

# Welcome

Mr. SANJAY JAGANNATH DUSANE  
 A-7 shital pyardaiz nashik,nashik govind  
 nagar Nashik,CIDCO COLONY  
 (NASHIK),Behind Satyam Sweet,CIDCO  
 COLONY  
 (NASHIK),NASHIK,NASHIK,MAHARASHTRA,4  
 22009  
 9422583661

From here on,  
 you're our responsibility.

Welcome on board.  
 Your Reliance Health Gain Policy  
 number 920222428680396947 is now  
 live, to access your policy anytime,  
 anywhere, download our Reliance Selfi  
 App and enjoy a host of special  
 features.



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 to download the  
 Selfi app



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 or Download  
 your policy



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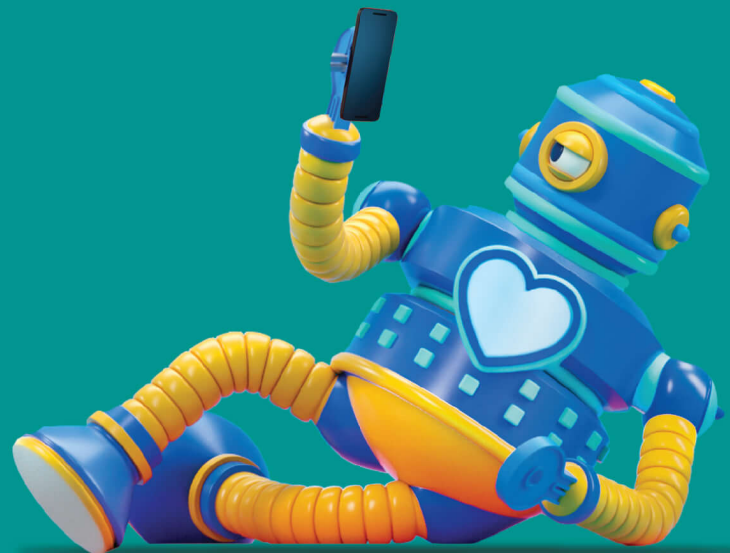


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## RELIANCE HEALTH GAIN POLICY - POLICY SCHEDULE

## POLICYHOLDER DETAILS

|  |   |                                 |   |
|--|---|---------------------------------|---|
| Policy Number                            | : 920222428680396947  | Proposal No                     | : R17052402559  |
| Policyholder Name                        | : Mr. SANJAY JAGANNATH DUSANE   | Policy Issuance Date            | : 18/05/2024  |
| Tax Invoice No. & Date                   | : R17052402559 & 18/05/2024   | GSTIN/UIN of Policyholder       | :   |
| Correspondence Address & Place of Supply | A-7 shital pyardaiz<br>nashik,nashik govind nagar<br>Nashik,CIDCO COLONY<br>(NASHIK),Behind Satyam<br>Sweet,CIDCO COLONY<br>(NASHIK),NASHIK,NASHIK,MAH<br>ARASHTRA,422009 | Policy Issuing Branch & Address | Corporate Office(Servicing)<br>6th Floor, Oberoi Commerz, Oberoi<br>Garden City, Off. Western Express<br>Highway, Goregaon (East) MUMBAI<br>MUMBAI MAHARASHTRA 400063 |
| 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                       | : Floater   | Plan Opted                    | : Plus                     |
| Base Sum Insured                 | : 600000  | Policy Tenure                 | : 1 year                   |
| Policy Period Start Date & Time: | : 14/06/2024 At 00:01 Hrs   | Policy Period End Date & Time | : 13/06/2025 At 23:59 Hrs. |
| Previous Policy No. & end Date   | : 920222328680300505<br>13/06/2024  | Renewable Date                | : 14/06/2025               |
| 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  | Mr. Sanjay Jagannath<br>Dusane | Mrs. VARSHA SANJAY<br>DUSANE . . |          |          |
| Gender  | : Male                         | Female                           |          |          |
| Date of Birth   | : 04/08/1967                   | 08/09/1974                       |          |          |
| Relationship with Policyholder  | : Self                         | Spouse                           |          |          |
| Insured with the Company, since   | : 02/06/2007                   | 02/06/2007                       |          |          |
| Date of First Enrollment  | : 02/06/2007                   | 02/06/2007                       |          |          |
| UHID  | : 2825070042876                | 2825070042875                    |          |          |
| Any Pre-existing Disease  | : No                           | No                               |          |          |
| Pre-existing Disease – Name   | :                              |                                  |          |          |
| Pre-existing Disease – Since  | : NA                           | NA                               |          |          |
| Permanent exclusions (if any ) as<br>agreed by the customer                             | :                              |                                  |          |          |
| Special Remarks/Conditions  | : NA                           | NA                               |          |          |
| Cumulative Bonus ( ` ) Floater  | : 200000                       | 0                                |          |          |
| Insured Person covered under :<br>Health Insurance with any<br>Company, Since (If, yes) | : NA                           | NA                               |          |          |
| ABHA Number or ABHA ID  | : 0                            | 0                                |          |          |

| PREMIUM DETAILS                          | AMOUNT( ` ) | DISCOUNT DETAILS |
|--|-------------|------------------|
| Zone                                     | A           |                  |
| Base Premium                             | 30757       |                  |
| Addon Premium (If any)                   | 0.00        |                  |
| Loading (if any)                         | 0           |                  |
| Discount (if any)                        | 0           |                  |
| Total Premium excluding Taxes and Levies | 30757.00    |                  |
| CGST (9.00%)                             | 2768.13     |                  |
| SGST (9.00%)                             | 2768.13     |                  |
| Total Premium including Taxes and Levies | 36293.00    |                  |

GSTIN :27AABCR6747B1ZG, HSN : 997133, Description of services : Accident and health insurance services

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/62/2024/(Validity Period Dt.01/03/2024 to Dt.01/12/2025)/1501 Date 28-02- 2024" at General Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir

#### NOMINEE DETAILS

|                          |                 |                                |  |
|--------------------------|-----------------|--------------------------------|--|
| Name of Nominee          | : VARSHA DUSANE | Relationship with Policyholder | : Spouse   |
| Date of Birth            | : 08/09/1974    | Address of Nominee             | : A-7 Sheetal Paradise Govind<br>nagar Nashik, Behind Satyam<br>Sweet, NASHIK, NASHIK, MAHARAS<br>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

- |  |  |
|--|--|
| <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>h. Excluded Providers (Code:Excl1)</li> <li>i. Substance Abuse and Alcohol (Code: Excl12)</li> <li>j. Wellness and Rejuvenation (Code:Excl3)</li> <li>k. Dietary Supplements &amp; Substances (Code:Excl4)</li> </ul> | <ul style="list-style-type: none"> <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>l. Refractive Error (Code: Excl15)</li> <li>m. Unproven Treatments-Code (Code: Excl16)</li> <li>n. Sterility and Infertility (Code: Excl17)</li> <li>o. Maternity Expenses (Code - Excl 18)</li> </ul> |
|--|--|

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

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

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

**ENDORSEMENTS**

| Serial No: | Particulars |
|------------|-------------|
|------------|-------------|

**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

**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.carehealth@relianceada.com  
 Contact No.: 022-4890 3009 (paid)  
 Website: www.reliancegeneral.co.in

## 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](mailto:rgicl.services@relianceada.com) or call us at 022 4890 3009(Paid) 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 02248903009 or may write an email at [rgicl.services@relianceada.com](mailto: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](mailto: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](mailto: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.irda.gov.in](http://www.irda.gov.in) or on company website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) or on [www.gbic.co.in](http://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@cioins.co.in](mailto:bimalokpal.mumbai@cioins.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](http://www.irdai.gov.in).

Help line number: 022-4890 3009 (paid)

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

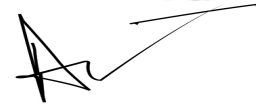
Ombudsman

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  |
|---|---|---|
| <b>Benefit-Hospitalization Cover:</b>   |   |   |
| 1.1                                     | Hospitalization Expenses: <ul style="list-style-type: none"> <li>• In Patient Treatment</li> <li>• Day Care Treatment</li> <li>• Accommodation Bonus</li> </ul> | 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<br><br>Accommodation Bonus:<br>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   |
| <b>Benefit -Extra Cover</b>             |   |   |
| 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  |
| <b>Benefit Personal Accident Cover</b>  |   |   |
| 3.1                                     | Accidental Death Cover  | Not Applicable  |
| <b>Benefit - Critical Illness Cover</b> |   |   |
| 4.1                                     | Waiver of Premium   | Not Applicable  |

| Sr. No.  | Cover   | Plus  |   |                    |                            |
|--|---|---|---|--------------------|----------------------------|
| <b>Benefit -Renewal Benefits</b>                               |   |   |   |                    |                            |
| 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.                                       |   |                    |                            |
| <b>Year-wise availability of Sum Insured for Loyalty Cover</b> |   |   |   |                    |                            |
|  | 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  |
|------------------------------------|--------------------------|---|
| <b>Benefit-Value Added Covers:</b> |                          |   |
| 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<br><br>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<br><br>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<br><br>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 36293.00 from Mr. SANJAY JAGANNATH DUSANE towards payment of health insurance premium for policy 920222428680396947 for the period 14/06/2024 to 13/06/2025 issued on 18/05/2024.

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 022 4890 3009 (Paid No.) 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 022 4890 3009 (Paid No.)



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

### What documents do you require 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

### Let's renew the policy conveniently.



Visit [reliancegeneral.co.in](http://reliancegeneral.co.in) or download Reliance Selfi App and renew instantly



Call 022 4890 3009 (Paid No.) and renew



Submit a cheque/DD along with signed Renewal Notice to branch/agent and renew

### Now pay easily



Internet Banking



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**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   | Refer to Policy Clause Number |
|-------|------------------------------------|---|-------------------------------|
| 1     | Name of Insurance Product / Policy | Reliance Health Gain Policy   |                               |
| 2     | Policy number                      | 920222428680396947  |                               |
| 3     | Type of insurance product/policy   | Indemnity (Where insured losses are covered up to the Sum Insured under the policy)   |                               |
| 4     | Sum Insured (Basis)                | Floater sum Insured - 600000 (Where all members under the policy have a single sum insured limit which may be utilized by any or all members)   |                               |
| 5     | Policy Coverage                    | <b>Hospitalization Covers</b>   | 3.1                           |
|       |                                    | a. <b>Hospitalization Expenses</b> - 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<br><b>Plan Plus</b> :Twin sharing Room or below   |                               |
|       |                                    | b. <b>Domestic Road Ambulance</b> - This benefit indemnifies the Policyholder/ Insured Person up to an amount of Rs. 1,500 , per Hospitalization on availing Ambulance services offered by a Hospital or by an Ambulance service provider. The benefit is extended to provide Rs 20000  | 3.1.2                         |
|       |                                    | c. <b>Domiciliary Hospitalization</b> - 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. <b>Modern Treatment</b> - Coverage up to 50% 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. <b>Pre and Post - Hospitalization</b> - 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<br>3.1.6 |
|  | f. <b>Organ Donor Expenses</b> - This cover indemnifies the Policyholder/Insured Person up to 50% of Base Sum Insured subject to maximum of Rs. 5 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          |
|  | <b>Extra Cover</b>  | 3.2            |
|  | g. <b>Reinstatement of Base Sum Insured</b> - 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. <b>Extra Sum Insured</b> - 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          |
|  | <b>Personal Accident</b>  | 3.3            |
|  | i. <b>Accidental Death Cover</b> - Not Applicable   | 3.3.1          |
|  | <b>Critical illness</b>   | 3.4            |
|  | i. <b>Accidental Death Cover</b> - Not Applicable   | 3.4.1          |
|  | <b>Renewal Benefits</b>   | 3.5            |
|  | k. <b>Cumulative Bonus</b> - 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. <b>Call Option for Enhancement of Base Sum Insured</b> - 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. <b>Loyalty Cover:</b> 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+  | 3.5.3.2        |
|  | Critical Illness  | 3.5.3.3        |
|  | Policy Year 4: Accidental Death +Permanent Total Disability+  | 3.5.3.4        |
|  | Critical Illness+ Hospital Cash   | 3.5.3.5        |

|   |   |              |
|---|---|--------------|
|   | Policy Year 5: Accidental Death +Permanent Total Disability+ Critical Illness+ Hospital Cash+ Leave Compensation Benefit.   |              |
|   | <b>Value Added Services</b>   | 3.6          |
|   | n. <b>Wellness Services</b> -This is a service benefit in which Insured can seek Medical advice through telephonic or online moden.   | 3.6.1        |
|   | o. <b>Claim Service Guarantee</b> –The Company is liable to pay the Insured Person for the delay in processing of claim for Benefit-Hospitalization Expenses in the following manner:<br>i. Cashless Claims - 1% for every delay of 6 hours beyond 6 hours of receipt of all information /documents<br>ii. Re-imburement 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  | 3.6.2 (i,ii) |
|   | p. <b>Policy Service Guarantee</b> - 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 (as per Plan opted)  | 3.6.3        |
| 6 | <b>Exclusions</b><br>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:<br>a. Investigation & Evaluation (Code:Excl04)<br>b. Rest Cure, rehabilitation and respite care (Code:Excl05)<br>c. Obesity/ Weight Control (Code:Excl06)<br>d. Change-of-Gender treatments (Code:Excl07)<br>e. Cosmetic or Plastic Surgery (Code: Excl08)<br>f. Hazardous or Adventure sports(Code:Excl09)<br>g. Breach of law (Code: Excl10)<br>h. Excluded Providers (Code:Excl11)<br>i. Substance Abuse and Alcohol (Code: Excl12)<br>j. Wellness and Rejuvenation (Code:Excl13)<br>k. Dietary Supplements & Substances (Code: Excl14)<br>l. Refractive Error (Code: Excl15)<br>m. Unproven Treatments-Code (Code: Excl16)<br>n. Sterility and Infertility (Code: Excl17)<br>o. Maternity Expenses (Code - Excl 18) | 4            |
|   | <b>Specific Exclusions</b><br>p. Treatment outside Discipline<br>q. Hearing Aids and spectacles<br>r. External durable medical equipment<br>s. Sleep Apnea  |              |

|          |  |  |
|----------|--|--|
|          | <ul style="list-style-type: none"> <li>t. External Congenital Anomaly</li> <li>u. Artificial Life support equipment's</li> <li>v. Non-payable items</li> <li>w. Outpatient Treatment</li> <li>x. Overseas Treatment</li> <li>y. Self-injury</li> <li>z. Documentation charges</li> <li>aa. Charges other than Reasonable &amp; Customary Charges</li> <li>bb. RMO charges and Service charge</li> <li>cc. Nuclear Attack</li> <li>dd. War</li> </ul> |  |
| <b>7</b> | <b>Waiting periods</b>   | <ul style="list-style-type: none"> <li>a. <b>Initial waiting Period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 4.1.1</li> <li>b. <b>Specific Waiting periods (Not applicable for claims arising due to an accident):</b> 24 months for 46 diseases/procedures 4.1.2</li> <li>c. <b>Pre-existing diseases:</b> Covered after 36 Months 4.1.3</li> </ul>   |
|          | <ul style="list-style-type: none"> <li>•Time period during which specified diseases / treatments are not covered</li> <li>•It is counted from the beginning of the policy coverage</li> </ul>  | 4.2.1  |
| <b>8</b> | <b>Financial limits of coverage</b>  | In case of a claim, this policy requires you to share the following costs:<br>Expenses exceeding the following Sub-Limits  |
|          | i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)  | <ul style="list-style-type: none"> <li>a. <b>Domestic Road Ambulance:</b> Plan-Plus up to 1500 per hospitalization and Intercity (beyond 100 km) ambulance cost: Rs 20000 per hospitalization 3.1.2</li> <li>b. <b>Modern Treatment:</b> Plan-Plus : up to 50% of Base Sum Insured 3.1.4</li> <li>c. <b>Organ Donor Expenses:</b> Plan-Plus : Up to 50% of Sum Insured subject to maximum of 5 lacs 3.1.7</li> <li>d. <b>Air Ambulance:</b> 7.5% of Base Sum Insured or Rs 5 Lakhs whichever is higher.</li> <li>e. <b>Radio Taxi:</b> 1000 per Hospitalization</li> <li>f. <b>Health Checkup:</b> 3000 3.7.8.2</li> <li>g. <b>Vaccination Cover:</b> Plan - Plus : 2000 3.7.8.3</li> <li>h. <b>Vision Correction:</b> Plan - Plus: 50000 3.7.9.1</li> <li>i. <b>Second Opinion:</b> Plan- Plus: 3000 3.7.9.2</li> </ul> |
|          | ii.Co-payment  | <b>Not Applicable</b>  |

|  |   |                                    |
|--|---|------------------------------------|
| <p>(It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/</p>  |   |                                    |
| <p>iii. Deductible (It is a specified amount:<br/> <ul style="list-style-type: none"> <li>• up to which an insurance company will not pay any claim, and</li> <li>• which will be deducted from total claim amount (if claim amount is more than the specified amount)</li> </ul> </p> | <p><b>Not Applicable</b></p>  |                                    |
| <p>iv. Any other limit (as applicable)</p>   | <p><b>Not Applicable</b></p>  |                                    |
| <p><b>9 Claims / Claims Procedure</b></p>  | <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 here under</p> | <p>6.1.2 (i)</p> <p>6.1.2 (ii)</p> |

| 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  |
| <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization</p> <p><b>Turn Around Time (TAT)</b> for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility: 2 hours</p> <p>ii. TAT for cashless final bill authorization: 1 hour</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details</p> <p><a href="https://rgi-locator.appspot.com/?Search_by=hospital&amp;sourcesystem=website&amp;phonenumber=&amp;emailid=#">https://rgi-locator.appspot.com/?Search_by=hospital&amp;sourcesystem=website&amp;phonenumber=&amp;emailid=#</a></p> <p>ii. Helpline number : +91 22 4890 3009 (Paid number)</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer</p> <p><a href="https://www.reliancegeneral.co.in/downloads/Black_List_Hospital.pdf">https://www.reliancegeneral.co.in/downloads/Black_List_Hospital.pdf</a></p> <p>iv. Downloading/getting claim form</p> <p><a href="https://www.reliancegeneral.co.in/insurance/claims/claim-page-health.aspx">https://www.reliancegeneral.co.in/insurance/claims/claim-page-health.aspx</a></p> |   |  |
| <b>10.</b>   | <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 Company Limited</p> <p>Correspondence Address –</p> <p>Reliance General Insurance., Winway Building 2nd &amp; 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001</p> <p>Contact No.- 022 4890 3009(Paid)</p>  |
| <b>12</b>  | <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. IRDA 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 as Annexure-B of Policy</p> |

5.1.17



|    |                                  |   |        |
|----|----------------------------------|---|--------|
| 13 | <p><b>Things to remember</b></p> | <p>document</p> <p><b>Free Look Cancellation:</b> The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The Insured Person shall be allowed free look period of fifteen days (30 days if the policy is sold through distance marketing or if the Policy Period is 3 years) from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.</p> <p>If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to</p> <ul style="list-style-type: none"> <li>i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</li> <li>ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;</li> </ul> <p><b>Policy Renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non- cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>Migration and Portability:</b>When your policy is due for renewal, you may migrate to another policy with us (subject to underwriting guidelines of company) or port your policy to another insurer.</p> <p><b>Migration:-</b>The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy atleast 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</p> <p><b>Portability:-</b> The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal</p> | 5.1.15 |
|    |                                  |   | 5.1.8  |

|           |                                |   |                            |
|-----------|--------------------------------|---|----------------------------|
|           |                                | <p>date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability.</p> <p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh <b>only for the enhanced portion of the sum insured.</b></p> <p><b>Moratorium Period:</b> After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy) contract.</p> | <p>5.1.9</p> <p>5.2.12</p> |
| <p>14</p> | <p><b>Your Obligations</b></p> | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information</p>  | <p>5.2.4</p>               |

The enclosed Customer Information Sheet bearing reference number "CIS\920222428680396947" is essential part of your policy schedule, Kindly review it carefully.

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place: NASHIK , MAHARASHTRA

Date: 18/05/2024 11:40:58

**Note:**

\_\_\_\_\_  
(Signature of the Policy Holder)

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

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**

Tech+❤️ = Live Smart

POLICY NO : 920222428680396947      VALID UPTO:13/06/2025      REG. MOBILE NO: 9422583661

| Insured Name                | Date Of Birth | UHID          |
|-----------------------------|---------------|---------------|
| Mr. Sanjay Jagannath Dusane | 04/08/1967    | 2825070042876 |
| Mrs. VARSHA SANJAY DUSANE   | 08/09/1974    | 2825070042875 |

☎ 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](http://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**

