

RELIANCE COVID-19 PROTECTION INSURANCE (Retail) - POLICY WORDINGS

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IRDAI Registration No. 103.

Reliance General Insurance Company Limited.

Registered Office & Corporate Office: Reliance Centre,
South Wing, 4th Floor, Off. Western Express Highway,
Santacruz (East), Mumbai - 400 055.

UIN - RELHLIP21051V012021

Corporate Identity No.: U66603MH2000PLC128300.

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RGI/MCOM/CO/RELIANCE_COVID-19_PROTECTION
INSURANCE_(Retail)-PW/Ver.0.1/290720.

An ISO 9001:2015 Certified Company

Section 1: Preamble

This Policy is a contract of insurance issued by Reliance General Insurance Company Limited (hereinafter called the 'Company') to the Proposer mentioned in the Policy Schedule to cover the person(s) named in the Policy Schedule (hereinafter called the 'Insured Person(s)'). The Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to receipt of the requisite premium.

Section 2: Definitions

The terms defined below have the meanings as ascribed to them below wherever they appear in this Policy and, where appropriate references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

- i. Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- ii. Age or Aged means "Age as on last birthday" as determined on the date of first Policy issuance or at Renewal. In case of change in Age during the proposal stage then "Age" shall be determined on the date of Proposal Form submission would be considered for premium calculation.
- iii. Ambulance means a road vehicle operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention
- iv. Any One Illness means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the Hospital where treatment has been taken.
- v. Claim means a demand made by the Policyholder or on his/her behalf, for payment under any Benefit, as covered under the Policy
- vi. Company means Reliance General Insurance Company Limited.
- vii. Complaint or Grievance means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with insurer, Distribution Channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, Distribution Channels, intermediaries, insurance intermediaries or other regulated entities.

Explanation: An inquiry or request would not fall within the definition of the "Complaint" or "Grievance"
- viii. Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- ix. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body.

- b. External Congenital Anomaly which is in the visible and accessible parts of the body.
- x. COVID-19: For the purpose of this Policy, Coronavirus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2
- xi. Day Care Centre means any institution established for Day care treatment of illness and/or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner and must comply with all minimum criterion as under –
 - a. has qualified nursing staff under its employment;
 - b. has qualified medical practitioner/s in charge;
 - c. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- xii. Day Care Treatment means medical treatment, and/or Surgical Procedure which is:
 - a. undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and which would have otherwise required Hospitalisation of more than 24 hours.
 - b. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- xiii. Deductible means a cost-sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured, and for the purpose of this Policy, Deductible shall apply on a per claim basis for Hospital Daily Cash Benefit.
- xiv. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- xv. Dependent Child: Dependent Child means Insured Person's biological or legally adopted son or daughter, whose completed age is between 3 months to 25 years as on Policy Period Start Date, and who is unmarried and financially dependent on the Insured Person and does not have an independent source of income.
- xvi. Diagnosis means the determination of the presence of an illness. For the purpose of this Policy, only Diagnosis made by laboratories authorised by Union Health Ministry of India for COVID-19 testing shall be considered valid.
- xvii. Disclosure to information norm means the Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

- xviii. Distribution Channels persons and entities authorised by the Authority to involve in sale and service of insurance products. For the purpose of this Policy it means the Distribution Channels who is an Intermediary of the Company.
- xix. Emergency Care means management for an illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
- xx. Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.
- xxi. Hospital means any institution established for Inpatient Care and Day Care Treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
 - has qualified Medical Practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
- xxii. Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive 'Inpatient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours
- xxiii. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- Acute Condition - Acute Condition is a disease, illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ Injury which leads to full recovery.
 - Chronic Condition - A Chronic Condition is defined as a disease, illness, or Injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- xxiv. Injury means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- xxv. Insured Person/Insured means a person accepted by the Company to be Insured under this Policy and who meets and continues to meet all the eligibility requirements and whose name specifically appears under Insured /Insured Person in the Policy Schedule and with respect to whom the premium has been received by the Company.
- xxvi. Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- xxvii. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
- xxviii. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been Insured and no more than other Hospital or doctors in the same locality would have charged for the same medical treatment.
- xxix. Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
- xxx. Medically Necessary Treatment means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which:
- is required for the medical management of the Illness or Injury suffered by the Insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
 - must have been prescribed by a Medical Practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

- xxxi. Migration means the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer
- xxxii. Nominee means the person whose name specifically appears as such in Policy Schedule and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of the death of the Policyholder. Nominee for all other Insured Person(s) shall be the Policyholder himself.
- xxxiii. Notification of Claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- xxxiv. Policy means means these Policy Wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.
- xxxv. Policyholder means the person who is the Proposer and whose name specifically appears in the Policy Schedule as such.
- xxxvi. Policy Period means a period beginning from Policy Period Start Date, as specified in Policy Schedule; and ending on the Policy Period End Date as specified in the Policy Schedule or on the date of cancellation of the Policy, whichever is earlier
- xxxvii. Policy Period End Date means the date and time at which the Policy Period ends as specified in the Policy Schedule
- xxxviii. Policy Period Start Date means the date and time at which the Policy Period commences as specified in the Policy Schedule
- xxxix. Policy Schedule means Policy Schedule issued to the Policyholder / Insured in line with the terms and conditions as agreed upon, attached to and forming part of this insurance contract mentioning details including but not limited to, details of the Insured Persons, coverage, sections and benefits applicable, the Sum Insured, the Policy Period, premium paid (including duties, taxes and levies thereon).
- xl. Pre-existing Disease means any condition, ailment, Injury or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the Policy issued by the insurer or its reinstatement
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy issued by the insurer or its reinstatement
- xli. Proposal Form means a form to be filled in by the Prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and

conditions of the cover to be granted

Explanation: "Material Information" shall mean all important, essential and relevant information sought by the Company in the Proposal Form and other connected documents to enable him to take informed decision in the context of underwriting the risk

- xlii. Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India
- xliii. Quarantine means isolation of an individual either due to Diagnosis or suspected infection of COVID-19. For the purpose of this Policy, Quarantine shall mean isolation which is prescribed by either the Union Health Ministry-approved testing centre, or the Central or the State Government; and in a place arranged and approved as a Quarantine centre by the Central or State Government. Self-isolation is not Quarantine.
- xliv. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-existing diseases, time-bound exclusions and for all waiting periods.
- xlvi. Sum Insured means the amount specified as Sum Insured in the Policy Schedule which forms the basis of determining the amount that the Insured Person is entitled to receive in respect of each benefit as applicable under the terms and conditions of this Policy
- xlvii. Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, Diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- xlviii. Unproven/Experimental treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Section 3: Scope of Cover

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Insured Person as per the benefits and limits specified in the Policy Schedule.

3.1 Diagnosis Cover

The Company will pay Insured Person, 100% of Sum Insured specified in the Policy Schedule provided that:

- Insured Person's Diagnosis test confirms the presence of Coronavirus Disease (COVID 19)
- The date of Quarantine or Diagnosis (whichever is earlier) lies within the Policy Period and after the waiting period defined under Section 3 of this Policy

3.2 Quarantine Cover

In the event of opting Plan B or Plan C as defined under Section 7: Schedule of Benefits, and payment of the applicable premiums, the Company will pay Insured Person, 50% of Sum Insured

specified in the Policy Schedule provided that:

- a. The Insured Person is Quarantined due to COVID-19, for at least 14 consecutive days.

The total payment under Section 3.1 and Section 3.2 shall be limited to 100% of the Sum Insured.

3.3 Loss of Pay Cover

In the event of opting Plan C as defined under Section 7: Schedule of Benefits, and payment of the applicable premiums, the Company will pay Insured Person, daily benefit amount equal to the percentage of the Sum Insured specified in the Policy Schedule provided that:

- a. The Insured Person is Quarantined due to COVID-19, for at least 14 consecutive calendar days
- b. The Insured Person has not been able to discharge the official duty for at least 14 consecutive calendar days due to Quarantine or Treatment which prevents the Insured Person from performing everyday duty pertaining to his employment or occupation and necessarily results in loss of daily pay.
- c. The amount payable under this cover is on daily basis starting from first day of Quarantine of Insured Person and up to the end of the Quarantine period.
- d. Payment under this benefit is limited to maximum 30 calendar days
- e. The compensation under this benefit shall not be payable for the period in which the Insured Person continues to receive salary, irrespective of the period of Quarantine
- f. The insured person should be drawing regular salary during the six months preceding claim. The insured person should be a member of the EPFO scheme and have regular contributions from the employer into the scheme during the six months preceding claim
- g. Section 3.3 Loss of Pay Cover shall become payable only where a claim is made and accepted under either Section 3.1 or Section 3.2.

3.4 Loss of Job Cover

In the event of opting Plan C as defined under Section 7: Schedule of Benefits, and payment of the applicable premiums, the Company will pay the Insured Person 50% of the Sum Insured for each continuous month (30 days) of unemployment following the termination or permanent dismissal of the Insured Person from his/her place of employment, provided that:

- a. Such unemployment is due to Insured Person being Diagnosed of COVID-19 or Quarantined due to COVID-19 during the Policy Period
- b. The Insured Person remains unemployed for a minimum continuous period of 30 days from the date of loss of job or termination or permanent dismissal
- c. The monthly compensation shall be payable only up to the number of months as opted by the Policyholder and printed in the Policy Schedule,
- d. The total compensation under this benefit, in any case, shall be limited to maximum 150% of Sum Insured

- e. No amount shall be payable for unemployment which is temporary in nature
- f. The compensation shall cease to be payable once the Insured gets re-employed.
- g. The insured person should be drawing regular salary during the six months preceding claim. The insured person should be a member of the EPFO scheme and have regular contributions from the employer into the scheme during the six months preceding claim
- h. This benefit shall become payable only where a claim is made and accepted under either Section 3.1 or Section 3.2.

3.5 Ambulance Cover

In the event of opting Plan B or Plan C as defined under Section 7: Schedule of Benefits, and payment of the applicable premiums, the Company will pay the Insured Person an amount of Rs 2500 for expenses incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider, provided that:

- a. The Ambulance is availed for testing, hospitalization or Quarantine related to COVID-19
- b. Section 3.5 Ambulance Cover shall become payable only where a claim is made and accepted under either Section 3.1 or Section 3.2.
- c. The benefit under Section 3.5 can be availed only one time during the Policy Period

3.6 Travel Exclusion Removal Cover

In the event of opting this cover and the payment of appropriate premium, the Company shall waive the specific condition 'b' as listed in 'Specific Conditions related to Section-3' for Section 3.1 'Diagnosis Cover'.

In this case, an Insured Person, having travelled to the travel-restricted countries specified in Annexure-1 of this Policy document, 45 day immediately preceding the Policy Period Start Date, shall be eligible for claim under Section 3.1 'Diagnosis Cover', subjected to all other terms and conditions.

This cover shall not apply to Section 3.2 or Section 3.3 or Section 3.4 or Section 3.5

Specific Conditions related to Section-3

- a. Testing for Diagnosis or prescription of Quarantine has to be done by authorized centres declared by Union Health Ministry of India.
- b. The Insured Person should not have travelled to the travel-restricted countries specified in Annexure-1 of this Policy document in 45 days immediately preceding the Policy Period Start Date
- c. The Insured Person should not have travelled against the travel advisory, whether in-force or freshly issued by Government of India at any time during the Policy Period
- d. The total payment under Sections 3.1 and 3.2 shall not exceed 100% of the Sum Insured.
- e. In case the Insured Person makes a claim under both Section 3.3 and Section 3.4, only one of these claims, whichever is higher, will be payable.

- f. Claim for Any One Illness or incident shall be payable

against each cover during any given Policy Period.

Section 4: Specific Exclusions related to Section-3

- i. Co-habitation: No claim shall be payable where the Insured Person was living with and sharing the same address as that of person(s) who were Diagnosed with COVID-19 or Quarantined at the time of Proposal.
- ii. Job criteria: No claim shall be payable under Sections 3.3 and Section 3.4 under the following employment conditions:
 - a. Contractual Employees: Loss of Pay or Unemployment from a job which is casual, temporary, seasonal or contractual in nature or where the Insured Person is not on the direct payroll of the employer;
 - b. No fixed Salary: Loss of Pay or unemployment arising from any employment or job under which no fixed salary or fixed remuneration was provided to the Insured Person
 - c. Non-Performance: Any unemployment resulting from non-performance of his/her employment after or during such period under which the Insured Person was under probation.
 - d. Overseas Employment: Loss of Pay or Unemployment from an employment which is overseas.
 - e. Resignation or Retirement: Any voluntary unemployment, self-resignation, or retirement, whether voluntary or otherwise;
 - f. Self-Employment: Self-employment of any kind, including but not limited to business, coaching, free-lancing, distributorship, specified service trade (performing artists, doctors, athletes, etc. who are not on permanent payroll).
- iii. Negative or Inconclusive Reports: If the test report is negative or if Insured Person is 'Patients under investigation' (PUI) with inconclusive reports, no claim will be admissible under Section 3.1 of this Policy.
- iv. Out of India: Diagnosis, Quarantine and/or Treatment taken outside India is not covered
- v. Self-Quarantine: Self-Quarantine is not covered
- vi. Unauthorized Testing centre: Testing done at a Diagnostic centre other than the ones authorized by the Union Health Ministry of India. shall not be recognised under this Policy
- vii. Undefined Conditions: Treatment taken for any condition or disease other than defined above in Section 3.1 and 3.2 of this Policy document is not covered
- viii. Waiting Period: COVID-19 Diagnosis or Quarantine within 15 days of Policy Period Start Date is not covered.

Section 5: General Exclusions

The Company shall not be liable for payment of any claims resulting directly or indirectly, or relating to the following:

- i. Breach of Law: Any Insured Person committing or attempting to commit a breach of law with criminal intent.
- ii. Cluster Containment operations carried out by State or Central Government to contain the spread of SARS-CoV2 virus. Any self-isolation as a result of such Cluster

Containment operations will not be considered as Quarantine and is not covered under this Policy.

- iii. Lockdown: Lockdown means an emergency protocol that prevents people from leaving an area or a state of isolation or restricted access instituted as a security measure by the Government. Any self-isolation as a result of such Lockdown will not be considered as Quarantine and is not covered under this Policy.
- iv. Nuclear Attack: Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- v. Unproven/Experimental Treatment: Any testing, quarantine or diagnosis based on unproven/experimental treatment is not covered under this Policy
- vi. Unrelated Diagnostic: Any diagnostic which is not related and not incidental to COVID-19 which is not covered in this Policy
- vii. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- viii. Wilful Act/Negligence: Wilful acts or wilful gross negligence of the Insured Person

Section 6: General Conditions

- i. Condition Precedent & Premium Payments

The fulfilment of the terms and conditions of this Policy including the payment of premium and the correct disclosures in a complete manner in the Proposal Form in so far as they relate to anything to be done or complied with by the Policyholder shall be Conditions Precedent to Company's liability. The premium shall be paid in full at the inception of the Policy as a single premium option. The premium for the Policy will remain the same for the Policy Period.

ii. Geography & Currency

This Policy can be purchased only by an Insured Person who is an Indian resident as per the applicable Indian law.

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India.

iii. Insured Person

Only those persons named as Insured Persons in the Policy Schedule will be covered under this Policy. If an Insured Person dies, he will cease to be an Insured Person upon Company receiving all relevant particulars in this regard.

iv. Overriding effect of the Policy Schedule

The terms and conditions contained in the Policy Schedule shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein. However, in case of any inconsistency of any term or condition mentioned herein with the scope and intent of the cover contained in the Policy Schedule, the terms in the Policy Schedule shall be upheld. The contents of the Policy Schedule shall have overriding effect on the Policy Wordings.

v. Notification of Claim

Company must be informed of any event that may give rise to a claim under this Policy within 14 days of Diagnosis COVID-19 or Quarantine. Claims can be intimated to the Company through letter, email or telephone.

vi. Responsibility of Policyholder/Insured Person :

On occurrence of an event which will lead to a Claim under this Policy, the Policyholder or Insured Person shall:

- a. Allow the Medical Practitioner or any of the Company's representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
- b. Assist and not hinder or prevent the Company's representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.
- c. If the Insured Person does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option
- d. The Insured Person will have to undergo medical examination by Company's authorized Medical Practitioner, as and when Company may reasonably require, to obtain an independent opinion for the purpose of processing any claim. Company will bear the cost towards performing such medical examination (at the specified location) of the Insured Person

vii. Supporting Documentation & Examination

For all claims under the Policy, Company must be provided with all documentation, medical records and information that is required to establish the circumstances of the claim, its quantum or Company's liability for the claim within 30 days of Diagnosis or Quarantine against which claim is made. In the event of that the Company requests for

specific additional information, such information should be provided with relevant documentation within 15 days of Company's request for such information.

Such documentation will include but is not be limited to the following:

Benefits	Claims Documents Required
Diagnosis Cover	i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport (All pages) iii. Copy of identification document of Insured Person such as Voter Id card, Pan Card, Aadhar Card (where Insured Person does not own a passport) iv. Medical reports and certificate from treating Medical Practitioner of an authorized testing centre confirming the presence of COVID-19 v. Legal heir certificate, in the event of death
Quarantine Cover	i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport (All pages) iii. Copy of identification document of Insured Person such as Voter Id card, Pan Card, Aadhar Card (where Insured Person does not own a passport) iv. Notice or equivalent proof of Quarantine from imposing authority v. Medical fitness certificate from Medical Practitioner confirming the Insured Person has not undergone any treatment or surgery in past 3 months
Loss of Pay Cover	Apart from Documents mentioned under Diagnosis Cover and Quarantine Cover i. Duly filled and signed Claim Form ii. Appointment letter or Letter of Employment confirming date of employment, designation and nature of employment iii. Payroll muster of the Employer showing absence from official duty. iv. Letter from the Employer confirming Dates of 'Leave without Pay' v. Salary Slips for of the last six months

Benefits	Claims Documents Required
Loss of Job Cover	<p>Apart from Documents mentioned under Diagnosis Cover and Quarantine Cover</p> <p>i. Duly filled and signed Claim Form</p> <p>ii. Appointment letter or Letter of Employment confirming date of employment, designation and nature of employment</p> <p>iii. Letter from the employer of the Insured person confirming the termination or permanent dismissal of the Insured Person from employment, clearly indicating the date of such event, with the reasons for the same.</p> <p>iv. Salary Slips for the last six months.</p>
Ambulance Cover	<p>Apart from Documents mentioned under Diagnosis Cover and Quarantine Cover</p> <p>i. Duly filled and signed Claim Form</p> <p>ii. Receipt/Bill establishing hire of Ambulance services in relation to claim under either Diagnosis Cover or Quarantine Cover</p>
Travel Exclusion Removal Cover	No additional documents
Other Documents as per Regulatory requirements as amended from time to time.	

If any claim is not notified/made within the timelines set out above, then Company will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.

In addition, in order to make claim payment, the Company will require Original Cancelled Cheque in CTS 2010 format (Printed A/C No. IFSC Code, Printed Name). In case the Name is not printed on the Cheque Leaf, duly attested scanned copy of the first page of the Pass-book or the Authorised Bank Statement for NEFT (to enable direct credit of claim amount in bank account) and KYC (recent phot ID/address proof and photograph) documents.

viii. Claims Settlement

- a. The Company will be under no obligation to make any claim payment under this Policy unless Company has received all premium payments in full, in time and all payments have been realised, and unless the Insured Person has complied with his obligations under this Policy.
- b. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

- c. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- d. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- e. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

ix. Non-Disclosure or Misrepresentation:

This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by Policyholder in respect of the Insured Persons in the Proposal Form and any other details submitted in relation to the Proposal Form. If at the time of issuance of Policy or during continuation of the Policy, any material fact in the information provided to the Company in the Proposal Form or otherwise, by Policyholder/Insured Person, or anyone acting on behalf of an Insured Person is found to be incorrect, incomplete, suppressing material facts or not disclosed material facts, wilfully or otherwise, the Policy shall be:

- a. cancelled *ab initio* from the inception date or the Policy may be modified by Company, at Company's sole discretion, upon 30 days notice by sending an endorsement to the Policyholders address shown in the Policy Schedule without refund of premium; and
 - b. any claim made under such Policy, shall be rejected/repudiated forthwith.
- x. Dishonest or Fraudulent Claims

If any claim made under the provisions of this Policy is found to be in any manner dishonest or fraudulent or is supported by any dishonest or fraudulent documents, statements, means or devices, by the Policyholder or the Insured Person or anyone acting on behalf of the Policyholder or the Insured Person, then this Policy will be void and all benefits otherwise payable under it will be forfeited.

xi. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Company, and any change that Company makes will be evidenced by a written endorsement signed and stamped by the Company.

xii. Renewal of Policy

The policy shall ordinarily be renewable except on the grounds of fraud, moral hazard, misrepresentation by the Insured Person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy Periods
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.
- iv. If not renewed within Grace Period of 30 days after due renewal date, the Policy shall lose its continuity benefits

xiii. Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the Sum Insured

xiv. Withdrawal/Revision/Modification of the Product/Policy

The Company reserves the right to withdraw, revise or modify this product / Policy in the future. The revision/modification may be in respect of Benefits, coverages, premiums, Policy terms and conditions &/or exclusions.

In the event of any such withdrawal of product/terms of Policy, premium the Company would give a 3 months' notice in advance to the Policyholder and the Company will provide an option to the Insured Person to migrate to similar health policy available with the Company at the time of renewal and all the continuity benefits shall be maintained on renewal.

In the event of any revision or modification of the product the Company will notify the Policyholder in advance of such changes.

xv. Notice & Communication

- a. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- b. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- c. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

xvi. Governing Law & Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy will be determined by the Indian Courts and is subject to Indian law.

If any administrative or judicial body imposes any condition on this Policy for any reason, Company is bound to follow the same which may include suspension of all Benefits and obligations under this Policy.

If Company's performance or any of Company's obligations are in any way prevented or hindered as a consequence of any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances beyond Company's anticipation or control, the performance of this Policy shall be wholly or partially suspended during the continuance of such force majeure. Company will resume obligations under the Policy, to the extent possible, after the force majeure conditions cease to exist even for the period during which the force majeure conditions existed.

xvii. Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained

xviii. Free Look Period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy 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

- a. 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
- b. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or

c. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

xix. Cancellation (other than Free Look Period Cancellation)

a. The Insured Person may terminate the Policy at any time by giving the Company a written notice of Cancellation, and the applicable Policy shall be terminated when such written notice is received. If there are no Claims been made under the Policy, the Company shall refund premium for the unexpired Policy Period as per the retentions proportions mentioned in the below table:

Cancellation month from certificate inception date	Premium Retained
<=90 days	50%
91 - 180 days	70%
181 - 365 days	100%

c. Company may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts by Insured Person upon 30 days notice by sending an endorsement to Insured Persons address shown in the Policy Schedule without refund of premium.

d. Cancellation fees of Rs 100 shall be charged for termination or cancellation of Policy prior to commencement of risk.

Section 7: Schedule of Benefits

The following Benefits are available as per the plan opted and specified against the Insured Person named in the Policy Schedule.

Cover	Plan A	Plan B	Plan C
Sum Insured Options (Refer Policy Schedule for selected Sum Insured)	25000, 50000, 100000, 125000, 150000, 200000	25000, 50000, 100000, 125000, 150000, 200000	25000, 50000, 100000, 125000, 150000, 200000
3.1 Diagnosis Cover*	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured
3.2 Quarantine Cover*	Not Included	50% of Sum Insured	50% of Sum Insured
3.3 Loss of Pay Cover#	Not Included	Not Included	Opted Percentage of Sum Insured per day subject for a maximum of 30 days; Options: 1%, 2%, 3%, 4%, 5% of Sum Insured
3.4 Loss of Job Cover #	Not Included	Not Included	50% of Sum Insured for each continuous month (30 days) of unemployment, up to the number of months opted, maximum up to 150% of Sum Insured Options: 1 month, 2 months, 3 months
3.5 Ambulance Cover	Not Included	Rs. 2500	Rs. 2500
3.6 Travel Exclusion Removal Cover**	Optional	Optional	Optional

* The total payment under 3.1 and 3.2 shall be restricted to 100% of the Sum Insured
In case of claim under both 3.3 and 3.4, the higher of the two claims will become payable
** Applies only to Cover 3.1
Claim for Any One Illness or incident shall be payable against each cover during any given Policy Period

Section 8: Service related Information:

Policyholder can reach to Company through any of the following methods for any service related issue and assistance:
Website: www.reliancegeneral.co.in
Email: rgjcl.services@relianceada.com
Helpline: 1800 3009
Courier: Reliance General Insurance Company Limited
Reliance Centre, South Wing, 4th Floor,
Off Western Express Highway, Santacruz(E), Mumbai-400055

Section 9: Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, Policyholder can contact Company through:

Please review Reliance COVID-19 Protection Insurance(Retail) and familiarize yourself with the benefits available and the exclusions.

To help us to provide Policyholder with fast and efficient service, Company may kindly ask Policyholder to note the following:

1. Company recommend that Policyholder keep copies of all documents submitted to Reliance General Insurance Co. Ltd

2. Please quote Policy holders member ID/Policy number in all correspondences

Intimation & Assistance

Please intimate Company incase of any event that may give rise to a claim under this Policy within 14 days of diagnosis of COVID-19 or Quarantine
Reliance General Insurance Co. Ltd can be contacted through:
Website: www.reliancegeneral.co.in
Email: rgjcl.rcarehealth@relianceada.com
Helpline: 1800 3009
Courier: Reliance General Insurance Co. Limited, No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081.
Company's customer service team will provide Policyholder the required assistance and will send the claim form & explain the complete claim procedure

Claim Procedure

Insured must submit a duly filled claim form along with specified documents within 30 days against the claim made under this Policy

- If there is any deficiency in the documents/information submitted by Insured, Company will send the deficiency letter within 10 days of receipt of the claim documents.
- Any additional information requested must be submitted within 15 days of Company's request.
- On receipt of the complete set of claim documents, Company will send settle the claim within 30 days.

Section 10: Grievance Redressal Procedure

If Policyholder have a grievance that Policyholder wish Company to redress, Policyholder may contact Company with the details of Policyholder grievance through:

- Website : www.reliancegeneral.co.in
- Email : rgicl.services@relianceeda.com
- Helpline : 1800 3009 (Toll free)
- Courier : Reliance General Insurance Company Limited No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur Hyderabad -500 081

If Policyholder is not satisfied with Company's redressal of Policyholder grievance through one of the above methods, Policyholder may contact Company's Head of Customer Service at:

Grievance Redressal Officer

The Grievance Cell,

Reliance General Insurance Co. Limited

No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur Hyderabad -500 081.

Grievance Redressal officer email ID:

rgicl.headgrievances@relianceeda.com

In case Policyholder complaint is not fully addressed by Company, Policyholder may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI. Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdaindia.org. If the issue still remains unresolved, Policyholder may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

If Policyholder have a grievance, approach the grievance cell of Insurance Company first. If the complaint is not resolved/ not satisfied/not responded for 30 days, then Policyholder can approach the Office of the Insurance Ombudsman (Bimalokpal). The contact details of Ombudsman offices are mentioned below.

Please visit Our website for details to lodge complaint with Ombudsman

Ombudsman Office	
Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

Ombudsman Office

BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

Ombudsman Office	
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Emakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varana si, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnaga r, Sultanpur, Maharajgang, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghaziipur, Chandauli, Ballia, Sidharathnagar.

Ombudsman Office	
MUMBAI - Shri Milind A. Kharat 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@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffamagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnag ar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building., Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure-1 Travel-restricted Countries

The list of countries mentioned hereunder are subject to travel restrictions as mentioned in the Policy. The list is subject to change at the discretion of the Insurer. The Insured Person is advised to visit the website www.reliancegeneral.co.in for the updated list of Travel-restricted Countries.

1. China
2. Japan
3. Singapore
4. Republic of Korea
5. Thailand
6. Malaysia
7. HongKong
8. Macau
9. Taiwan
10. Italy
11. Iran
12. Kuwait
13. Bahrain
14. Any other country placed under Travel restriction by the Central Government or Union Health Ministry of India in 45 days immediately preceding the Policy Period Start Date