

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product name	Reliance Health Surrogate and Oocyte Donor Rider	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product / Policy	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)	
4.	Sum Insured (Basis)	Individual Sum Insured _____ Where each member has a separate sum insured under the policy)	
5.	Policy Coverages	Policy coverage as per Annexure I attached	
6.	Exclusions	<p>Following is a list of the Standard Exclusions :</p> <p>Investigation & Evaluation (Code: Excl04) 7.1</p> <p>Rest Cure, rehabilitation and respite care (Code:Excl05) 7.1.1</p> <p>Obesity/ Weight Control (Code:Excl06) 7.1.2</p> <p>Change-of-Gender treatments (Code: Excl 07) 7.1.3</p> <p>Cosmetic or Plastic Surgery (Code: Excl 08) 7.1.4</p> <p>Hazardous or Adventure sports (Code: Excl 09) 7.1.5</p> <p>Breach of law (Code: Excl 10) 7.1.6</p> <p>Excluded Providers (Code: Excl 11) 7.1.7</p> <p>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code: Excl 12) 7.1.8</p> <p>Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code: Excl13) 7.1.9</p> <p>Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code: Excl14) 7.1.10</p> <p>Refractive Error (Code: Excl 15) 7.1.11</p> <p>Unproven Treatments-Code (Code: Excl 16) 7.1.12</p> <p>Sterility and Infertility (Code: Exc 17) 7.1.13</p> <p>Maternity Expenses (Code - Excl 18) 7.1.14</p> <p>Following is a list of the Specific Exclusions : 7.2</p> <p>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. 7.2.1</p>	

		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.	7.2.2
		Any expenses incurred on Domiciliary Hospitalization and OPD treatment.	7.2.3
		Treatment taken outside geographical limits of India.	7.2.4
		In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), Insured Person is not entitled to get the coverage for specified ICD codes.	7.2.5
		Any Surrogacy or Oocyte donation procedure carried out outside geographical limits of India.	7.2.6
		Screening and processing charges for Surrogacy and Oocyte donation shall not be payable.	7.2.7
		Costs associated with surrogacy and Oocyte donation procedure itself and the associated maternity expenses shall not be payable.	7.2.8
7.	Waiting period Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage.	Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	6.2
		Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months for 20 diseases/procedures 36 months for 2 diseases/procedures	6.3
		Pre-existing diseases: Covered after 36 months	6.1
8.	Financial limits of coverage Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	• Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/ Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/- per day.	4.1
		• Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital/ Nursing Home up to 5% of the sum insured subject to maximum of Rs. 10,000/- per day	
		• Cataract - Up to 25% of Sum insured or Rs.40,000/-, whichever is lower, per eye, under one policy year.	4.3
		• Modern Treatment - up to 50% of SI, within SI	4.6
	Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured).	Not Applicable	
	Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount))	Not applicable	



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	Any other limit (as applicable)	Not applicable	
9.	Claims/ Claims Procedure	<p>Please contact Company at least 48 hrs prior to an event which might give rise to a claim. For any emergency situations, kindly contact the Company within 24 hours of the event. For any claim related query, information or assistance You can also contact Our Help Line at 022 4890 3009(Paid) or visit Our website www.reliancegeneral.co.in or e-mail Us at rgicl.rcarehealth@relianceada.com .</p> <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>TAT for preauthorization of cashless facility) - 2 hours</p> <p>TAT for cashless final bill authorization: - 1 hours</p> <p>TAT for Reimbursement:</p> <ul style="list-style-type: none"> • TAT (Claim doc. received date to payment for Non-investigated cases): 30 Days • TAT (Claim doc. received date to payment for Investigated cases): 45 Days <p>The details / web link for following :</p> <ol style="list-style-type: none"> 1. Network Hospital details Reliance General Insurance Locator (rgi-locator.appspot.com) 2. Helpline number (For Inland Travel) +91 22 4890 3009 (Paid number) 3. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.reliancegeneral.co.in/downloads/Black_List_Hospital.pdf 4. Downloading/getting claim forms https://www.reliancegeneral.co.in/insurance/claims/claim-page-health.aspx 	8
10.	Policy Servicing	Any issues related with respect to policy, kindly E-mail us at rgicl.services@relianceada.com and for correspondence contact us Reliance General Insurance Company Limited Correspondence Address – Reliance General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001. Contact No.: 022 - 41112600.	
11.	Grievances/ Complaints	<p>Details of</p> <ul style="list-style-type: none"> • Grievance redressal officer refer the link (https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx) • IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ • Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document 	10
12.	Things to Remember	<p>Free Look Cancellation: The Free Look Period will be applicable on the new policy and not on renewals</p> <ol style="list-style-type: none"> i. The Insured will be allowed a period of thirty 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. ii. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to <ol style="list-style-type: none"> 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 	9.1.13



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	<p>Policy Renewal: The policy is not ordinarily renewable. 9.1.9</p> <p>Portability: The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability. 9.1.8</p> <p>Change in Sum Insured: Sum insured cannot be changed (increased/ decreased) at any time during the Policy Period.</p> <p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. 9.1.11</p>
13. Your Obligations	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 by the policyholder.

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policy)

Note:

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

ANNEXURE I

Name	Reliance Health Surrogate and Oocyte Donor Rider
Product Type	Individual
Category of Cover	Indemnity
Sum Insured	INR 5 Lakhs/10 Lakhs
Policy Period	1 year for Oocyte Donor 3 years for Surrogate
Eligibility and Application requirements	Female gestational Surrogate or Oocyte donor
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered upto sum insured, during each Policy year as specified in the policy schedule.
Pre-Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital



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

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance Health Surrogate and Oocyte Donor Rider. UIN: RELHLIA25001V012425. RGI/MCOM/CO/RELIANCE HEALTH SURROGATE AND OOCYTE DONOR RIDER/CIS/VER.1.0/260824.

Sublimit for room/doctor's fee	<ol style="list-style-type: none"> 1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital/ Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/- per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital/ Nursing Home up to 5% of the sum insured subject to maximum of Rs. 10,000/-, per day
Cataract Treatment	Up to 25% of Sum insured or Rs.40,000/-, whichever is lower, per eye, under one policy year.
Modern Treatment	Up to 50% of SI, Within S.I
Cumulative bonus	Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.
WAITING PERIODS	
Pre Existing Disease	36 months Note: This exclusion shall not apply in case of medical complications arising within 6 weeks of childbirth through Surrogacy
Initial Waiting	30 days
Specific Waiting Period	24/36 months



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