

Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 038.

RGICL/HL-SC/Annexure III

Reliance Silver Citizens' Policy

Preamble

WHEREAS the Insured designated in the Schedule to this Reliance Silver Citizens' Policy having by a proposal and declaration together with any statement, report or other document which shall be the basis of the contract and shall be deemed to be incorporated herein, has applied to Reliance General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth and paid appropriate premium for the period as specified in the Schedule.

NOW THIS POLICY witnesseth that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon the Company, undertakes, that if during the period as specified in the Schedule to this Policy, the Insured / Insured Person shall contract any disease, illness or injury and if such disease, illness or injury shall upon the advice of a duly qualified Medical Practitioner require any such Insured/Insured Person, to incur hospitalisation and / or other related expenses at any Hospital/ Nursing Home in India (hereinafter called "Hospital") as an inpatient or domiciliary hospitalisation expenses in any of the circumstances mentioned hereunder, then the Company' will pay to the Insured / Insured Person, his /her nominee, or his/her legal representatives, as the case may be, the amount of such expenses/charges as would fall under the different heads mentioned below and as are reasonably and necessarily incurred by or on behalf of such Insured / Insured Person for

1. Hospital / Nursing Home (Room & Boarding and Operation theatre) charges,
2. Fees of Surgeon, Anesthetist, Nurse, Specialists etc.,
3. Cost of diagnostic tests, medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs etc.
4. Pre and post hospitalisation expenses
5. Day Care treatment
6. Ambulance charges

in manner, for the period and to the extent of the Sum Insured as specified in this Policy.

Definitions

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meanings set forth:

1. "**Day Care treatment**" means treatment undertaken in a Hospital / Nursing Home on the recommendation of a Medical Practitioner for the following diseases, illness or injury which require hospitalisation for less than 24 hours:

- a. Dialysis
- b. Chemotherapy
- c. Radiotherapy
- d. Eye surgery
- e. Lithotripsy (kidney stone removal)
- f. Dilatation & Curettage (other than taken for pregnancy and/or childbirth related treatment)
- g. Tonsillectomy
- h. Surgeries/procedures that require less than 24 hour's hospitalisation due to advancement in technology.

2. "**Disease**" means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner.

3. "**Domiciliary hospitalisation**" means medical treatment for a period exceeding three days for any disease, illness or injury which in the normal course would require care and treatment at a Hospital/Nursing Home but is actually taken whilst confined at home in India under any of the following circumstances, namely: -

- a. the condition of the patient is such that he/she cannot be removed to Hospital/Nursing Home, or
- b. the patient cannot be admitted to Hospital/Nursing Home for lack of accommodation therein.

Domiciliary hospitalisation benefits shall be subject to the limits as specified in the Schedule to this Policy, and shall, in no case, cover expenses incurred for:

- a. pre and post Hospital treatment,

- b. treatment of any of the following diseases:
 - i. Asthma
 - ii. Bronchitis
 - iii. Chronic nephritis and nephritic syndrome
 - iv. Diarrhea and all types of dysenteries including gastroenteritis
 - v. Diabetes mellitus and insipidus
 - vi. Epilepsy
 - vii. Hypertension
 - viii. Influenza, cough and cold
 - ix. All psychiatric or psychosomatic disorders
 - x. Pyrexia of unknown origin for less than 10 days
 - xi. Tonsillitis and upper respiratory tract infection including laryngitis and pharangitis
 - xii. Arthritis, gout and rheumatism.

4. **"Family"** means the Insured and his/her lawful spouse above the age of 18 years in case of females and 21 years in case of males.

5. **"Hospital/Nursing Home"** means an establishment in India for indoor medical care and treatment of patients which:

- a. is registered with the appropriate local authorities as such and benefits from the supervision of a Medical Practitioner on a 24 hour basis, or
- b. complies with at least the following criteria:
 - i) it has at least 15 inpatient beds (at least 10 inpatient beds in places with a population of less than 10,00,000);
 - ii) it has a fully equipped operating theatre where surgery is performed;
 - iii) it employs qualified nursing staff on a 24 hour basis;
 - iv) maintains daily records of patients.
- c. By the nature of the medical treatment provided is an establishment properly recognized as a Hospital / Nursing Home within the locality and fulfils all the demands ordinarily or customarily of a Hospital for medical treatment, and where all medical treatment is administered by a Medical Practitioner, and is not, except incidentally, a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel, health spa, massage center or any similar establishment.

6. **"Hospitalisation expenses"** mean expenses on hospitalisation for minimum period of 24 hours, which are admissible under this Policy. However, this time limit will not apply for specific treatments defined under Day Care treatment taken in a Hospital / Nursing Home.

7. "**Illness**" means sickness or disease first diagnosed during the Policy period for which immediate treatment by a Medical Practitioner is necessary.
8. "**Implant**" means an external object that is put in the body as a prosthesis, or for treatment or diagnosis of any disease/ illness/ injury.
9. "**Injury**" means physical injury caused by unintended means during the Policy period.
10. "**In-patient**" means an Insured / Insured Person who is admitted to Hospital / Nursing Home and stays for at least 24 hours for the sole purpose of receiving treatment.
11. "**Insured**" means the individual on whose name the Policy is issued.
12. "**Insured Person**" means the spouse named in the Schedule to this Policy, who has a permanent place of residence in India and for whom the insurance is also proposed and the appropriate premium paid.
13. "**Intra Ocular Lens**" means an implanted lens in the eye during a cataract surgery, usually replacing the existing crystalline lens because it has been clouded over by the cataract. (This excludes a cosmetic lens).
14. "**Medical charges**" mean reasonable charges unavoidably incurred by the Insured/Insured Person for the medical treatment of disease, illness or injury the subject matter of the claim as an In-patient in a Hospital/ Nursing Home, and includes the costs of a bed; treatment and care by medical staff; medical procedures, Medical Practitioner's / Consultants/ specialists fees, medicines and consumables including cost of pacemaker, cost of organs, artificial limbs etc. as long as these are recommended by the attending Medical Practitioner.
15. "**Medical Practitioner**" means a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.
16. "**Policy period**" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

17. **"Post-hospitalisation expenses"** mean relevant medical expenses incurred during the period after hospitalisation for disease, illness or injury sustained as mentioned in the Schedule to this Policy and considered a part of a claim admissible under this Policy.
18. **"Pre-existing condition"** means a chronic disease / illness / injury and consequences of such disease / illness / injury existing or known to exist at the commencement of the Policy period, even if the same has not been treated, including disease / illness / injury treated or for which medical advice has been sought in the last six months before commencement of the Policy period and including their consequences.
19. **"Pre-hospitalisation expenses"** mean relevant medical expenses incurred during the period prior to hospitalisation for disease, illness or injury sustained as mentioned in the Schedule to this Policy and considered a part of a claim admissible under this Policy.
20. **"Qualified nurse"** means a person who holds a certificate of a recognized Nursing Council and is employed on recommendation of the attending Medical Practitioner.
21. **"Schedule"** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Person, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.
22. **"Stent"** means an expandable wire mesh tube that is inserted into a hollow structure of the body to keep a previously blocked passageway open.
23. **"Sum Insured"** means the sum as specified in the Schedule to this Policy against the name of Insured / Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period.
24. **"Surgeon Charges"** means charges payable to a medical specialist (normally a qualified surgeon) who performs a surgical operation.
25. **"Surgical operation"** means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.
26. **"Third Party Administrator (TPA)"** means any organisation or institution that is

licensed by the IRDA as a TPA and is engaged by the Company for a fee or remuneration for providing Policy and claims facilitation services to the Insured / Insured Person as well as to the Company for an insurable event.

Scope of Cover

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed, to pay and/or reimburse following benefits in manner, for the period and to the extent of the Sum Insured as specified in this Policy.

Basic Cover

1. Hospitalisation Expenses

This benefit covers payment of hospitalisation expenses incurred by the Insured / Insured Person for disease / illness / injury contracted or sustained by the Insured / Insured Person during the Policy period as specified in the Schedule to this Policy, in a Hospital/Nursing Home, as an in-patient, which, among other things, includes, Hospital/Nursing Home (Room & Boarding and Operation theatre) charges, fees of Surgeon, Anesthetist, Nurses, Specialists, the cost of diagnostic tests, medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs etc. subject to limits mentioned hereunder:

- a. With respect to expenses at the Hospital/Nursing Home, Room Rent shall be limited to:
 - Rs. 1000/- per day in case of Sum Insured of Rs. 0.5 and 1 lakh
 - Rs. 1500/- per day in case of Sum Insured of Rs. 1.5 and 2 lakhs
 - Rs. 2000/-per day in case of Sum Insured of Rs. 2.5 and 3 lakhs
 - Rs. 2500/- per day in case of Sum Insured of Rs. 3 and 4 lakhs
 - Rs. 3000/- per day in case of Sum Insured of Rs. 4.5 and 5 lakhs.
 - Room Rent for ICU/ Emergency Ward/Isolation Rooms shall not exceed 2.5% of the Sum Insured opted by the Insured.
- b. Maximum amount payable on Intra Ocular Lens for Cataract will be Rs 7000/-
- c. Aggregate of Surgeon charges for all surgical procedures shall not exceed 30% of the total hospitalisation expenses.
- d. Costs on Stents/ Implants shall not exceed 30% of total hospitalisation expenses.

The other expenses such as for Doctor's visit, nursing expenses, operation theatre charges etc will be allowed in the same proportion that the applicable room rent limit as above bears to the actual room rent.

The Insured/Insured Person should have been hospitalised as an in-patient for a minimum

period of 24 hours. However, in respect of Day Care treatment undertaken in a Hospital / Nursing Home, 24 hours hospitalisation is not necessary.

2. Domiciliary hospitalization

This benefit shall be subject to the Sum Insured as specified in the Schedule to this Policy.

Domiciliary hospitalisation benefits also cover expenses on qualified nurses engaged on the recommendation of the attending medical practitioner. The same shall be subject to the Sum Insured as specified in the Schedule to this Policy.

The cover under this Section will be available upto a maximum of 50% of the Sum Insured opted by the Insured.

3. Day care treatment

This benefit covers relevant medical expenses incurred by the Insured / Insured Person in case of day care treatment (where 24 hours of hospitalisation is not required) such as dialysis, chemotherapy, radiotherapy, eye surgery, lithotripsy (kidney stone removal), D & C (other than for pregnancy and/or childbirth related treatment), tonsillectomy and any other surgery/procedure that requires less than 24 hour's hospitalisation due to advancement in technology, undertaken as an inpatient in a Hospital / Nursing Home.

4. Pre-Hospitalisation

This benefit covers relevant medical expenses incurred during a period up to 30 days prior to hospitalisation for treatment of disease, illness or injury sustained and considered a part of a claim admissible under this Policy.

5. Post-Hospitalisation

This benefit covers relevant medical expenses incurred during a period up to 60 days after discharge from Hospital / Nursing Home for continuous treatment of the disease, illness or injury sustained for which the Insured / Insured Person was hospitalised giving rise to an admissible claim under this Policy.

6. Pre-Existing Disease

This Policy covers relevant medical expenses incurred for treatment of pre-existing disease, illness or injury, after two continuous renewals of this Policy ie. from the 3rd year with an applicable co-payment as mentioned below.

| Duration of Policy | Applicable Co-payment |
|---|-----------------------|
| From 3 rd Year to 6 th Year | 20% |
| From 7 th year to 9 th year | 15% |
| From 10 th year onwards | 10% |

7. Expenses on Accompanying Person

Payment of expenses incurred by the person who is accompanying the Insured /Insured Person at the Hospital / Nursing Home whilst the Insured / Insured Person is being hospitalised, can be covered upto 1% of the Sum Insured during the Policy period. These expenses comprise of expenses on food, additional bed charges for such accompanying person being charged by the Hospital / Nursing Home.

8. Ambulance Charges

This benefit provides reimbursement to the Insured/ Insured Person of expenses incurred for his / her transportation by ambulance to the nearest Hospital / Nursing Home for treatment of the disease / illness / injury necessitating his / her admission to Hospital / Nursing Home upto Rs. 1,500/-.

9. Cost of health check up

This benefit provides for payment to Insured / Insured Person of cost / charges incurred for medical check up once in a block of every 3 years upto 1.25% of the average Sum Insured provided there were no claims reported during the said 3 years block period. In case of a family floater, the above limit of 1.25% of average Sum Insured for the three years is for the two family members covered under the floater Policy.

10. Expenses on Medical Aids

Payment of expenses incurred by the Insured / Insured Person for medical aids following a hospitalisation and as prescribed by the treating doctor shall be subject to a maximum of 2.5% of the Sum Insured opted under the Policy.

Specific Exclusions relating to Hospitalisation

The Company shall not be liable to make any payment for any claim, directly or indirectly, caused by, based on, arising out of or howsoever attributable to any of the following:

1. Pre-existing diseases / illness / injury / conditions - All diseases, illnesses, injuries which are pre-existing when the cover under this policy incepts for the first time. However, this Policy shall provide for payment of expenses for treatment relating to pre-existing diseases, illness, injury from the 3rd year after two continuous renewals of this Policy.
2. Medical expenses incurred for treatment undertaken for disease or illness within 30 days of the inception date of this Policy. This exclusion doesn't apply for all claim free roll over/renewal policies.
3. Expenses incurred on treatment of following diseases, illness, injury within the first year from the inception of this Policy :
 - a. Cataract.
 - b. Benign Prostatic Hypertrophy.
 - c. Myomectomy, Hysterectomy or menorrhagia or fibromyoma unless because of malignancy.
 - d. Dilation and curettage (other than taken for pregnancy and/or childbirth related treatment).
 - e. Hernia, hydrocele, congenital internal disease, fistula in anus, sinusitis.
 - f. Skin and all internal tumors/ cysts/nodules/ polyps/ piles of any kind including breast lumps unless malignant /adenoids and hemorrhoids.
 - g. Dialysis required for chronic renal failure.
 - h. Gastric and Duodenal ulcers.

This exclusion does not apply for all claim free roll over / renewal policies.

4. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
5. Dental treatment or surgery of any kind unless requiring hospitalisation.
6. Birth control procedures, hormone replacement therapy, treatment arising from or traceable to pregnancy, childbirth including caesarean section and voluntary medical termination of pregnancy during the first 12 weeks from the date of conception. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.
7. Routine medical, eye and ear examinations, cost of spectacles, contact lenses, vaccinations, medical aids unless specifically prescribed following hospitalisation, issue of medical certificates and examinations as to suitability for employment or travel.

8. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV.
9. Vitamins and tonics unless forming part of treatment for disease, illness or injury as prescribed by the Medical Practitioner.
10. Treatment of obesity, general debility, convalescence, run down condition or rest cure, congenital external illness, defects or anomalies, sterility, venereal disease or intentional self-injury and use of intoxicating drugs/alcohol.
11. Vaccination and inoculation of any kind unless forming part of treatment for disease, illness or injury as prescribed by the Medical Practitioner.
12. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
13. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
14. Any medical, physical or mental condition or treatment or service, which is specifically excluded under this Policy. Treatment of mental disease / illness, psychiatric or psychological disorders.
15. Prostheses, corrective devices and medical appliances, which are not specifically prescribed by the treating Medical Practitioner following hospitalisation for the disease/ illness/ injury for which the Proposer or any of his family members was hospitalised.
16. Any stay in Hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner.
17. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident or as a part of any disease/ illness / injury.
18. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any disease, illness or injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalisation as

defined.

19. Costs of donor screening or treatment, unless specifically covered and specified in the Schedule to this Policy.
20. Experimental and unproven treatment.
21. Any treatment received outside India.
22. Treatment taken from persons not registered as Medical Practitioners under respective medical councils.

General Exclusions applicable to the Policy

The Company shall not be liable to make any payment for any claim, directly or indirectly, caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any disease / illness / injury arising or resulting from the Insured or spouse committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
2. Disease / illness / injury, directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, act of terrorism.
3. Any disease / illness / injury due to alcohol or drug abuse.
4. Disease / illness / injury whilst performing duties as a serving member of a military or a police force.
5. Disease / illness / injury caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
6. Disease/ illness/ injury, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.
7. Insured/Insured Person whilst engaging in speed contest or racing of any kind (other than

on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.

8. Hospitalization resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
9. Disease/illness/injury due to
 - i. intentional self-injury, suicide or attempted suicide
 - ii. self exposure to needless perils except in an attempt to save human life
10. Any consequential loss or damage cost or expense of whatsoever nature.

Claims Procedure

When & How to Claim

It is a condition precedent to the Company's liability that upon the discovery or happening of any disease/illness/injury that may give rise to a claim under this Policy, the Insured / Insured Person shall undertake the following:

1. Claim Notification

The Insured / Insured Person shall give immediate notice to the Third Party Administrator named in the Schedule to this Policy, by calling the toll free number as specified in the Schedule to the Policy and also in writing at the address shown in the Schedule with particulars as below: Policy Number, Name of the Insured/Insured Person availing treatment, nature of disease / illness / injury, name and address of the attending Medical Practitioner / Hospital and any other relevant information. This information also needs to be provided to the Company immediately and prior to availing treatment and in any case within 7 days of hospitalisation/ treatment.

2. Cashless Hospitalisation

The Company shall provide cashless hospitalisation to the Insured /Insured Person through the Third Party Administrator (TPA). The Insured / Insured Persons can avail of cashless hospitalisation upto the limit of Sum Insured as specified in the Schedule to this Policy, subject to obtaining pre-authorisation from the TPA.

Insured/ Insured Person need to submit to the TPA complete information of the disease, illness or injury requiring treatment to be undertaken in a Hospital which is within the TPA network, along with certification from the Medical Practitioner and/or Hospital. Considering the above, the TPA shall issue pre-authorisation to the Hospital concerned for cashless hospitalisation for the treatment of the Insured / Insured Person upto the limit of the Sum Insured specified in the Schedule to this Policy.

However, cashless hospitalisation will not be available if the treatment is undertaken in a non-networked Hospital, in which case, the Insured / Insured Person shall, after due intimation about the hospitalisation details to the Company / TPA as mentioned hereinabove, pay the hospitalisation expenses directly to the Hospital/Nursing Home concerned and claim reimbursement from the Company for the same.

The Company will notify, from time to time, the list of Hospitals/Nursing Homes within the TPA network.

Where cashless hospitalisation is pre-authorised by the TPA, the Insured / Insured Person need not pay the hospitalisation expenses for the treatment undertaken for diseases, illness or injury which is covered under the Policy, and the same shall be paid by the TPA directly to the Hospital/Nursing Home.

Cashless hospitalisation benefit shall be limited exclusively to hospitalisation expenses incurred for treatment undertaken for disease, illness or injury in a network Hospital/Nursing Home and shall not extend to other benefits.

3. Claim Processing

The Third Party Administrator appointed by the Company will process the claim on behalf of the Company and make all payments.

The Company requires the Insured / Insured Person to deliver to the Third Party Administrator at their own expense, within 30 days of the Insured / Insured Person's discharge from Hospital (for post-hospitalisation expenses, completion of post-hospitalisation period or completion of treatment, whichever is earlier), any and all information and documentation concerning the claim or the Company's liability for it, including but not limited to:

- Duly filled claim form(s)
- Original bills, receipts and discharge/card from the Hospital /Medical Practitioner
- Original bills from chemists supported by proper prescription

- Original Investigation test reports and payment receipts
- Medical Practitioner's referral letter advising hospitalisation
- Original bills and receipts for claiming Ambulance charges
- Original bills, receipts and Medical Practitioner's prescription for claiming benefits under external mobility aids and appliances.

If so, requested by the Company, the Insured / Insured Person will have to submit for a medical examination by the Company's or Third Party Administrator's Medical Practitioner as often as the Company considers necessary.

Terms and Conditions

1. Floater Policy

If the Policy is obtained on floater basis covering the spouse, the Sum Insured as specified in the Schedule to this Policy, shall be available to the Insured/Insured Person and all and any one of the Insured/Insured Person for one or more claims during the Policy period.

2. Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.

3. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured / Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

4. Reasonable Care

The Insured/Insured Person shall take all reasonable steps to safeguard the interests of the Insured / Insured Person against accidental loss or damage that may give rise to a claim.

5. Material change

The Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk and cause at his own expense/ such additional precautions to be taken as circumstances may require to ensure safety and containing the circumstances that may give rise to the claim, and the Company may adjust the scope of cover and / or premium, if necessary, accordingly.

6. Records to be maintained

The Insured/ Insured Person shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured /Insured Person shall within one month after the expiry of the Policy furnish such information as the Company may require.

7. No constructive Notice

Any knowledge or information of any circumstance or condition in connection with the Insured/Insured Person in possession of any official of the Company shall not be notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

8. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person or his/her nominees or his/her legal representatives, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

9. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

10. Electronic Transactions

The Insured /Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of

telecommunication, established by or on behalf of the Company, for and in respect of this Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Insured /Insured Person agrees that the Company may exchange, share or part with any information to or with other group companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use /application.

11. Duties of the Insured/ Insured Person on occurrence of loss

On the occurrence of any loss, within the scope of this Policy the Insured /Insured Person shall:

- a) Forthwith file/submit a Claim Form in accordance with 'Claim Procedure'.
- b) Allow the Medical Practitioner or Surveyor or any agent of the Company to inspect the medical and hospitalisation records and to examine the Insured/Insured Person.
- c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.

If the Insured /Insured Person does not comply with the provisions of this Condition, all benefits under this Policy shall be forfeited, at the option of the Company.

12. Position after a claim

As from the day of receipt of the claim amount by the Insured / Insured Person, the Sum Insured for the remainder of the period of insurance shall stand reduced by a corresponding amount.

13. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured /Insured Person's rights or recovery thereof against any person or organisation, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured /Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

14. Contribution

If there shall be existing any other insurance of any nature whatsoever covering the same Insured / Insured Person whether effected by the Insured /Insured Person or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

15. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured/Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no Court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

16. Cancellation/termination

The Company may at any time, cancel this Policy, by giving 7 days notice in writing by Registered Post Acknowledgment Due to the Insured/Insured Person at his / their last known address in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured /Insured Person may also give 7 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales.

Period On Risk Rate Of Premium Refunded

| | |
|----------------------|--------------------|
| Up to 1 month | 75% of annual rate |
| Up to 3 months | 50% of annual rate |
| Up to 6 months | 25% of annual rate |
| Exceeding six months | Nil |

17. Cause of Action / Currency for Payment

No claim shall be payable under this Policy unless the cause of action arises in India. All claims shall be payable in India and in Indian Rupees only.

18. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy.

19. 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 referable 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.

20. Renewal Notice

The Company shall not be bound to give notice that such is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result in enhancing the risk of the Company.

21. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to -

In case of the Insured/Insured Person, at the address specified in the Schedule to this Policy.

In case of the Company, to the Policy issuing office / nearest office of the Company.

22. Customer Service

If at any time the Insured /Insured Person requires any clarification or assistance, the Insured/Insured Person may contact either TPA or the Policy issuing office of the Company.

23. Grievances

In case the Insured / Insured Person is aggrieved in any way, the Insured /Insured Person may contact the Company at the specified addresses, during normal business hours.



Registered Office: Reliance Center, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

RGICL/HL-SC/Annexure II

Reliance Silver Citizens' Policy
Proposal Form

The Policy does not commence until the proposal is accepted by the Company and the full premium is paid.

Intermediary Details

| | | | |
|-------------------|--|------|--|
| Intermediary Name | | Code | |
| Branch Name | | Code | |

Proposer Details

| | | | |
|-------------------------|--|---------------------|--|
| Name of the Proposer | | | |
| Address of the Proposer | | | |
| Flat/Building | | | |
| Road/Street/Sector | | | |
| Area | | Taluka/Village/City | |
| District | | Country | |
| Tel.No (Office) | | Mobile | |
| Email id | | | |

Insured's Details

| Sr No | Name of the person's to be Insured | Gender | Date of Birth | Relationship with the Proposer | Occupation | Nominee Name | Relationship |
|-------|------------------------------------|--------|---------------|--------------------------------|------------|--------------|--------------|
| | | | | | | | |
| | | | | | | | |

Family Doctor Details

| | | | |
|-----------------------|--|---------------------|--|
| Name of the Doctor | | | |
| Communication Address | | | |
| Flat/Building | | | |
| Road/Street/Sector | | | |
| Area | | Taluka/Village/City | |
| District | | Country | |
| Tel.No (Office) | | Mobile | |
| Email id | | | |

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Medical History Details

| Sr no | Name of the Family member | Details of disease/illness/injury suffering from | Treatment/Medication received/receiving | Month and Year when first treated | Name of attending Medical Practitioner/ Surgeon with address and telephone no. |
|-------|---------------------------|--|---|-----------------------------------|--|
| | | | | | |
| | | | | | |

Details of other Insurance Policies

Details of any other insurance like Mediclaim/Critical Illness/Personal Accident or any other Medical Insurance Policy currently held by you or your spouse

| Policy no | Name of Insured/Spouse | Sum Insured | Period of Insurance | | No Claim Bonus /Cumulative Bonus Accumulated | Claim Received/ Receivable | Name and Address of Insurance Company |
|-----------|------------------------|-------------|---------------------|----|--|----------------------------|---------------------------------------|
| | | | From | To | | | |
| | | | | | | | |
| | | | | | | | |

Sum Insured Opted

| | | | | | |
|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Sum Insured | <input type="checkbox"/> 50,000 | <input type="checkbox"/> 100000 | <input type="checkbox"/> 150000 | <input type="checkbox"/> 200000 | <input type="checkbox"/> 250000 |
| | <input type="checkbox"/> 300000 | <input type="checkbox"/> 350000 | <input type="checkbox"/> 400000 | <input type="checkbox"/> 450000 | <input type="checkbox"/> 500000 |

Policy start date: dd / mm / yyyy

Policy end date: dd / mm / yyyy

Payment Details

| | | | |
|----------------------|-------------|----------------|----------------|
| Mode of Payment | Cheque/Cash | | |
| Cheque or DD Amount | | | |
| Amount in Words | | | |
| Bank and Branch Name | | | |
| Cheque/DD Number | | Cheque/DD Date | dd / mm / yyyy |

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Place:
Date:

Signature of the Proposer

Declaration

I hereby declare that the statements, answers and particulars given by me in this proposal form are true to the best of my knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I agree and undertake to convey to Reliance General Insurance Company Limited any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Place :
Date:

SIGNATURE OF THE PROPOSER

Prohibition of rebates - Section 41 of The Insurance Act 1938

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebates as may be allowed in accordance with the prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs 500/- .

Reliance Silver Citizens' Policy
Schedule

| | | | | | |
|--|---------------|------------------|---|-------------------|--------------------------------------|
| Branch Code: | | | Intermediary/Broker Code: | | |
| Policy Number | | | | | |
| Insured Details | | | | | |
| Name of the Proposer : | | | | | |
| Correspondence Address: | | | | | |
| Name of the Insured persons | Gender | DOB | Relationship with Proposer | Occupation | Nominee Name and Relationship |
| | | | | | |
| Policy Details | | | | | |
| Period of Insurance: From 00:00 hour on: | | To mid-night on: | | | |
| Sum Insured: | | | | | |
| Coverage Details | | | | | |
| Cover | | | Sum Insured (Rs.) | | |
| Hospitalisation | | | Sum Insured as opted | | |
| Day Care | | | | | |
| Pre-Post Hospitalisation | | | | | |
| Domiciliary Hospitalisation | | | Upto 50% of opted Sum Insured | | |
| Pre-existing Diseases | | | Covered from 3 rd year onwards after two continuous renewals | | |
| Expenses on accompanying person | | | Upto 1% of opted Sum Insured | | |
| Ambulance Charges | | | Upto Rs. 1,500/- | | |
| Health Check-up Cost | | | Once in a block of 3 years upto 1.25% of average Sum Insured for 3 years. | | |
| Expenses on Medical Aids | | | 2.5% of opted Sum Insured | | |
| Additional Conditions | | | | | |
| This Policy is subject to the following condition: Any claim arising out of a pre-existing condition after 3 rd year of renewal will be subject to a co-payment of 20% of the admissible claim amount. | | | | | |
| Premium Details | | | | | |
| Net Premium: | | | | | |
| Service Tax: | | | | | |
| Total Premium : | | | | | |
| TPA Details | | | | | |

Registered Office: Reliance Center, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

The Policy shall be serviced by TPA name

Note : The coverage is subject to the terms, conditions and exclusions as mentioned under the policy.
The contract of insurance is between the Insurer and the Insured

In witness whereof signed by and on behalf of the Company

Reliance General Insurance Company Limited

Authorised Signatory

Policy shall stand cancelled ab initio in the event of non realisation of the premium.
Service Tax Reg. No.:

Premium Certificate

Premium Certificate for the purpose of deduction under Section 80-(D) of Income Tax (Amendment) Act 1986.

This is to certify that ___ has paid Rs. _____ (In word.....) towards Premium for Health Insurance for the Period From 00:00 on (dd/mm/yy) to midnight (dd/mm/yy).

Master Policy Number: _____

Certificate Number: _____

Date : (dd/mm/yyyy)

Place: _____

Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of Policy or any alteration in the insurance affecting the premium.

Reliance Silver Citizens' Policy
Premium Schedule

Premium Rating

Individual Plan

| Minimum Individual Premium 1 Year Policy (Inclusive of Service Tax) | | | | | | | | |
|---|---------------|---------------|---------------|---------------|---------------|---------------|----------------|----------------|
| Sum Insured Rs. | Upto 35 Years | 36 to 45Years | 46 to 55Years | 56 to 65Years | 66 to 70Years | 71 to 75Years | 76 to 80 Years | 80 to 85 years |
| 50000 | 337 | 409 | 745 | 886 | 1035 | 1108 | 1363 | 1445 |
| 100000 | 837 | 909 | 1656 | 1968 | 2300 | 2463 | 3054 | 3237 |
| 150000 | 1230 | 1336 | 2434 | 2893 | 3381 | 3620 | 4597 | 4827 |
| 200000 | 1575 | 1710 | 3174 | 3780 | 4425 | 4838 | 6289 | 6540 |
| 250000 | 1890 | 2052 | 3809 | 4536 | 5310 | 5805 | 7605 | 7909 |
| 300000 | 2196 | 2385 | 4520 | 5424 | 6375 | 7038 | 9360 | 9641 |
| 350000 | 2460 | 2671 | 5062 | 6075 | 7140 | 7882 | 10562 | 10879 |
| 400000 | 2736 | 2970 | 5750 | 6948 | 8213 | 9100 | 12285 | 12654 |
| 450000 | 3010 | 3267 | 6325 | 7643 | 9034 | 10010 | 13514 | 13919 |
| 500000 | 3276 | 3564 | 6981 | 8460 | 10038 | 11175 | 15086 | 15539 |

| Minimum Individual Premium 2 Year Policy (Inclusive of Service Tax) | | | | | | | | |
|---|---------------|---------------|---------------|---------------|---------------|---------------|----------------|----------------|
| Sum Insured Rs. | Upto 35 Years | 36 to 45Years | 46 to 55Years | 56 to 65Years | 66 to 70Years | 71 to 75Years | 76 to 80 Years | 80 to 85 years |
| 50000 | 640 | 777 | 1416 | 1683 | 1967 | 2105 | 2590 | 2746 |
| 100000 | 1590 | 1727 | 3146 | 3739 | 4370 | 4680 | 5803 | 6150 |
| 150000 | 2338 | 2539 | 4625 | 5497 | 6424 | 6878 | 8734 | 9171 |
| 200000 | 2993 | 3249 | 6031 | 7182 | 8408 | 9192 | 11949 | 12426 |
| 250000 | 3591 | 3899 | 7237 | 8618 | 10089 | 11030 | 14450 | 15027 |
| 300000 | 4172 | 4532 | 8588 | 10306 | 12113 | 13372 | 17784 | 18318 |
| 350000 | 4673 | 5075 | 9618 | 11543 | 13566 | 14976 | 20068 | 20670 |
| 400000 | 5198 | 5643 | 10925 | 13201 | 15605 | 17290 | 23342 | 24043 |
| 450000 | 5718 | 6207 | 12018 | 14522 | 17165 | 19019 | 25677 | 26446 |
| 500000 | 6224 | 6772 | 13264 | 16074 | 19072 | 21233 | 28663 | 29524 |

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Floater Plan

| Minimum Floater Premium 1 Year Policy (Inclusive of Service Tax) | | | | | | | | |
|--|---------------|---------------|---------------|---------------|---------------|---------------|----------------|----------------|
| Sum Insured Rs. | Upto 35 Years | 36 to 45Years | 46 to 55Years | 56 to 65Years | 66 to 70Years | 71 to 75Years | 76 to 80 Years | 80 to 85 years |
| 50000 | 438 | 573 | 1118 | 1373 | 1656 | 1828 | 2317 | 2529 |
| 100000 | 1088 | 1273 | 2484 | 3050 | 3680 | 4064 | 5192 | 5665 |
| 150000 | 1600 | 1871 | 3651 | 4484 | 5410 | 5973 | 7815 | 8447 |
| 200000 | 2048 | 2394 | 4761 | 5859 | 7080 | 7983 | 10691 | 11445 |
| 250000 | 2457 | 2873 | 5714 | 7031 | 8496 | 9578 | 12929 | 13841 |
| 300000 | 2855 | 3339 | 6780 | 8407 | 10200 | 11613 | 15912 | 16872 |
| 350000 | 3197 | 3740 | 7593 | 9416 | 11424 | 13005 | 17955 | 19038 |
| 400000 | 3557 | 4158 | 8625 | 10769 | 13141 | 15015 | 20885 | 22145 |
| 450000 | 3912 | 4574 | 9488 | 11847 | 14454 | 16517 | 22974 | 24358 |
| 500000 | 4259 | 4990 | 10472 | 13113 | 16061 | 18439 | 25646 | 27193 |

| Minimum Floater Premium 2 Year Policy (Inclusive of Service Tax) | | | | | | | | |
|--|---------------|---------------|---------------|---------------|---------------|---------------|----------------|----------------|
| Sum Insured Rs. | Upto 35 Years | 36 to 45Years | 46 to 55Years | 56 to 65Years | 66 to 70Years | 71 to 75Years | 76 to 80 Years | 80 to 85 years |
| 50000 | 832 | 1088 | 2123 | 2609 | 3146 | 3474 | 4402 | 4805 |
| 100000 | 2067 | 2418 | 4720 | 5796 | 6992 | 7722 | 9864 | 10763 |
| 150000 | 3039 | 3554 | 6937 | 8520 | 10278 | 11349 | 14848 | 16050 |
| 200000 | 3890 | 4549 | 9046 | 11132 | 13452 | 15167 | 20313 | 21746 |
| 250000 | 4668 | 5458 | 10856 | 13359 | 16142 | 18199 | 24564 | 26297 |
| 300000 | 5424 | 6344 | 12882 | 15974 | 19380 | 22064 | 30233 | 32056 |
| 350000 | 6075 | 7105 | 14427 | 17891 | 21706 | 24710 | 34115 | 36173 |
| 400000 | 6758 | 7900 | 16388 | 20462 | 24968 | 28529 | 39681 | 42075 |
| 450000 | 7434 | 8690 | 18026 | 22509 | 27463 | 31381 | 43650 | 46281 |
| 500000 | 8092 | 9480 | 19896 | 24915 | 30516 | 35034 | 48728 | 51667 |

Discounts and Loadings

Renewal Discount


Discount equivalent to 5% of renewal premium will be applicable on the Policy as No claim Bonus at the time of renewal, where the Policy which is renewed is claim free in the expiring year.

Renewal Loading

Where the Sum Insured is exhausted during the Policy period, the renewal premium will be loaded by 50%.

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The underwriting of this product would be "rule based" where the rates would be suitably modified based on client tie-up, competition, experience and hazard features subject however to the minimum premium being the listed premium recommended above.



Individual Plan

Premium based on Reliance Healthwise(Silver Plans)

Premium upto age group of 45 years has been reduced by 10% and thereafter for every age group loaded with 15%, 20% 25%

Floater Plan (2members)

Individual Premium loaded with 30% - 75% depending upon the age group

2 year plans are derived after 10% discount (5% for renewal claim free discount and 5% additional discount)

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RGICL/HL-SC/Annexure V

Reliance Silver Citizens' Policy
Claim Form

Issuance of this form does not amount to admission of any liability under the Policy on the part of the Company. Please give the following information correctly and completely to enable us process your claim promptly.

| | |
|---|--|
| Name of the Insured : (in whose name policy is issued) | |
| Address of the Insured: | |
| Details of the Insured/Insured Person (in respect of whom claim is made): | |
| Name & Relationship with the Insured | |
| Present Completed Age | |
| Occupation | |

| | |
|--------------------------------|--------------------------------|
| Policy Number (in Full) | |
| Sum Insured | |
| Period of Insurance | DD /MM /YYYY to DD / MM / YYYY |
| Customer Health ID card Number | |

| |
|---|
| Nature of Disease/Illness contracted or injury sustained? |
| |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Date on which disease/ illness first detected or injury was sustained | D | D | / | M | M | / | Y | Y |
|---|---|---|---|---|---|---|---|---|

| |
|--|
| Name and Address of the attending Medical Practitioner |
|--|

RELIANCE General Insurance

Anil Dhirubhai Ambani Group

A Reliance Capital Company

Registered Office: Reliance Center, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

| |
|--|
| Address: _____ State: _____ |
| Pin Code: _____ Fax: _____ Mobile: _____ |
| Registration No.: _____ |
| Name & Address of the Hospital/Nursing Home |
| Name: _____ |
| Address: _____ |
| State: _____ Pin Code: _____ Fax: _____ |

| | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|---|
| Date of Admission | D | D | - | M | M | - | Y | Y | Y | Y |
| Date of Discharge | D | D | - | M | M | - | Y | Y | Y | Y |

| | |
|---|-------|
| If the Claim is for Domiciliary Hospitalization, Please indicate | |
| Date of Commencement of treatment | _____ |
| Date of Completion of treatment | _____ |
| Name & Address of attending Medical Practitioner: | |
| Address: _____ State: _____ | _____ |
| Pin Code: _____ Fax: _____ Mobile: _____ | _____ |
| Registration No.: _____ Qualification: _____ | _____ |

| | |
|---|----------|
| Is this the first claim under this Policy? | Yes / No |
| If no, please quote previous claim number and details | _____ |

| | |
|--|----------|
| Are you at <u>present</u> covered under any other similar type of scheme like P.A. Cancer Insurance, Mediclaim (Individual or Group), Health Insurance, etc. If Yes. Please give particulars of each-(Policy Type/Policy No./Insurance Company): | |
| _____ | |
| Is this the first year of coverage under any such Policy? | Yes / No |
| If no, since when have you been continuously insured under any such Policy. Give details | _____ |

In support of the above claim, I enclose the following original documents (Please indicate) Bill, Receipt and Discharge certificate / card from the Hospital:

- i. Cash Memos from the Hospital(s)/Chemist(s), supported by proper prescriptions

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- ii. Receipt & Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner/Surgeon recommending such Pathological tests
- iii. Surgeon's certificate stating nature of operation performed & Surgery bill & receipt
- iv. Attending Doctor's/Consultant's/Specialist's/Anesthetist's bill & receipt & certificate regarding diagnosis
- v. In case of Domiciliary Hospitalization, receipt from a qualified nurse who attended the patient at his/her residence duly supported by a certificate from attending Medical Practitioner
- vi. Certificate from attending Medical Practitioner giving reasons for allowing treatment at home
- vii. Certificate from attending Medical Practitioner/Surgeon that the patient is fully cured
- viii. Summary of expenses incurred for which original bills/receipts/cash memos are enclosed.

| Sr. No. | Expenses | Amount (Rs.) |
|---------|---|--------------|
| 1. | Total of Hospital Bill | |
| 2. | Consultant's /Surgeon's /Anesthetist's Fees | |
| 3. | Diagnostics Tests | |
| 4. | Medicines purchased from chemists | |
| 5. | Ambulance Charges | |
| 6. | Expenses on accompanying Person | |
| 7. | Any other additional Expenses | |
| | Grand Total | |

ix.

I declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.

I also consent & authorize the Third Party Administrator (TPA) to seek medical information from any Hospital/Medical Practitioner who has at any time attended on me. I authorize TPA to make payment of the claim admissible as per terms, conditions and limitations of the Policy to the Hospital on my behalf for full and final settlement of hospital bills.

I also authorize TPA to receive payment from the Company as reimbursement of hospital bills incurred on my treatment.

Registered Office: Reliance Center, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

I hereby authorise any hospital, physician, or other person who has treated attended or examined me, to furnish to the Company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment of Insured/Insured Person including copies of relevant hospital or medical records. A photostat copy of this authorization shall be considered as effective and valid as the original.

Dated at _____ this _____ day of _____ 20____

Signature of the Claimant