

Welcome

Mr. SANJAY JAGGANATH DUSANE
 A7 SHITAL PARADISE 2ND FLOOR A WING,
 GOVIND NAGAR Nashik, Behind Satyam
 Sweet, NASHIK, NASHIK, MAHARASHTRA, 422
 009
 9422583661

From here on,
 you're our responsibility.

Welcome on board.
 Your Reliance Health Gain Policy
 number 920222328680300469 is now
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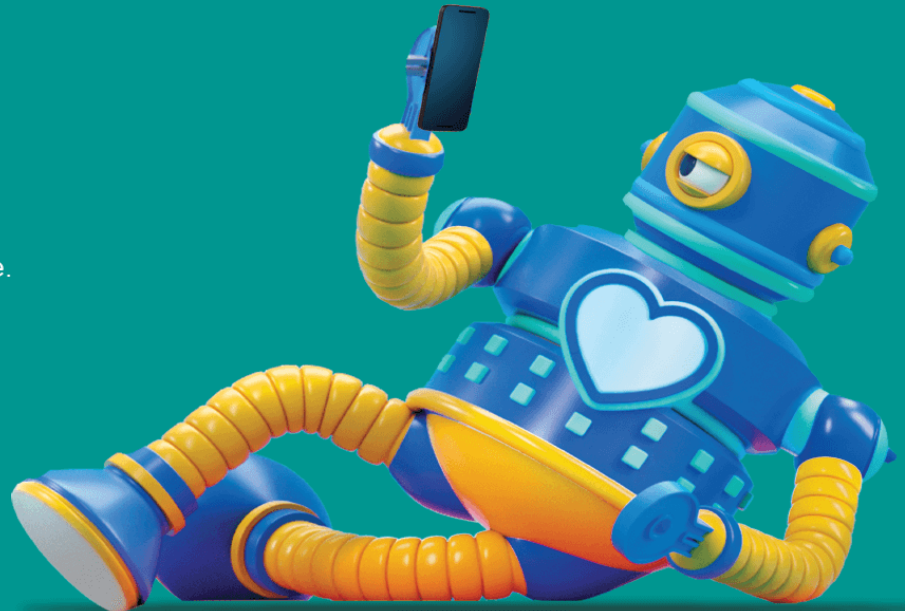


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RELIANCE HEALTH GAIN POLICY - POLICY SCHEDULE

POLICYHOLDER DETAILS

Policy Number	: 92022328680300469	Proposal No	: R23052353680
Policyholder Name	: Mr. SANJAY JAGGANATH DUSANE	Policy Issuance Date	: 23/05/2023
Tax Invoice No. & Date	: R23052353680 & 23/05/2023	GSTIN/UIN of Policyholder	:
Correspondence Address & Place of Supply	: A7 SHITAL PARADISE 2ND FLOOR A WING, GOVIND NAGAR Nashik, Behind Satyam Sweet, NASHIK, NASHIK, MAHARASHTRA, 422009	Policy Issuing Branch & Address	: Corporate Office(Servicing) 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063 MUMBAI MUMBAI MAHARASHTRA 400055
Contact No	: 9422583661	Email ID	: 04.sanjay@gmail.com
Date of Birth	: 04/08/1967	Business Type	: Renewal
Gender	: Male	Zone	: A

POLICY DETAILS

Cover Type	: Individual	Plan Opted	: Plus
Base Sum Insured	: 600000	Policy Tenure	: 1 year
Policy Period Start Date & Time:	: 14/06/2023 At 00:01 Hrs	Policy Period End Date & Time	: 13/06/2024 At 23:59 Hrs.
Previous Policy No. & end Date	: 92022228280212621 13/06/2023	Renewable Date	: 14/06/2024
Room Category*	: Single Private air-conditioned room		
Loyalty Cover	: Please refer renewal benefit section 5.3 loyalty cover for coverage details		
Premium Payment Frequency	: Lump Sum		

INTERMEDIARY DETAILS

JAINUINE INSURANCE BROKERS PVT			
	17BRG276	9850049400	
Intermediary Name	Intermediary Code	Intermediary Contact No	POSP ID
NA	NA		
VLE Name	VLE ID	VLE Contact No	

DETAILS OF INSURED PERSON	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of the Insured Person	Ms. CHAITALEE SANJAY DUSANE . .			
Gender	: Female			
Date of Birth	: 30/01/2001			
Relationship with Policyholder	: Daughter			
Insured with the Company, since	:			
UHID	: 2825070042874			
Any Pre-existing Disease	: No			
Pre-existing Disease – Name	: NA			
Pre-existing Disease – Since	: NA			
Permanent exclusions (if any) as agreed by the customer	:			
Special Remarks/Conditions	:			
Cumulative Bonus (`) Floater	: 0			
Cumulative Bonus Sub-Limit (`)	: 0			
Cumulative Bonus (`) Individual	: 400000			
Insured Person covered under : Health Insurance with any Company, Since (If, yes)	: NA			

PREMIUM DETAILS	AMOUNT	Discount Details
Zone	A	
Base Premium	5377	
Addon Premium (If any)	0.00	
Loading (if any)	0	
Discount (if any)	0	
Total Premium excluding Taxes and Levies	5377.00	
CGST (9.00%)	483.93	
SGST (9.00%)	483.93	
Total Premium including Taxes and Levies	6345.00	

GSTIN :27AABCR6747BIZG, HSN : 997133, Description of services : Accident and health insurance services
 Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/662/2023/(Validity Period Dt.27/03/2023 to Dt.01/12/2023)/1156 DT.27
 MAR 2023" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir

NOMINEE DETAILS

Name of Nominee	: SANJAY JAGGANATH DUSANE	Relationship with Policyholder	: Self
Date of Birth	: 04/08/1967	Address of Nominee	: A7 SHITAL PARADISE 2ND FLOOR A WING, GOVIND NAGAR Nashik,Behind Satyam Sweet,NASHIK,NASHIK,MAHARAS HTRA, 422009
Contact No. / Mobile No.	:	Email ID	:

APPOINTEE DETAILS

Name of Appointee	:	Relationship with Nominee	:
Date of Birth	:	Address of Appointee	:
Contact No. / Mobile No.	:	Email ID	:

NOTE

The maximum liability of the Company to pay the claims under this Policy is limited to Total Liability defined in the Policy Wordings. Please refer the policy wordings for detailed information and understanding of the coverages.

CONDITIONS

Waiting Period

1. 36 Months Pre-Existing Disease waiting period (Code: Excl01)
2. 24 months Specified disease/procedure waiting period (Code:Excl02)

EXCLUSIONS

Below are the Standard Exclusions

- | | |
|---|--|
| <ol style="list-style-type: none"> a. Investigation & Evaluation (Code:Excl04) b. Rest Cure, rehabilitation and respite care (Code:Excl05) c. Obesity/ Weight Control (Code:Excl06) h. Excluded Providers (Code:Excl11) i. Substance Abuse and Alcohol (Code: Excl12) j. Wellness and Rejuvenation (Code:Excl13) k. Dietary Supplements & Substances (Code:Excl14) | <ol style="list-style-type: none"> d. Change-of-Gender treatments (Code:Excl07) e. Cosmetic or Plastic Surgery (Code: Excl08) f. Hazardous or Adventure sports(Code:Excl09) g. Breach of law (Code: Excl10) l. Refractive Error (Code: Excl15) m. Unproven Treatments-Code (Code: Excl16) n. Sterility and Infertility (Code: Excl17) o. Maternity Expenses (Code - Excl 18) |
|---|--|

In addition to above below mentioned are Specific Exclusions applicable to this Policy

- | | |
|--|---|
| <ol style="list-style-type: none"> p. Treatment outside Discipline q. Hearing Aids and spectacles r. External durable medical equipment s. Sleep Apnea t. External Congenital Anomaly u. Artificial Life support equipments v. Non-payable items w. Outpatient Treatment | <ol style="list-style-type: none"> x. Overseas Treatment y. Self-injury z. Documentation charges aa Charges other than Reasonable & Customary Charges ab. RMO charges and Service charge ac. Nuclear Attack. ad. War |
|--|---|

Note: Please refer the Policy Wordings for complete description, exclusions, terms and conditions related to the Covers listed above

ENDORSEMENTS

Serial No:	Particulars
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CONTACT DETAILS FOR POLICY SERVICING

Name: Reliance General Insurance Company Limited
 Correspondence Address: Reliance General Insurance.
 Winway Building 2nd and 3rd Floor, 11/12 Block No - 4,
 Old No - 67, South Tukoganj, Indore (M.P) - 452001
 Email ID : rgicl.services@relianceada.com
 Contact No.: 022-4890 3009 (paid)
 Website: www.reliancegeneral.co.in
 Toll Free No.: 1800 3009

CONTACT DETAILS FOR CLAIM SERVICING

Name: Reliance General Insurance Company Limited
 Correspondence Address: Reliance General Insurance.
 No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block
 Krishe Sapphire, Madhapur, Hyderabad - 500081
 Email ID : rgicl.rcarehealth@relianceada.com
 Contact No.: 022-4890 3009 (paid)
 Website: www.reliancegeneral.co.in
 Toll Free No.: 1800 3009

PLEASE NOTE

- The Policy has been issued based on the information provided by the Proposer in the Proposal Form or medical test reports or through Interactive Voice Response(IVR)/online web service or through any other oral or written form of communication which is the basis of evaluating the Health status of the proposed Insured Persons as on Proposed date of Insurance. *Please note that in the event of this information provided by the Proposer being found incorrect, the policy would become void and all the benefits under the policy shall stand forfeited
- The Base Sum Insured has been enhanced under the Policy on the request of the Policyholder to exercise the Benefit-5.2 Call Option for Enhancement of Base Sum Insured
- Subject otherwise to the terms and conditions of Policy Wording click here
- In the event of any incorrect representation, the liability shall be upon the Policyholder
- In case of any discrepancy, the Policyholder is requested to let us know immediately. You can write to us at rgicl.services@relianceada.com or call us at 022-41112600 for necessary changes/rectification/documents required.

GRIEVANCE CLAUSE

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.

Details of the offices of the Insurance Ombudsman are

Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960
Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in | Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in

IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in.

Toll free number: 1800 4254 732

Timings: 8 AM to 8 PM -- (Monday to Saturday)

Ombudsman

In case you/insured person are not satisfied with our decision/resolution, you may approach the Insurance Ombudsman

PLEASE NOTE

- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.
- In the event of non-realization of premium, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not
- In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy

For Reliance General Insurance Co. Ltd.



Authorised Signatory

The coverage's under Reliance HealthGain Policy are listed below:

Sr. No.	Covers	Plus
Benefit-Hospitalization Cover:		
1.1	Hospitalization Expenses: <ul style="list-style-type: none"> • In Patient Treatment • Day Care Treatment • Accommodation Bonus 	This benefit indemnifies the Insured for the medical expenses on In-Patient Treatment or Day Care Treatment including the expenses incurred on AYUSH Treatment up to the Sum Insured Accommodation Bonus: Additional fixed daily amount of ` 1000 shall be payable only if Insured undergoes Hospitalization for In-Patient Treatment and occupies Twin sharing Room or below
1.2	Domestic Road Ambulance	This benefit indemnifies the Insured Person on availing Ambulance services offered by a Hospital or by an Ambulance service provider up to ` 1500 per hospitalization \n For Intercity Ambulance (beyond 100km): up to ` 20,000
1.3	Domiciliary Hospitalization	This benefit pays reasonable and customary charges for the medical expenses incurred during Domiciliary Hospitalization within the Sum Insured, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days
1.4	Modern Treatment	This benefit indemnifies for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods up to 50% of Base Sum Insured
1.5	Pre Hospitalization	Coverage for Pre-hospitalization upto 60 days, within the Sum Insured
1.6	Post Hospitalization	Cover for Post-hospitalization upto 60 days, within the Sum Insured
1.7	Organ Donor Expenses	This benefit indemnifies for the medical expenses incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on Insured Person during the Policy Year. Up to 50% of Base Sum Insured,subject to maximum of ` 5 lakhs
Benefit -Extra Cover		
2.1	Reinstatement of Base Sum Insured	On subsequent claim one reinstatement up to 100% of Base Sum Insured for unrelated illness/injury, sub-limit of 20% of Base Sum Insured for related illness/injury.
2.2	Extra Sum Insured	This benefit provides an additional 20% of Base Sum Insured on same claim, in single hospitalization after exhaustion of Base Sum Insured under the Policy
Benefit Personal Accident Cover		
3.1	Accidental Death Cover	Not Applicable
Benefit - Critical Illness Cover		
4.1	Waiver of Premium	Not Applicable

Sr. No.	Cover	Plus			
Benefit -Renewal Benefits					
5.1	Cumulative Bonus	On renewal the Base Sum Insured increases by 33.33% for every claim free Policy Year, subject to a maximum of 100% of Base Sum Insured and decreases by 33.33 % of Base Sum Insured for every claim year.			
5.2	Call Option for Enhancement of Base Sum Insured	After 4 continuous and consecutive claim free Policy years,if Policyholder avails this benefit then enhanced Sum Insured will be sum of expiring Policy's Base Sum Insured and accumulated Cumulative Bonus			
5.3	Loyalty Cover	At the end of each completed and continuous Policy Year, the Company shall provide Loyalty Cover to the Policyholder(who is also an Insured Person) under the Policy.			
Year-wise availability of Sum Insured for Loyalty Cover					
	Policy Year	Accidental Death and Permanent Total Disability	Critical Illness	Hospital Cash	Leave Compensation Benefit
	Maximum limit	50% of Base Sum Insured or 25 lakhs, whichever is lower	50% of Base Sum Insured or 25 lakhs, whichever is lower	30 days of payment	30 days of payment

Sr. No.	Cover	Plus
Benefit-Value Added Covers:		
6.1	Wellness Services	This is a Service benefit in which Insured Person can seek Medical advice through telephonic or online mode
6.2	Claim Service Guarantee	Cashless Claim - 1% of Delayed Claim Amount(for delay beyond 6 hours to 12 hours),additional 1% for every additional delay of 6 business hours Reimbursement Claim-1% of Delayed Claim Amount(for delay beyond 21 days to upto 42 days),additional 1% for every additional delay of 6 business hours Maximum limit - 6% of Delayed Claim Amount
6.3	Policy Service Guarantee	In the event of delay in the process of issuing a Policy beyond 10 Working days from date of receipt of all required and completed documents,the Company shall provide a onetime additional amount of ₹ 10,000 Applicable only for the first Policy Year.



Premium Certificate

Premium Certificate for the purpose of deduction under Section 80D of Income Tax Act, 1961.

This is to certify that Reliance General Insurance Company Limited has received an amount of 6345.00 from Mr. SANJAY JAGGANATH DUSANE towards payment of health insurance premium for policy 920222328680300469 for the period 14/06/2023 to 13/06/2024 issued on 23/05/2023.

The premium paid for this policy is eligible for applicable benefits under section 80D of the Income Tax Act, 1961 and amendments thereof.

Note :

- Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- Health insurance premium for multiple year policy is eligible for proportionate deduction in the years in which the health insurance continues to be effective. For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 and/or consult your tax consultant.
- The Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy.

For Reliance General Insurance Co. Ltd.

Authorised Signatory

Know what's in here for you.

Remember to carefully go through the policy documents and confirm your details.
 In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 1800 3009 (toll free) or visit any of our branches or mail us at rgicl.services@relianceada.com
 Kindly refer to the Customer Information Sheet and Policy Wording to understand your policy better and learn more about the policy coverages & Policy Exclusion.



Reimburse your registered claim.



Intimate the claim details on our toll free no 1800-3009



Submit all the original documents and bills to RCare



RCare adjudicates the case as approval/ denial or seeks additional details



If Claim is approved, payment will be made to you by NEFT

Got the documents to register a claim?

For All Claims

- ✔ Complete filled claim form (all pages) duly filled & signed by the Insured/Claimant
- ✔ Copy of Photo ID proof of the Insured / Nominee (PAN / Driving Licence / Passport Copy / Ration Card)
- ✔ Original CTS 2010 complaint cancelled cheque with printed name / account no. of the Insured / Claimant

In case of Permanent Total Disability

- ✔ Disability certificate issued by the Govt. Medical Officer mentioning the disability percentage
- ✔ Complete treatment record like discharge summary, consultation papers with supporting investigation reports like X-ray / MRI etc
- ✔ Colored and clear photographs of disable person showing the disability
- ✔ Income proof like pay slips / salary slips prior to the date of loss

In Case of Personal Accident Death

- ✔ Attested copy of First Information Report (In case of Death & Permanent Total Disability)
- ✔ Attested copy of Post Mortem Report (In case of Death)
- ✔ Attested copy of Death Certificate (In case of Death)

In case of Temporary Total Disability

- ✔ Medical certificate confirming the disability period and the probable date to resume duty / service
- ✔ Complete treatment record like discharge summary, consultation papers with supporting investigation report like x-ray / MRI etc.
- ✔ Copy of medical - legal certificate (if made)
- ✔ Leave certificate from the employer
- ✔ Income proof like pay slips / salary slips prior to the date of loss

*Any other document as required by the Company to assess the claim

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RELIANCE HEALTH GAIN POLICY - CUSTOMER INFORMATION SHEET

(Description is illustrative and not Exhaustive)

SI NO	TITLE	DESCRIPTION	Refer to Policy Clause Number
1	Product Name	Reliance Health Gain Policy	
2	What am I covered for	Hospitalization Covers	3.1
		a. Hospitalization Expenses - This benefit indemnifies the Insured Person for any medical expenses incurred on In-Patient Treatment or Day Care Treatment including the expenses incurred on AYUSH Treatment.	3.1.1
		b. This benefit pays fixed daily amount of Rs 1000, if the Insured Person undergoes Hospitalization for In-Patient Treatment and occupies the following Room Categories Plan Plus & Power : Twin sharing Room or below Plan Prime: Single Private Air Conditioned Room or below	
		b. Domestic Road Ambulance - This benefit indemnifies the Policyholder/ Insured Person up to an amount of Rs. 1,500 , Rs. 3,000 or actual (as per Plan opted), per Hospitalization on availing Ambulance services offered by a Hospital or by an Ambulance service provider. The benefit is extended to provide Rs 20000 or actual (as per plan opted) intercity transportation cost beyond 100 km.	3.1.2
		c. Domiciliary Hospitalization - This cover pays reasonable and customary charges for the 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.	3.1.3
		d. Modern Treatment - Coverage up to 50% or 100% of Base S.I (as per Plan opted) under this benefit for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods	3.1.4
		e. Pre and Post - Hospitalization - This cover indemnifies the Insured Person for Pre-Hospitalization Expenses for a period of 60 days and Post Hospitalization Expenses for a period of 60 or 90 days (as per Plan opted)	3.1.5 3.1.6
		f. Organ Donor Expenses - This cover indemnifies the Policyholder/Insured Person up to 50% of Base Sum Insured subject to maximum of Rs. 5 Lakhs or 10 Lakhs (as per plan opted), incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on Insured Person during the Policy Year	3.1.7
		Extra Cover	3.2
		g. Reinstatement of Base Sum Insured - On subsequent claim, one reinstatement up to 100% of Base Sum Insured for unrelated illness/injury, sub-limit of 20% of Base Sum Insured for related illness/injury	3.2.1
		h. Extra Sum Insured - This benefit provides an additional 20% of Base Sum Insured on same claim, in single hospitalization after exhaustion of Base Sum Insured under the Policy	3.2.2
		Personal Accident	3.3
		i. Accidental Death Cover - This benefit provides Personal Accident Death cover of 5% of Base Sum Insured subject to minimum of Rs 1 lakh to the Insured Person, if during the Policy Year, Insured Person sustains an injury from an Accident which is the sole and direct cause of his/her death.	3.3.1
		This benefit shall be applicable for Plan-Power and Plan-Prime	



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IRDAI Registration No. 103 Reliance General Insurance Company Limited

An ISO 9001:2015 Certified Company

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. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance Health Gain Policy. UIN. RELHLIP22229V032122. RGI/MCOM/CO/RHGP-PS/Ver. 1.0/240322

	Critical illness	3.4
	j. Waiver of Premium- This benefit waives off the renewal Policy premium for one year, in case of first Diagnosis of any of the listed(mentioned in Policy wordings)Critical Illness. For long term policies, the Company shall waive off one-year proportionate renewal Policy Premium. This benefit is provided once in the lifetime of the Policyholder This benefit shall be applicable for Plan-Power and Plan-Prime	3.4.1
	Renewal Benefits	3.5
	k. Cumulative Bonus- This renewal benefit increases the Base Sum Insured by 33.33% for every claim free Policy Year, subject to a maximum of 100% of Base Sum Insured and decreases by 33.33 % of Base Sum Insured for every claim year.	3.5.1
	l. Call Option for Enhancement of Base Sum Insured - After 4 continuous and consecutive claim free Policy Years, if Policyholder avails this benefit then enhanced Sum Insured will be sum of expiring Policy's Base Sum Insured and accumulated Cumulative Bonus	3.5.2
	m. Loyalty Cover: At the end of each completed and continuous Policy Year, the Company shall provide Loyalty Cover to the Policyholder (who is also an Insured Person) under the Policy.	3.5.3
	Policy Year-2: Accidental Death +Permanent Total Disability	3.5.3.1
	Policy Year 3: Accidental Death +Permanent Total Disability+ Critical Illness	3.5.3.2
	Policy Year 4: Accidental Death +Permanent Total Disability+ Critical Illness+ Hospital Cash	3.5.3.3
	Policy Year 5: Accidental Death +Permanent Total Disability+ Critical Illness+ Hospital Cash+ Leave Compensation Benefit.	3.5.3.4
	Value Added Services	3.5.3.5
	n. Wellness Services-This is a service benefit in which Insured can seek Medical advice through telephonic or online mode	3.6
	o. Claim Service Guarantee -The Company is liable to pay the Insured Person for the delay in processing of claim for Benefit-Hospitalization Expenses in the following manner:	3.6.1
	i. Cashless Claims - 1% for every delay of 6 hours beyond 6 hours of receipt of all information / documents	3.6.2 (i,ii)
	ii. Re-imbursment Claims - 1% for every delay of 21 days beyond 21 days of receipt of all information/documents	
	Maximum liability is limited to 6% Delayed Claim Amount	
	p. Policy Service Guarantee - In the event of delay in the process of issuing a Policy beyond 10 Working days from date of receipt of all required and completed documents, the Company shall provide a one time additional amount of Sum Insured of Rs. 10,000 or Rs. 20,000 (as per Plan opted)	3.6.3



	Optional Covers	3.7
	q. Enhanced Covers	
i.	Guaranteed Cumulative Bonus: This benefit is an extension to Benefit-Cumulative Bonus, this benefit waives off the condition to reduce Cumulative Bonus in case of a claim in immediate previous Policy Year	3.7.1.1
ii.	Unlimited Reinstatement of Base Sum Insured: On subsequent claims, Unlimited reinstatement of Base Sum Insured on unrelated illness or injury, sub-limit of 100% of Base Sum Insured for related illness/injury	3.7.1.2
iii.	Consumable Cover: This benefit pays the Reasonable and Customary expenses which are listed in Annexure - A List I as Optional Items	3.7.1.3
r.	Double Cover: This benefit provides an additional 100% of Base Sum Insured which can be utilized on the same claim, after exhaustion of Base Sum Insured This benefit supersedes Benefit-Extra Sum Insured	3.7.2
s.	Change in Room rent Limit: This benefit gives an option to Policyholder to change the allowable Room Category	3.7.3
t.	Reduction in Pre-Existing Waiting Period: This benefit reduces the Pre-Existing Waiting Period to 24 months or 12 months	3.7.4
u.	Voluntary Aggregate Deductible: The benefit gives an option to the Policyholder to avail discount in premium by choosing (10000,25000,50000,100000) as the Voluntary annual Aggregate Deductible	3.7.5
v.	Removal of Co-Payment: This benefit waives off the Co-Payment condition of 20% on the assessed claim amount, applicable on Policies where at the time of inception of the first Policy, the age of the Insured Person (or eldest Insured Person in case of Family Floater Policy) is 61 years and above	3.7.6
w.	Hospital Cash:	
i.	In Patient Cash: This benefit pays equal to selected Daily Cash Amount, max up to 30 days, provided the Company has accepted the claim under Benefit -In Patient Treatment.	3.7.7.1
ii.	ICU Cash: This benefit pays an additional 100% of selected Daily Cash Amount, max up to 15 days for ICU Hospitalization, provided the Company has accepted the claim under Benefit - In Patient Treatment Minimum Hospitalization of 72 hours is must under this benefit	3.7.7.2
x.	Convenience Cover	3.7.8
i.	Change in Pre -Post Hospitalization limit: The benefit, enhances the Pre Hospitalization limit to 90 days and Post Hospitalization limit to 180 days	3.7.8.1 3.7.8.2
ii.	Air Ambulance: This benefit indemnifies up to 7.5% of Base Sum Insured or Rs. 5 Lakhs whichever is higher, for the expenses incurred on availing Air Ambulance services	3.7.8.3
iii.	Radio Taxi: This benefit indemnifies up to Rs. 1000 per Hospitalization on availing registered Radio cab operator services	3.7.8.4
iv.	Convalescence Cover: This benefit pays a lumpsum amount of Rs. 10000 or Rs. 25000 (as per Plan opted), if the Insured Person is hospitalized for a minimum period of 7 continuous and consecutive days	3.7.9 3.7.9.1



	<ul style="list-style-type: none"> y. Preventive Care Cover <ul style="list-style-type: none"> i. Health Checkup: At the end of every Policy Year, this benefit indemnifies up to Rs 3000 towards the diagnostic or preventive medical tests (listed in Policy wordings) taken by the Insured Persons in the Policy 3.7.9.2 ii. Vaccination Cover: At the end of every Policy Year, this benefit indemnifies up to Rs. 2000 or Rs. 3500 (as per Plan opted) towards the expenses for the vaccine (listed in policy wordings) taken by the Insured Persons in the Policy 3.7.10 3.7.10.1 	
	<ul style="list-style-type: none"> z. Smart Cover <ul style="list-style-type: none"> i. Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured 3.7.10.2 3.7.10.3 ii. Vision Correction: This benefit indemnifies up to Rs. 50000 or Rs. 100000 (as per plan opted) for the medical expenses incurred for correction of eyesight due to refractive error on the written advice of the Medical Practitioner iii. Second Opinion: This benefit indemnifies up to Rs. 3000 or Rs. 5000 (as per plan opted) for availing second medical opinion from a Medical Practitioner within India 3.7.11 	
	<ul style="list-style-type: none"> aa. Family Care Cover <ul style="list-style-type: none"> i. Home Care Treatment: This benefit indemnifies the Insured for the medical expenses incurred towards Home Care Treatment for any of the treatments (listed in the Policy wordings) under the Policy 3.7.11.1 3.7.11.2 ii. Companion Cover: This benefit pays a fixed daily amount of Rs. 1000 towards expenses incurred by the Companion towards accommodation, transportation, food or any other miscellaneous expenses. Minimum 72 hours of Hospitalization is must iii. Child Care Cover: This benefit pays a fixed daily amount of Rs. 1000 towards child care expenses for any one dependent child covered under the Policy up to 12 years of age. Minimum 72 hours of Hospitalization is must 3.7.11.3 	
3	<p>What are the major exclusion in the policy</p> <p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ul style="list-style-type: none"> a. Investigation & Evaluation (Code:Excl04) b. Rest Cure, rehabilitation and respite care (Code:Excl05) c. Obesity/ Weight Control (Code:Excl06) d. Change-of-Gender treatments (Code:Excl07) e. Cosmetic or Plastic Surgery (Code: Excl08) f. Hazardous or Adventure sports(Code:Excl09) g. Breach of law (Code: Excl10) h. Excluded Providers (Code:Excl11) i. Substance Abuse and Alcohol (Code: Excl12) j. Wellness and Rejuvenation (Code:Excl13) k. Dietary Supplements & Substances (Code: Excl14) l. Refractive Error (Code: Excl15) m. Unproven Treatments-Code (Code: Excl16) n. Sterility and Infertility (Code: Excl17) o. Maternity Expenses (Code - Excl 18) 	4



		<p>Specific Exclusions</p> <ul style="list-style-type: none"> p. Treatment outside Discipline q. Hearing Aids and spectacles r. External durable medical equipment s. Sleep Apnea t. External Congenital Anomaly u. Artificial Life support equipment's v. Non-payable items w. Outpatient Treatment x. Overseas Treatment y. Self-injury z. Documentation charges aa. Charges other than Reasonable & Customary Charges bb. RMO charges and Service charge cc. Nuclear Attack dd. War 	
4	Waiting Periods	<ul style="list-style-type: none"> a. 36 months waiting period for Pre-Existing Disease (Code: Excl01) b. 24 months waiting period for Specified disease/procedure waiting period code (Code: Excl02) c. 30 Days Waiting Period (Code: Excl03) d. 15 days Waiting Period for treatment of Covid-19 	<p>4.1.1</p> <p>4.1.2</p> <p>4.1.3</p> <p>4.2.1</p>
5	Payment Basis	<p>Payment on indemnity basis for all covers except for Accommodation Bonus, Accidental Death Cover, Loyalty Cover and Hospital Cash, Convalescence Cover, Companion Cover and Child Care Cover which are on Benefit basis</p>	
6	Loss Sharing	<p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-Limits</p> <ul style="list-style-type: none"> a. Domestic Road Ambulance: Plan-Plus up to 1500 per hospitalization and Intercity (beyond 100 km) ambulance cost: Rs 20000 per hospitalization Plan-Power: up to 3000 per hospitalization and Intercity (beyond 100km) ambulance cost: Rs 20000 per hospitalization Plan Prime: Actuals (even for intercity transportation beyond 100km) b. Modern Treatment: Plan-Plus and Power: up to 50% of Base Sum Insured c. Organ Donor Expenses: Plan-Plus and Plan-Power: Up to 50% of Sum Insured subject to maximum of 5 lacs Plan-Prime: Up to 50% of Sum Insured subject to maximum of 10 lacs d. Air Ambulance: 7.5% of Base Sum Insured or Rs 5 Lakhs whichever is higher. e. Radio Taxi: 1000 per Hospitalization f. Health Checkup: 3000 g. Vaccination Cover: Plan - Plus & Power: 2000 and Plan - Prime: 3500 h. Vision Correction: Plan - Plus: 50000 and Plan - Power and Prime: 100000 i. Second Opinion: Plan- Plus: 3000 and Plan - Prime: 5000 	<p>3.1.2</p> <p>3.1.4</p> <p>3.1.7</p> <p>3.7.8.2</p> <p>3.7.8.3</p> <p>3.7.9.1</p> <p>3.7.9.2</p>



		<p>Co-Payment 20% co-payment on the Assessed Claim Amount if at the time of inception of the first Policy with the Company, the age of the Insured Person (or eldest Insured Person in case of Family Floater Policy) is 61 years and above. Zone based Co-payment: 20% co-payment for claims administered from Zone A, if policy was issued for Zone B.</p>	6.2									
7	Renewal Condition	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	5.1.10									
8	Renewal Benefits	a. Cumulative Bonus b. Call Option for Enhancement of Base Sum Insured c. Loyalty Cover d. Waiver of Premium e. Guaranteed Cumulative Bonus(if applicable)	3.5.1 3.5.2 3.5.3 3.4.1 3.7.1.1									
9	Cancellation	The Policyholder may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions. The Company may cancel the policy at any time on grounds of misrepresentation, nondisclosure of material facts, fraud by the Insured Person by giving 15 days' written notice	5.1.7									
10	Claims	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 https://www.reliancegeneral.co.in/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals 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 here under	6.1.2 (i) 6.1.2 (ii)									
		<table border="1"> <thead> <tr> <th>Sr 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 fifteen days from completion of hospitalization</td> </tr> <tr> <td>2</td> <td>Reimbursement of post expenses post hospitalization treatment</td> <td>Within fifteen days from completion of post hospitalization</td> </tr> </tbody> </table>	Sr no.	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within fifteen days from completion of hospitalization	2	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of post hospitalization	
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		For details on claim procedure please refer the policy document										
11	Policy Servicing	Any issues related with respect to policy, kindly E-mail us at rgicl.services@relianceada.com and for correspondence contact us Reliance General Insurance Company Limited Correspondence Address – Reliance General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No. - 022- 41112600										



12	Grievances/ Complaints	a. Details of Grievance redressal officer refer the link (https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx) b. IRDAI Integrated Grievance Management System- https://igms.irda.gov.in/ c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document	5.1.17									
13	Insured's Rights	a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception	5.1.15									
		b. Lifelong renewability (except on certain specific grounds)	5.1.10									
		c. Right to migrate from one product to another product of the company (E-mail us at rgicl.services@relianceada.com and For correspondence contact us Reliance General Insurance, Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore(M.P) -452001 Contact No.- 022-41112600	5.1.8									
		d. Right to port the from one company to another company (E-mail us at rgicl.services@relianceada.com and For correspondence contact us Reliance General Insurance, Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj Indore (M.P) -452001 Contact No.- 022-41112600	5.1.9									
		e. Change in SI during the policy term or at the time of renewal E-mail us at rgicl.services@relianceada.com	5.2.6									
		f. Norms on TAT for Pre-Auth and Settlement of reimbursement.	3.2.6									
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14	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid	5.2.4									
<p>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.</p>												



Premium Illustration

Benefit Illustration in respect of policies offered on Individual and Family Floater basis

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	14,524	5 lakhs	14,524		13,072	5 lakhs				
44 years	7,551	5 lakhs	7,551	10%	6,796	5 lakhs	25,691	0%	25,691	5 lakhs
23 years	5,055	5 lakhs	5,055		4,550	5 lakhs				
18 years	3,428	5 lakhs	3,428		3,085	5 lakhs				
Total Premium for all members of the family is Rs. 30,558 when each member is covered separately.		Total Premium for all members of the family is Rs. 27,502 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 25,691				
Sum insured available for each individual is Rs. 5 lakhs		Sum insured available for each family member is Rs. 5 lakhs				Sum insured of Rs. 5 lakhs is available for the entire family.				
Note: Premium rates specified in the above illustration are standard premium rates for Zone A without any loading. Also, the premium rates are exclusive of taxes applicable										

RELIANCE

**GENERAL
INSURANCE**

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POLICY NO : 920222328680300469 VALID UPTO:13/06/2024 REG. MOBILE NO: 9422583661

Insured Name	Date Of Birth	UHID
Ms. CHAITALEE SANJAY DUSANE .	30/01/2001	2825070042874

📞 022 4890 3009 (Paid) | 1800 3009 (Toll Free)

📞 74004 22200 (WhatsApp) 📧 rgicl.rcarehealth@relianceada.com

Please quote your UHID No. for assistance

- This card is invalid if the policy is cancelled
- Immediate intimation to RCare is a must in case of hospitalization
- To avail cashless facility at our Network Hospitals, please carry your Health Card & Photo ID proof at the Hospital Helpdesk
- Updated list of Network Hospitals is available on www.reliancegeneral.co.in



RCare Health:

Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081.

IRDAI Reg. No. 103.

Reliance General Insurance Company Limited

Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance Health Gain Policy. UIN: RELHLIP22229V032122

🌐 reliancegeneral.co.in 📞 022 4890 3009 (Paid) | 1800 3009 (Toll Free) 📞 74004 22200 (WhatsApp)