

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	POLICY CLAUSE NUMBER
1.	Name of Insurance Product / Policy	Reliance Health Infinity Insurance Policy	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
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 - XXXXXXXX (As opted) (Where all members under the policy have a single sum insured limit which may be utilized by any or all members) Individual Sum Insured - XXXXXXXX (As opted) Where each member has a separate sum insured under the policy),	
5.	Policy Coverage (What the policy covers?)	A. Base Covers a. Inpatient Care: Covers medical expenses incurred during Hospitalization due to an illness or accident for period more than 24 hours. b. Special Treatment: Covers for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Special Treatments. c. Day Care Procedures: Medical expenses incurred for Day Care Treatment which is surgical procedure, chemotherapy or radiotherapy or hemodialysis taken by an Insured person during the Policy Period at a Hospital or Day Care Centre. d. Domiciliary Hospitalisation: Medical expenses for medical treatment at home for a period exceeding 3 consecutive days which would otherwise have necessitated hospitalisation. e. Organ Donor: Medical expenses on harvesting the organ from the donor for organ transplantation. f. AYUSH Benefit: The Medical Expenses for In-patient Treatment taken under Ayurveda, Unani, Sidha and Homeopathy g. Pre-Hospitalisation Medical Expenses: Covers expenses incurred 90 days prior to the date of hospitalisation. h. Post-Hospitalisation Medical Expenses: Covers expenses incurred up to 180 days from the date of discharge i. Emergency Ambulance: Actual expenses incurred per Hospitalization for utilizing ambulance service for transporting the Insured Person to the nearest Hospital with adequate facilities in case of an emergency or from one hospital to another for medically necessary treatment. j. Transportation Benefit: Reasonable expenses incurred upto Rs 500 per Hospitalization for utilizing a registered radio cab operator's services for transporting the Insured Person to and/or from the Hospital. k. Restore Benefit: On subsequent claim, one reinstatement up to 100% of Sum Insured for unrelated illness/ injury. B. More Options Benefits The insured may choose one of the following More Options Benefits, which will be applied to the policy with no additional premium. If policy is renewed without any break, such More option benefit with no additional premium will be offered for the next Policy period. The insured can also choose any of the other More options benefits by paying an additional premium.	3.1 3.1.2 3.1.3 3.1.4 3.1.5 3.1.6 3.1.7 3.1.8 3.1.9 3.1.10 3.1.11


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l. MoreTime: The policy period will be extended by one month in case of one year policy period and two months in case of two year policy period. This option is not available for three-year policy period	
m. MoreCover: Additional sum limit for payment of further claims, in case the Sum Insured is exhausted due to claims made and paid/payable during the Policy Year. Additional Sum Insured will be applied only once for the Insured Person/s during a Policy Year.	3.2.2
n. MoreGlobal: Benefit covers Emergency Care on treatment of illness or "conditions manifested" during the Policy Period while travelling overseas. This benefit also covers Planned In-Patient Treatment upto the S.I or Rs 50 lakhs whichever is lower. The benefit is subject to a deduction of an amount (in INR) equivalent to USD100 which shall be applicable on each and every claim Eligibility: For the purpose of MoreGlobal Cover, this cover is not available under this policy and no claim shall be admissible under this cover where either the policyholder or any of the Insured Person(s) is a Foreign National or their Residence Status at the time of proposal or anytime during the policy period/ renewal is: <ul style="list-style-type: none"> • Non-Resident Indian (NRI); or • Overseas Citizen of India (OCI) 	3.2.3
C. Renewal Benefit-Stay Healthy Discount The Insured Person will be "get upto" 10% discount at the time of Renewal for carrying out an annual health check-up and sharing the results of the same with the Company.	3.3
D. Add On Covers	3.4
o. Limitless Cover:	
i. Consumables Cover: This benefit pays the Reasonable and Customary expenses which are listed in Annexure -A List I as Optional Items.	3.4.2
ii. Unlimited Restore Benefit: On subsequent claim.	
Policies with Sum Insured 5 lakhs	3.4.2.1
Unlimited restore of S.I on unrelated illness/injury, sub-limit of 100% of Sum Insured for related illness/injury.	3.4.2.2
Policies with Sum Insured >=10 lakhs	
Unlimited restore of S.I on related or unrelated illness/injury. This benefit supersedes Basic Benefit - Restore Benefit.	
p. Smart Protector	3.4.3
i. Super Charger: At the end of each completed and continuous Policy Year, the Company shall provide "the additional" Sum Insured under the Policy. Options: (Option 1): 20% of S.I, maximum up to 100% of S.I, (Option 2): 33.33% of S.I, maximum up to 100% of S.I	3.4.3.1
ii. Air Ambulance: This benefit indemnifies the Insured, for the expenses incurred on availing Air Ambulance services. S.I < 1crores: 7.5% of Sum Insured or Rs 5 Lakhs whichever is higher S.I >=1crores: 10% of Sum Insured	3.4.3.2
q. Mother and Child Care:	3.4.4
i. Maternity Cover: This Cover indemnifies the Insured Person up to 1lakh/2lakhs (S.I-5L-1lakh and S.I >=10L- 1or 2lakhs) towards the maternity expenses including pre-natal and post-natal medical expenses. Cover is available only to 3 years Policy Period.	3.4.4.1
ii. Newborn baby and Vaccination Cover: This Cover indemnifies the Insured upto Rs 1lakh during the Policy Year, towards the Hospitalization Expenses incurred towards treatment of Newborn baby and it also includes the cost of mandatory New-born baby immunization vaccination up to 90 days of birth.	
r. OPD Cover: OPD Cover has 2 plans:	
Plan A: This benefit indemnifies the Insured for following: <ul style="list-style-type: none"> a. OPD Consultations with 10 Super Specialist b. Diagnostic Tests c. Prescription Drugs: 35% of OPD limit OPD Limits:10000 to 20000 (in multiples of 5000) 	3.4.4.2



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

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: 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 Infinity Insurance. UIN No. :RELHLIP23120V042223.

		Plan B: This benefit indemnifies the Insured for following: <ul style="list-style-type: none"> a. OPD Consultations with Medical Practitioners b. Diagnostic Tests c. Prescription Drugs: 35% of OPD limit d. Dental OPD <ul style="list-style-type: none"> • Dental Consultation • Dental Treatment/Surgery • Periodontics e. Surgical Treatments <p>OPD Limits: 25000 to 50000 (in multiples of 5000)</p>	3.4.5
		s. Medical Equipment Cover: The benefit provides the Reasonable and Customary expenses for procuring Durable and Small Medical Equipment or devices (listed in Policy Wordings) as medical aid, during the Policy Year.	3.4.6
		t. Double Cover: This benefit provides an additional 100% of Sum Insured which can be utilized on the same claim, after exhaustion of Sum Insured.	3.4.7
		u. 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.	3.4.8
		v. Change in Pre-Existing Waiting Period: This benefit allows the Policyholder to change the Pre-Existing Waiting Period to 24 months or 12 months	3.4.9
		w. Reduction in Specific Illness Waiting Period: This benefit reduces the Specific Illness Waiting Period to 12 months	3.4.10
		x. Reduction in Room Rent: This benefit gives an option to Policyholder to change the allowable Room Category.	3.4.11
		aa. Voluntary Aggregate Deductible: The benefit gives an option to the Policyholder to avail discount in premium by choosing (As Opted) as the Voluntary annual Aggregate Deductible.	3.4.13
6.	Exclusions	The following is a partial list of the policy exclusions (Please refer to the policy wording for the complete list of exclusions): <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: Excl16) n. Sterility and Infertility (Code: Excl17) o. Maternity Expenses (Code: Excl 18) Specific Exclusions <ul style="list-style-type: none"> p. Alternative Treatments q. Circumcision r. Convalescence or Rehabilitation s. Dental Treatments t. Unprescribed Drugs or treatments u. External Congenital Anomaly v. Hearing aids w. Hormonal therapies 	4



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	<p>Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> • up to which an insurance company will not pay any claim, and • which will be deducted from total claim amount (if claim amount is more than the specified amount) 	Not Applicable	
	iv. Any other limit (as applicable)	Not Applicable	
9.	Claims / Claims Procedure	<p>Please contact Company at least 48 hrs prior to an event which might give rise to a claim. For any emergency situations, kindly contact the Company within 24 hours of the event.</p> <p>For any claim related query, information or assistance You can also contact Our Help Line at 022 4890 3009 (Paid) or visit Our website www.reliancegeneral.co.in or e-mail Us at rgicl.rcarehealth@relianceada.com</p> <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> TAT for preauthorization of cashless facility: 2 hours TAT for cashless final bill authorization: 1 hour <p>Web link for following:</p> <ol style="list-style-type: none"> Network Hospital details Reliance General Insurance Locator rgi-locator.appspot.com Helpline number +91 22 4890 3009 (Paid number) Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.reliancegeneral.co.in/downloads/Black_List_Hospital.pdf Downloading/getting claim form https://www.reliancegeneral.co.in/insurance/claims/claim-pagehealth.aspx 	Annexure-III
10.	Policy Servicing	<p>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</p> <p>Correspondence Address –</p> <p>Reliance General Insurance., Winway Building 2nd & 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>	Annexure-II
11.	Grievances/ Complaints	<ol style="list-style-type: none"> Details of Grievance redressal officer refer the link https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx IRDAI Integrated Grievance Management System https://igms.irda.gov.in/ Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document 	5.1.17
12.	Things to remember	<p>Free Look Period: 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 thirty days 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. If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to</p> <ol style="list-style-type: none"> 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 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 Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period 	5.1.15



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		Policy Renewal:- 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.	
		Migration and Portability: 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.	
		Migration:- 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.	
		Portability:- 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 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.	
		Change in Sum Insured:- 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 only for the enhanced portion of the sum insured.	5.1.13
		Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	5.1.12
13.	Your Obligations	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	5.1.1

The enclosed Customer Information Sheet bearing reference number "CIS\XXXXXXXXXXXXXXXXXXXXXXXXXXXX" 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 : _____

Verified by OTP

(Signature of the Policy)

Date: DD/MM/YYYY

Note:

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



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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 (₹)	Sum insured (₹)	Premium (₹)	Discount, if any	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
51 years	12,907	5,00,000	12,907	10%	11,616	5,00,000	23,897	0%	23,897	5,00,000
44 years	8,501	5,00,000	8,501		7,651	5,00,000				
23 years	6,299	5,00,000	6,299		5,669	5,00,000				
18 years	5,199	5,00,000	5,199		4,679	5,00,000				
Total Premium for all members of the family is ₹32,906 when each member is covered separately.			Total Premium for all members of the family is ₹29,616 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹23,897			
Sum insured available for each individual is ₹5 lakhs			Sum insured available for each family member is ₹5 lakhs				Sum insured of ₹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										



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