bones and covers medical expenses upto the Personal Accident Sum Insured for Burns caused by an Accident</p>	3.8.4
3	<b>What are the major exclusion in the policy</b>	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete details of exclusions:</p> <ul style="list-style-type: none"> <li>a. Investigation &amp; Evaluation (Code:Excl04)</li> <li>b. Rest Cure, rehabilitation and respite care (Code:Excl05)</li> <li>c. Obesity/ Weight Control (Code:Excl06)</li> <li>d. Change-of-Gender treatments (Code:Excl07)</li> <li>e. Cosmetic or Plastic Surgery (Code: Excl08)</li> <li>f. Hazardous or Adventure sports(Code:Excl09)</li> <li>g. Breach of law (Code: Excl10)</li> <li>h. Excluded Providers (Code:Excl11)</li> <li>i. Drugs or treatments (Code: Excl12)</li> <li>j. Wellness and Rejuvenation (Code:Excl13)</li> <li>k. Dietary Supplements &amp; Substances (Code: Excl14)</li> <li>l. Refractive Error (Code: Excl15)</li> <li>m. Unproven Treatments-Code (Code: Excl16)</li> <li>n. Sterility and Infertility (Code: Excl7)</li> <li>o. Aggregate Deductible</li> <li>p. Dental Treatments</li> <li>q. External Congenital Anomaly</li> <li>r. Treatment other than Medically Necessary Treatment</li> <li>s. Non-medical expenses</li> <li>t. Nuclear and radiological emissions, acts of terrorism</li> <li>u. Outpatient treatment</li> <li>v. Overseas treatment</li> <li>w. Charges other than Reasonable &amp; Customary Charges</li> <li>x. Self-injury or suicide</li> <li>y. Treatment outside discipline</li> <li>z. War</li> <li>aa. Wilful Act/Negligence</li> </ul> <p>Exclusions applicable to Optional Cover(Personal Accident)</p> <ul style="list-style-type: none"> <li>a. Suicide or self inflicted Injury.</li> <li>b. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.</li> <li>c. Any change of profession after inception of the Policy or any Renewal which results in the enhancement of Company's risk, if not accepted and endorsed by the Company on the Policy Schedule.</li> </ul>	5

		<p>d. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.</p> <p>e. Participation in aviation/marine activities (including crew) other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports.</p> <p>f. Body or mental infirmity or any Illness except where such condition arises directly as a result of an Accident during the Policy Period.</p> <p>g. Nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.</p> <p>h. Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>i. Participation as a professional in hazardous or adventure sports, 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.</p> <p>j. No claim shall be payable under Section 3.8 against any Pre-Existing Disability/Accidental injury. Pre-Existing Disability/Accidental injury means any disability or injury present prior to the commencement of Policy Period, or resulting from an Accident which occurred prior to the commencement of Policy Period; whether or not the same has been treated, and any illness, complication or ailment arising out of or connected to such disability, injury or Accident.</p> <p>k. No claim shall be payable under Benefit 3.8.4 Burns and Broken Bones, arising directly or indirectly due to any of the following:</p> <ol style="list-style-type: none"> <li>1. any fracture due to osteoporosis or a malignant disease</li> <li>2. Any hair line fracture.</li> </ol>	
4	<b>Waiting Periods</b>	<p>a. 24/36 months waiting period for Pre-Existing Disease (Code: Excl01)</p> <p>b. 24 months waiting period for Specified disease/procedure waiting period code (Code:Excl02)</p> <p>c. 30 Days Waiting Period (Code:Excl03)</p> <p>d. 12 months waiting period for Maternity Cover</p>	4
5	<b>Payment Basis</b>	<p>Payment on Indemnity and Benefit Basis</p> <p>Payment for Built-In Covers are on Indemnity basis and Payment for Optional Cover(Personal Accident) is on Benefit Basis</p>	
6	<b>Renewal Condition</b>	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.	7(15)
7	<b>Cancellation</b>	<p>a. The Insured may cancel this Policy by giving written notice. If no claims have been made, the Company shall refund premium for the unexpired Policy Period as per the rates detailed in the policy terms and conditions.</p> <p>b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice.</p>	7(27)

8	<b>Claims</b>	<p>a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link <a href="https://www.reliancegeneral.co.in/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals">https://www.reliancegeneral.co.in/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals</a></p> <p>b. For Reimbursement of Claim : For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <table border="1" data-bbox="432 472 1114 712"> <thead> <tr> <th>SI No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td> <td>Within thirty days of date of discharge from hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post expenses post hospitalization treatment</td> <td>Within fifteen days from completion of hospitalization</td> </tr> </tbody> </table> <p>For details on claim procedure please refer the policy document</p>	SI No	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital	2	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of hospitalization	6
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9	<b>Policy Servicing</b>	<p>Any issues related with respect to policy, kindly E-mail us at <a href="mailto:rgicl.services@relianceada.com">rgicl.services@relianceada.com</a> and for correspondence contact us Reliance General Insurance, For correspondence contact us Reliance General Insurance, South Wing,4th floor, Off Western Express Highway, Santacruz (E), Mumbai - 400055</p>										
10	<b>Grievances/ Complaints</b>	<p>a. Details of Grievance redressal officer refer the link (<a href="https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx">https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx</a>)</p> <p>b. IRDAI Integrated Grievance Management System- <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a></p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided in the Policy document</p>	7(33)									
11	<b>Insured's Rights</b>	<p>a. Free Look period of 15 days from the date of receipt of the first policy shall be available.</p> <p>b. Lifelong renewability (except on certain specific grounds)</p> <p>c. Right to migrate from one product to another product of the company (E-mail us at <a href="mailto:rgicl.services@relianceada.com">rgicl.services@relianceada.com</a> and For correspondence contact us Reliance General Insurance, South Wing,4th floor, Off Western Express Highway, Santacruz(E),Mumbai-400055</p> <p>d. Right to port the from one company to another company (E-mail us at <a href="mailto:rgicl.services@relianceada.com">rgicl.services@relianceada.com</a> and For correspondence contact us Reliance General Insurance, South Wing,4th floor, Off Western Express Highway, Santacruz(E), Mumbai-400055</p> <p>e. Change in SI during the policy term or at the time of renewal E-mail us at <a href="mailto:rgicl.services@relianceada.com">rgicl.services@relianceada.com</a></p> <p>f. Norms on TAT for Pre-Auth and Settlement of reimbursement.</p> <table border="1" data-bbox="432 1518 1114 1715"> <thead> <tr> <th>Sr. No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Pre-Authorization</td> <td>Within four hours of receipt of necessary document.</td> </tr> <tr> <td>2</td> <td>Reimbursement of hospitalization, day care and expenses</td> <td>Within thirty days of date of receipt of last necessary document.</td> </tr> </tbody> </table>	Sr. No	Type of Claim	Prescribed Time limit	1	Pre-Authorization	Within four hours of receipt of necessary document.	2	Reimbursement of hospitalization, day care and expenses	Within thirty days of date of receipt of last necessary document.	7(32),7(15),7(18),7(19),(24)
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2	Reimbursement of hospitalization, day care and expenses	Within thirty days of date of receipt of last necessary document.										
12	<b>Insured's Obligations</b>	<p>Please disclose all material facts before buying a policy. Non-disclosure may result in claim not being paid and policy getting cancelled without refund of premium.</p>	7 (1)									
<p><b>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</b></p>												

## Individual and Floater Premium Illustration- Reliance- Group Super Top up Insurance (Plan A)

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
51 years	5,355	S.I: 10 lakhs over Deductible: 5 lakhs	5,355	0%	5,355	S.I: 10 lakhs over Deductible : 5 lakhs	9,560	0%	9,560	S.I: 10 lakhs over Deductible : 5 lakhs
44 years	2,515	S.I: 10 lakhs over Deductible: 5 lakhs	2,515		2,515	S.I: 10 lakhs over Deductible : 5 lakhs				
23 years	1,849	S.I: 10 lakhs over Deductible: 5 lakhs	1,849		1,849	S.I: 10 lakhs over Deductible : 5 lakhs				
18 years	1,467	S.I: 10 lakhs over Deductible: 5 lakhs	1,467		1,467	S.I: 10 lakhs over Deductible : 5 lakhs				
Total Premium for all members of the family is Rs. 11186 when each member is covered separately.			Total Premium for all members of the family is Rs. 11186 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 9560.			
Sum insured available for each individual is Rs. <b>10 lakhs over 5 lakhs(Deductible)</b>			Sum insured available for each family member is Rs <b>10 lakhs over 5 lakhs(Deductible)</b>				Sum insured of Rs. <b>10 lakhs over 5 lakhs(Deductible)</b> is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates without any loading. Also, the premium rates are exclusive of taxes applicable.										