

# Welcome

Miss. CHAITALEE SANJAY DUSANE  
 A-7/SHEETAL 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 170822428680001494 is now  
 live, to access your policy anytime,  
 anywhere, download our Reliance Selfi  
 App and enjoy a host of special  
 features.



Download Now |  

OR  
 scan the QR code  
 to download the  
 Selfi app



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 or Download  
 your policy



**My Claims**  
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 Submit claim  
 documents



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 network hospitals.

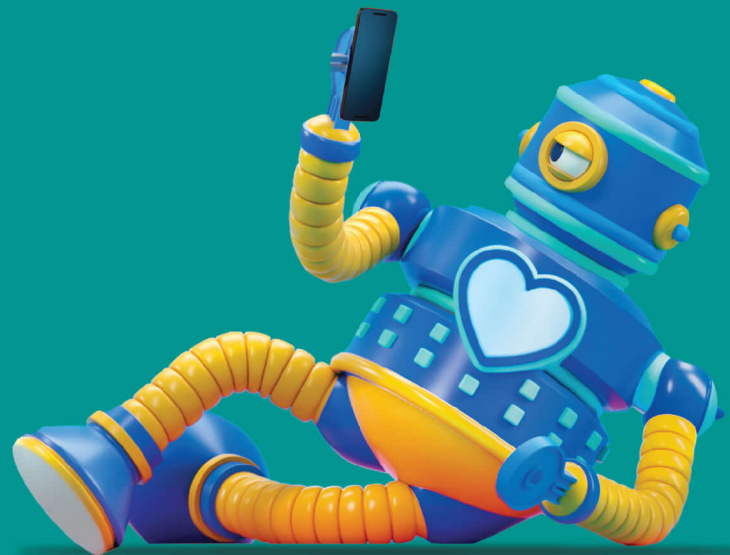


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## RELIANCE HEALTH GAIN POLICY - POLICY SCHEDULE

## POLICYHOLDER DETAILS

Policy Number	: 170822428680001494	Proposal No	: R28052489347
Policyholder Name	: Miss. CHAITALEE SANJAY DUSANE	Policy Issuance Date	: 31/05/2024
Tax Invoice No. & Date	: R28052489347 & 31/05/2024	GSTIN/UIN of Policyholder	:
Correspondence Address & Place of Supply	: A-7/SHEETAL PARADISE 2ND FLOOR A WING, GOVIND NAGAR Nashik, Behind Satyam Sweet, NASHIK, MAHARASHTRA, 422009	Policy Issuing Branch & Address	: Aurangabad C-9 & C-10, Second Floor, ABC Complex, Adalat Road AURANGABAD AURANGABAD MAHARASHTRA 431001
Contact No	: 9422583661	Email ID	: 04.chaitalee@gmail.com
Date of Birth	: 30/01/2001	Business Type	: Renewal
Gender	: Female	Zone	: A

## POLICY DETAILS

Cover Type	: Individual	Plan Opted	: Plus
Base Sum Insured	: 600000	Policy Tenure	: 1 year
Policy Period Start Date & Time:	: 14/06/2024 At 00:01 Hrs	Policy Period End Date & Time	: 13/06/2025 At 23:59 Hrs.
Previous Policy No. & end Date	: 920222328680300469 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	Miss. CHAITALEE SANJAY DUSANE			
Gender	: Female			
Date of Birth	: 30/01/2001			
Relationship with Policyholder	: Self			
Insured with the Company, since	:			
Date of First Enrollment	: 23/05/2023			
UHID	: 2825070042874			
Any Pre-existing Disease	: No			
Pre-existing Disease – Name	:			
Pre-existing Disease – Since	: NA			
Permanent exclusions (if any) as agreed by the customer	:			
Special Remarks/Conditions	: NA			
Cumulative Bonus ( ` ) Individual	: 0			
Insured Person covered under : Health Insurance with any Company, Since (If, yes)	: NA			
ABHA Number or ABHA ID	: 0			

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 :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/06/2024/(Validity Period Dt.01/05/2024 to Dt.01/12/2025)/2041 Date 15-04- 2024" at General Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir.

**NOMINEE DETAILS**

Name of Nominee	: SANJAY JAGANNATH DUSANE	Relationship with Policyholder	: Father
Date of Birth	: 04/08/1967	Address of Nominee	: A-7/SHEETAL PARADISE 2ND FLOOR A WING, GOVIND NAGAR Nashik,Behind Satyam Sweet,NASHIK,NASHIK,MAHARAS HTRA, 422009
Contact No. / Mobile No.	: 9284734655	Email ID	:

**APPOINTEE DETAILS**

Name of Appointee	:	Relationship with Nominee	:
Date of Birth	:	Address of Appointee	:
Contact No. / Mobile No.	:	9284734655	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:Excl11)</li> <li>i. Substance Abuse and Alcohol (Code: Excl12)</li> <li>j. Wellness and Rejuvenation (Code:Excl13)</li> <li>k. Dietary Supplements &amp; Substances (Code:Excl14)</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
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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

**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.irdai.gov.in](http://www.irdai.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)

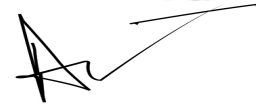
Ombudsman

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  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
<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.															
<table border="1"> <thead> <tr> <th colspan="5">Year-wise availability of Sum Insured for Loyalty Cover</th> </tr> <tr> <th>Policy Year</th> <th>Accidental Death and Permanent Total Disability</th> <th>Critical Illness</th> <th>Hospital Cash</th> <th>Leave Compensation Benefit</th> </tr> </thead> <tbody> <tr> <td>Year 2</td> <td>10% of Base Sum Insured</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Year-wise availability of Sum Insured for Loyalty Cover					Policy Year	Accidental Death and Permanent Total Disability	Critical Illness	Hospital Cash	Leave Compensation Benefit	Year 2	10% of Base Sum Insured			
Year-wise availability of Sum Insured for Loyalty Cover																	
Policy Year	Accidental Death and Permanent Total Disability	Critical Illness	Hospital Cash	Leave Compensation Benefit													
Year 2	10% of Base Sum Insured																

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  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 Miss. CHATALEE SANJAY DUSANE towards payment of health insurance premium for policy 170822428680001494 for the period 14/06/2024 to 13/06/2025 issued on 31/05/2024.

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



Cheque/DD



Credit/Debit Card



Bhim / Google Pay / Paytm



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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	170822428680001494	
3	Type of insurance product/policy	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)	
4	Sum Insured (Basis)	Individual Sum Insured - 600000 (Where each member has a separate sum insured under the policy)	
5	Policy Coverage	<p><b>Hospitalization Covers</b></p> <p>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.</p> <p>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  <b>Plan Plus</b> :Twin sharing Room or below</p> <p>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</p> <p>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.</p> <p>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</p>	<p>3.1</p> <p>3.1.1</p> <p>3.1.2</p> <p>3.1.3</p> <p>3.1.4</p>

	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 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: i. Cashless Claims - 1% for every delay of 6 hours beyond 6 hours of receipt of all information /documents 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> Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: 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
	<b>Specific Exclusions</b> p. Treatment outside Discipline q. Hearing Aids and spectacles r. External durable medical equipment 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>	<p><b>Waiting periods</b></p> <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>	<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) <span style="float: right;">4.1.1</span></li> <li>b. <b>Specific Waiting periods (Not applicable for claims arising due to an accident):</b> 24 months for 46 diseases/procedures <span style="float: right;">4.1.2</span></li> <li>c. <b>Pre-existing diseases:</b> Covered after 36 Months <span style="float: right;">4.1.3</span></li> </ul>
<b>8</b>	<p><b>Financial limits of coverage</b></p>	<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"> <li>i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</li> </ul>	<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 <span style="float: right;">3.1.2</span></li> <li>b. <b>Modern Treatment:</b> Plan-Plus : up to 50% of Base Sum Insured <span style="float: right;">3.1.4</span></li> <li>c. <b>Organ Donor Expenses:</b> Plan-Plus : Up to 50% of Sum Insured subject to maximum of 5 lacs <span style="float: right;">3.1.7</span></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 <span style="float: right;">3.7.8.2</span></li> <li>g. <b>Vaccination Cover:</b> Plan - Plus : 2000 <span style="float: right;">3.7.8.3</span></li> <li>h. <b>Vision Correction:</b> Plan - Plus: 50000 <span style="float: right;">3.7.9.1</span></li> <li>i. <b>Second Opinion:</b> Plan- Plus: 3000 <span style="float: right;">3.7.9.2</span></li> </ul>
	<ul style="list-style-type: none"> <li>ii.Co-payment</li> </ul>	<p><b>Not Applicable</b></p>

<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:  <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





		<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>
14	<b>Your Obligations</b>	<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>	5.2.4

The enclosed Customer Information Sheet bearing reference number "CIS\170822428680001494" 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: 29/05/2024 07:22:55

Verified by OTP

**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 : 170822428680001494      VALID UPTO:13/06/2025      REG. MOBILE NO: 9422583661

Insured Name	Date Of Birth	UHID
Miss. 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](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**

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**Reliance Health Gain Policy. UIN: RELHLIP22229V032122**