

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 (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
1.	Name of Insurance Product / Policy	RELIANCE HEALTH SUPER TOP-UP POLICY	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product / Policy	Both Indemnity and Benefit (where policy has elements of both the above)	
4.	Sum Insured (Basis)	Individual Sum Insured - XXXXXXXX (As opted) (Where each member has a separate sum insured under the policy) 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)	
5.	Policy Coverage (What the policy covers?)	<p>Base Covers</p> <p>a. Hospitalization Expenses - This cover indemnifies the Insured Person for medical expenses towards illness/injury that requires Inpatient and Day Care Treatment up to the Sum insured. It also covers Pre and Post Hospitalization for 90 and 180 days respectively. This shall also cover Day Care Treatment. The benefit is subject to Deductible.</p> <p>b. Domiciliary Hospitalization : Reasonable and Customary charges are payable for medical expenses incurred during Domiciliary Hospitalization as defined under this Policy, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days. The benefit is subject to Deductible.</p> <p>c. Maternity Cover : This Cover indemnifies the Insured Person up to Rs 2 lakhs during the Policy Year, towards the maternity expenses including pre-natal and postnatal medical expenses. This shall also cover New born baby In-Patient Treatment medical expenses from day1 to 90days, within the Maternity limit. The benefit is subject to Deductible</p> <p>d. Organ Donor : This cover will indemnify the Policyholder/Insured Person to the extent of Sum Insured for the medical expenses incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on insured person during the Policy Year. The benefit is subject to Deductible.</p> <p>e. AYUSH Treatment : This cover indemnifies the Insured Person for Medical Expenses which are incurred on treatment under Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy to the extent of Sum Insured. The AYUSH treatment should be carried out in an AYUSH Hospital or AYUSH Day Care Centre as defined under the Policy. The benefit is subject to Deductible.</p> <p>f. Ambulance : This cover indemnifies the Insured Person up to an amount of Rs 3500 per Hospitalization for Expenses incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider.</p> <p>g. Emergency Air Ambulance Cover : This cover indemnifies the Insured Person upto Rs. 2 lakhs for policies having Sum Insured less than Rs. 10 lakhs and upto Rs. 5 lakhs for policies having Sum Insured greater than and equal to Rs. 10 lakhs. for the expenses incurred on availing Air Ambulance services during the Policy Year.</p> <p>h. Modern Treatments : Coverage up to the extent of Sum Insured under this benefit for the medical expenses incurred during the Policy Year on Inpatient Treatment or Day care Treatment or Domiciliary Treatment of listed Modern Treatments. The benefit is subject to Deductible.</p> <p>i. Additional Item Cover : This cover pays the Reasonable and Customary expenses which are listed in Annexure - A List I as Optional Items.</p>	<p>3.1</p> <p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.5</p> <p>3.6</p> <p>3.7</p> <p>3.8</p> <p>3.9</p>

	<p>Personal Accident Cover</p> <p>j. Waiver of Deductible for Accidental Claims : This cover waives off the General Exclusion-5(15) Deductible specified in the Policy wordings for any Accidental Hospitalization claim. 3.10</p> <p>k. Waiver of Premium-On First Diagnosis of Critical Illness : This benefit waive off the renewal Policy premium for one year for the next renewal in case of first Diagnosis of any of the listed Critical Illness For long term policies, the Company shall waive one-year proportionate renewal Policy Premium. This benefit is provided once in the lifetime of the Insured Person Aggregate Deductible shall not be applicable to this Benefit 3.11</p> <p>Global Cover</p> <p>l. Worldwide Emergency Cover : This cover indemnifies the Insured Person to the extent of Sum Insured towards the Medical Expenses incurred on Medical Emergency Inpatient, Day Care or outpatient treatment, whilst overseas. The benefit is subject to a deduction of an amount (in INR) equivalent to USD 100 which shall be applicable on each and every claim. 3.15</p>	
6.	<p>Exclusions</p> <p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <p>a. Investigation & Evaluation (Code:Excl04)</p> <p>b. Rest Cure, rehabilitation and respite care (Code:Excl05)</p> <p>c. Obesity/ Weight Control (Code:Excl06)</p> <p>d. Change-of-Gender treatments (Code:Excl07)</p> <p>e. Cosmetic or Plastic Surgery (Code: Excl08)</p> <p>f. Hazardous or Adventure sports(Code:Excl09)</p> <p>g. Breach of law (Code: Excl10)</p> <p>h. Excluded Providers (Code:Excl11)</p> <p>i. Substance Abuse and Alcohol (Code: Excl12)</p> <p>j. Wellness and Rejuvenation (Code:Excl13)</p> <p>k. Dietary Supplements & Substances (Code: Excl14)</p> <p>l. Refractive Error (Code: Excl15)</p> <p>m. Unproven Treatments-Code (Code: Excl16)</p> <p>n. Sterility and Infertility (Code: Excl17)</p> <p>o. Deductible</p> <p>p. External Congenital Anomaly</p> <p>q. Treatment other than Medically Necessary Treatment Outpatient treatment except emergency treatment under Global Cover</p> <p>r. Overseas treatment except emergency treatment under Global Cover</p> <p>s. Charges other than Reasonable & Customary Charges</p> <p>t. Self-injury or suicide</p> <p>u. Treatment outside discipline</p> <p>v. Nuclear Attack</p> <p>w. War</p> <p>In addition to above mentioned General Exclusions below are the Specific Exclusion applicable to Global Cover(Benefit-Worldwide Emergency Cover) :</p> <p>x. Travelling for Medical Treatment only Duration</p> <p>y. Pre and Post Hospitalization Expenses</p> <p>z. Pre-existing Diseases</p> <p>aa. Treatment that could be delayed</p> <p>bb. Degenerative, Orthopedic and Cancer related</p> <p>cc. Maternity Expenses</p> <p>dd. Pregnancy related check-ups</p>	5



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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.

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7.	Waiting periods <ul style="list-style-type: none"> Time period during which specified diseases / treatments are not covered It is counted from the beginning of the policy coverage 	a. 30 Days initial waiting period (Code:Excl03) b. 24 months waiting period for Specified disease/procedure waiting period (Code:Excl02) c. 24 Months waiting period for Pre-Existing Disease (Code:Excl01) The above-mentioned Waiting Periods shall not be applicable to Global Cover	4
8.	Financial limits of coverage Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	The claims under the Policy is payable in excess of aggregate Deductible except for Benefit-Waiver of Deductible for Accidental Claims and Benefit Deductible-Buy Back (Optional Benefit) Global Cover (Benefit-Worldwide Emergency Cover) shall have a deduction of an amount (in INR) equivalent to USD100 which shall be applicable on each and every claim. Apart from above, this Policy requires you to share the Expenses exceeding the following Sub-limits <ol style="list-style-type: none"> Maternity Cover - Limited to Rs. 2 lakhs subject to Annual Aggregate Deductible /Long Term Aggregate Deductible (As per Plan Opted) Ambulance Cover - Rs 3500 per hospitalization Emergency Air Ambulance Cover - upto Rs 2lakhs for policies having Sum Insured less than Rs 10 lakhs and upto Rs 5 lakhs for policies having Sum Insured greater than and equal to Rs 10 lakhs Health Check Up - After every 3 consecutive and continuous Policy Years, this benefit shall provide of the listed medical check up expenses. The benefit is limited to Rs. 3000 for policies with Deductible less than 10 lakhs and upto Rs. 5000 for policies with Deductible greater than and equal to 10 lakhs. The benefit shall be available on Cashless basis only 	5 (15)
	Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/insured).	Not Applicable	
	Deductible (It is a specified amount: <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	
	Any other limit (as applicable)	Not Applicable	
9.	Claims / Claims Procedure	<ol style="list-style-type: none"> For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.reliancegeneral.co.in/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals For Reimbursement of Claim : For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified here under 	6

	<p>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.</p> <p>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.</p> <p>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.</p>	7 (3)
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	7 (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.

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	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 ₹30,558 when each member is covered separately.			Total Premium for all members of the family is ₹27,502 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹25,691			
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