



Introducing  
**RELIANCE COVID-19 INDEMNITY POLICY**  
that covers pandemic Coronavirus

**POLICY COVER**

Type of Cover	Individual
Sum Insured	₹ 25,000
Policy Period	1 year
Entry Age Eligibility	3 months to 65 years
Waiting Period	15 days of Policy Period Start Date, or date of addition of Insured Person, whichever is later

BENEFITS	BRIEF DESCRIPTION	LIMITS
<b>BASE COVER</b>		
I) Hospitalisation Cover	Covers Medical Expenses incurred on Hospitalisation due to Diagnosis of presence of COVID-19	Max Upto the Sum Insured
II) Pre-Hospitalisation Cover	Covers the Medical Expenses incurred upto 30 days prior to date of Hospitalisation	Within the Hospitalisation Sum Insured limits
III) Post-Hospitalisation Cover	Covers the Medical Expenses incurred upto 60 days post discharge from the Hospital	Within the Hospitalisation Sum Insured limits

The total amount payable under Covers (i),(ii),(iii) shall not exceed 100% of the Sum Insured

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Disclaimer – This advertisement contains only an indication of cover offered with Reliance COVID-19 Indemnity Policy, UIN: RELHLGP21021V012021. For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully together before concluding sale. IRDAI Registration No. 103. Reliance General Insurance Company Limited. Registered & Corporate Office: Reliance Centre, South Wing, 4th Floor, Santacruz (East), Off. Western Express Highway, Mumbai 400055. Corporate Identity No.U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/COVID-INDEMNITY-ONEPAGER/VER. 1.0/180620.

## RELIANCE COVID-19 INDEMNITY POLICY POLICY WORDINGS

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IRDAI Registration No. 103.

Reliance General Insurance Company Limited.

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

UIN - RELHLGP21021V012021.

Corporate Identity No.: U66603MH2000PLC128300.

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An ISO 9001:2015 Certified Company

## Section 1: Preamble

Conditions applicable to the Master Policy Holder:

The Master Policy Holder as mentioned in the Certificate of Insurance to this Policy has

- by way of requesting to Reliance General Insurance Company Limited (hereinafter called "the Company") for issuance of the Master Policy under which this Policy has been issued, disclosed all the relevant information required by the Company for deciding on the issuance of Master Policy and
- Agreed that all Certificates of Insurance are issued as per the terms and conditions as agreed upon in the Master Policy

### Conditions applicable to the Certificate Holder:

The Certificate Holder mentioned so in the Certificate of Insurance to this Policy has:

- by way of submitting a Proposal, applied to Reliance General Insurance Company Limited (hereinafter called "the Company") for this insurance Policy, and has disclosed all the relevant information required by the Company for deciding on the question of acceptance of this proposal and issuance of the Policy.
- paid appropriate premium and has agreed to undertake to pay subsequent premiums, if any, by their due dates and
- agreed and understood that the Certificate of Insurance will be governed by the terms and conditions of the Master Policy

### Eligibility criteria for Certificate Holder:

This Policy shall cover only Persons who meet the below criteria:

- Indian residents
- Persons aged between 3 months to 65years
- Persons who are not already recommended Quarantine at the time of Proposal
- Persons who are not Immunocompromised. Immunocompromised Persons include Persons who have undergone Hospitalization, surgery or Day Care procedure(s) within 90 days immediately preceding the Certificate Period Start Date
- Persons who have not travelled to the travel-restricted countries specified in Annexure-1 of this Policy document in 45 day immediately preceding the Certificate Period Start Date This condition shall be waived where 'Section 3.2.5 Travel Exclusion Removal Cover' is opted.

### Conditions applicable to the Company:

The Company, upon accepting the Proposal and receiving all the premiums by their due dates and realization thereof, undertakes that if during the Policy Period as specified in the Certificate of Insurance, any Claim occurs which becomes admissible and payable under this Policy then the Company shall pay for such Claim as per the terms, conditions, coverage exclusions and definitions as mentioned in this Policy.

## 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. 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
- iii. 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.
- iv. 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
- v. Bank Rate means Bank Rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claims has fallen due.
- vi. Cashless Facility means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the Insured Person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved
- vii. Certificate of Insurance: The Policy Schedule issued to the Certificate Holder / Insured in line with the terms and conditions as agreed upon in the Master Policy attached to and forming part of this insurance contract mentioning details including but not limited to, details of the Insured Persons, Certificate Period Start Date, Certificate Period End Date, coverage, sections and benefits applicable, the Sum Insured, the Policy Period, premium paid (including duties, taxes and levies thereon).
- viii. Certificate Period End Date means the Date and Time at which the coverage expires for Insured and is appearing in the Certificate of Insurance.
- ix. Certificate Period Start Date means the Date and Time at which the Insured is enrolled under the Policy is the Certificate Period Start Date as appearing in the Certificate of Insurance. It must lie within the Master Policy Period.
- x. Claim means a demand made by the Policyholder/Insured Person or on his/her behalf, for payment under any Benefit, as covered under the Policy
- xi. Company means Reliance General Insurance Company Limited.
- xii. 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"

- xiii. Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- xiv. 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.
- xv. 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
- xvi. 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.
- xvii. 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.
- xviii. 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.
- xix. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings

(where appropriate), crowns, extractions and surgery.

- xx. 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 Certificate Period Start Date, and who is unmarried and financially dependent on the Certificate Holder and does not have an independent source of income.
- xxi. 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.
- xxii. 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.
- xxiii. 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.
- xxiv. 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.
- xxv. 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.
- xxvi. 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:
  - a. has qualified nursing staff under its employment round the clock;
  - b. 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;
  - c. has qualified Medical Practitioner(s) in charge round the clock;
  - d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
- xxvii. 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

xxviii. Illness means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. 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.
- b. 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

xxix. 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.

xxx. In-Patient Care/In-Patient Treatment means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

xxxi. 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 Certificate of Insurance and with respect to whom the premium has been received by the Company.

xxxii. 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.

xxxiii. ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges

xxxiv. Master Policy Holder is an entity, who facilitates selling and solicitation of this Policy and has agreed on the coverage, premiums, terms and conditions. These pre-agreed terms and conditions form the Master Policy and shall be the basis of the coverage offered to the Certificate Holder/ Insured

xxxv. Master Policy Period End Date means the date and time on which the Master Policy expires, as specifically appearing in the Master Policy

xxxvi. Master Policy Period Start Date means the date and time on which the Master Policy commences, as specifically appearing in the Master Policy

xxxvii. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription

xxxviii. 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.

xxxix. 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.

xl. Medically Necessary Treatment means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which:

- a. is required for the medical management of the Illness or Injury suffered by the Insured;
- b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- c. must have been prescribed by a Medical Practitioner;
- d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

xli. 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

xlii. Network Provider means Hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an Insured by a cashless facility

xliii. Nominee means the person whose name specifically appears as such in the Certificate of Insurance and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of the death of the Insured Person. Nominee for all other Insured Person(s) shall be the Policyholder himself.

xliv. Non- Network Provider means any Hospital that is not part of the network

xlv. Notification of Claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

xlvi. Out-Patient (OPD) Treatment means treatment in which the Insured visits a clinic/Hospital or associated facility like a consultation room for Diagnosis and treatment based on the

advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient

- xlvii. Policy means the Company's contract of insurance with the Policyholder or alternatively, the Certificate Holder providing cover as detailed in this Policy Terms & Conditions, the Proposal Form, Master Policy, Policy Schedule or Certificate of Insurance, Endorsements if any and Annexures, form part of the contract and must be read together.
- xlviii. Policyholder means the person who is the Proposer and whose name specifically appears in the Policy Schedule or Certificate of Insurance as such. The Policyholder can alternatively be called as Certificate Holder
- xlix. Policy Period: Policy Period means a period beginning from the Certificate Period Start Date, as specified in Certificate of Insurance; and ending on the Certificate Period End Date as specified in the Certificate of Insurance or on the date of cancellation of the Policy, whichever is earlier
- I. Portability means the right accorded to an individual health insurance Policyholder (including all members under family cover), to transfer the credit gained for Pre-Existing conditions and time bound exclusions, from one insurer to another insurer
  - ii. Post-Hospitalisation Medical Expenses means Medical Expenses incurred during predefined number of days immediately after the Insured Person is discharged from the Hospital provided that:
    - a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and
    - b. The inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.
  - iii. Pre-existing Disease means any condition, ailment, Injury or disease:
    - a. 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
    - b. 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
  - iiii. Pre-Hospitalisation Medical Expenses means Medical Expenses incurred during predefined number of days preceding the Hospitalisation of the Insured Person, provided that:
    - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
    - b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company
  - iv. 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

- iv. 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
- ivi. Quarantine means isolation of an individual either due to Diagnosis or suspected infection of COVID-19. For the purposes of this Policy, such Quarantine should be done in a Government Authorised Quarantine Centre. Self-isolation is not Quarantine.
- lvii. 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.
- lviii. Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated Medical Expenses
- lix. Sum Insured means the amount specified as Sum Insured in the Certificate of Insurance 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
- lx. 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.
  - i. Third Party Administrator (TPA) means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
- lxi. Unproven/Experimental treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- lxii. Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.



### Section 3: Scope of Cover

All Certificates of Insurance issued under this Master Policy will be subject to terms and conditions as agreed upon in the Master Policy.

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Certificate Holder as per the covers and limits specified in the Certificate of Insurance

#### Section 3.1 Medical Expenses

The covers listed below are in-built Policy benefits and shall be mandatorily available to the Insured Person in accordance with the terms set out in the Policy.

##### 3.1.1 Hospitalisation Cover

The Company shall indemnify the Insured Person, up to the Sum Insured specified in the Certificate of Insurance, for the Medical Expenses incurred, if the Insured Person undergoes Hospitalisation during the Policy Period provided that such Hospitalisation is necessarily due to Diagnosis of presence of COVID-19.

##### Medical Expenses shall include:

- i. Room Rent, Boarding, Nursing Expenses
- ii. Intensive Care Unit (ICU) expenses
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/surgeon or to the Hospital
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses

##### 3.1.2 Pre-Hospitalisation Cover

The Company shall indemnify pre-hospitalisation Medical Expenses incurred by the Insured Person, related to an admissible Hospitalisation requiring inpatient care, for a maximum period of 30 days prior to the date of admissible Hospitalisation for which a claim is accepted by the Company under the Section 3.1.1 Hospitalisation Cover

##### 3.1.3 Post-Hospitalisation Cover

The Company shall indemnify post-hospitalisation Medical Expenses incurred by the Insured Person, related to an admissible Hospitalisation requiring inpatient care, for a maximum period of 60 days from the date of discharge from the Hospital, following an admissible Hospitalisation for which a claim is accepted by the Company under the Section 3.1.1 Hospitalisation Cover.

#### Section 3.2 Add-on Covers:

The covers listed below are Add On Policy benefits and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted and appropriate premium is paid.

##### 3.2.1 Quarantine Cover

The Company shall indemnify the Insured Person, up to 50% of Sum Insured specified in the Certificate of Insurance, for Medical

Expenses incurred during Quarantine, if the Insured Person is Quarantined during the Policy Period provided that such Quarantine is necessarily due to suspected infection of COVID-19. Medical Expenses shall become payable starting on the fourth consecutive day of Quarantine, for a maximum of fifteen continuous days.

Medical Expenses payable in relation to the of the Quarantine facility shall include:

- i. Room Rent, Boarding, Nursing Expenses
- ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/surgeon or to the Hospital
- iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses

The total payable per day Medical Expense shall be limited to 2% of the Sum Insured subject to maximum of Rs.5000/- per day.

Any one of 3.1 Medical Expenses or 3.2.1 Quarantine Cover will be payable at a time.

Only one claim per Insured Person shall payable under 'Section 3.2.1 Quarantine Cover' in any given Policy Period.

##### 3.2.2 Ambulance Cover

The Company shall indemnify the Insured Person up to Rs. 3500 per Hospitalisation for expenses incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed in relation to Hospitalisation for which the Company has accepted a claim under Section- 3.1.1 Hospitalisation Cover.

The coverage also includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the Medically Necessary Treatment if such treatment cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that transportation has been prescribed by a Medical Practitioner.

##### 3.2.3 Daily Cash

The Company shall pay the Insured Person an amount equal to the per day limit specified in the Certificate of Insurance for each 24 hours of continuous Hospitalisation or Quarantine if the Insured Person has been Hospitalised or Quarantined for a minimum period of four continuous days and a claim for the same has been accepted by the Company under 3.1.1 Hospitalisation Cover or 3.2.1 Quarantine Cover (if opted).

Daily Cash shall become payable starting on the second consecutive day of Hospitalisation or fourth consecutive day of Quarantine.

The compensation under this cover shall be payable for a maximum duration of 30 days in a Policy Period.

Only one claim per Insured Person shall payable under 'Section 3.2.3 Daily Cash' in any given Policy Period.

For a claim to be admissible under this Daily Cash, a claim should have been made and accepted by the Company either under

'Section 3.1.1 Hospitalisation Cover' or under 'Section 3.2.1 Quarantine Cover'.

### 3.2.4 Convalescence Cover

The Company shall pay the Insured Person an amount equal to the limit specified in the Certificate of Insurance to the surviving Insured Person if he/she is discharged following a Hospitalisation due to Diagnosis of presence of COVID-19, where such Hospitalisation was for a minimum period of 14 days.

Convalescence Cover shall become payable only upon discharge from the Hospital.

Only one claim per Insured Person shall payable under 'Section 3.2.4 Convalescence Cover' in any given Policy Period.

For a claim to be admissible under this Cover, a claim should have been made and accepted by the Company either under 'Section 3.1.1 Hospitalisation Cover'.

### 3.2.5 Travel Exclusion Removal Cover

The Company shall waive the specific condition 'i' as listed in 'Section 4: Specific Conditions related to Section-3' applicable for 'Section 3.1 Medical Expenses'

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

This waiver shall not apply to any Add-on Covers (Sections 3.2.1., 3.2.2, 3.2.3, 3.2.4)

### Section 4: Specific Condition related to Section 3- Scope of Cover

- i. The Insured Person should not have travelled to the travel-restricted countries specified in Annexure-1 of this Policy document in 45 day immediately preceding the Certificate Period Start Date
- ii. 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
- iii. Irrespective of number of claims made under the Policy, the maximum claim amount payable during the Policy Period is restricted to the Sum Insured limit specified in the Certificate of Insurance.
- iv. For a claim to be admissible under 'Section 3.1.1 Hospitalisation Cover' the Insured Person must be Hospitalised for a minimum period of 24 hours.
- v. For a claim to be admissible under 'Section 3.2.1 Quarantine Cover' the Insured Person must be Quarantined for a minimum period of 36 continuous hours
- vi. The expenses that are not covered in this Policy are specified under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively
- vii. The total amount payable under Covers 3.1.1, 3.1.2, 3.1.3, 3.2.1 shall not exceed 100% of the Sum Insured

### Section 5: Waiting Period

The Company shall not be liable to make any payment under the Policy in connection with or in respect of following expenses till the expiry of Waiting Period mentioned below

- i. Initial Waiting Period: The Policy shall not cover Hospitalisation or Quarantine within 15 days of Certificate Period Start Date.

### Section 6. Exclusions

The Company shall not be liable to make any payment under the Policy, in respect of any expenses incurred in connection with or in respect of:

#### 6.1 Specific Exclusion

- 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. 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 3.1.1 Hospitalisation Cover of this Policy.
- iii. Self-Quarantine: Self-Quarantine is not covered
- iv. Unauthorized Testing center: Testing done at a Diagnostic center other than the ones authorized by the Union Health Ministry of India shall not be recognized under this Policy
- v. Undefined Conditions: Treatment taken for any condition or disease other than defined above in Section 3 Scope of Cover of this Policy document is not covered.

#### 6.2 General Exclusion

- i. Breach of law (Code: Excl 10): Expenses for treatment directly arising from or consequent upon 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. 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 Hospitalisation claim or day care procedure (Code:Excl14):
- iv. Domiciliary/OPD Treatment: Any expenses incurred on Domiciliary Hospitalisation and OPD treatment.
- v. Excluded Providers (Code: Excl 11): Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified by the Policyholders/Certificate Holders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.(For updated and detailed list of Excluded Providers refer website-[www.reliancegeneral.co.in](http://www.reliancegeneral.co.in))



- vi. Investigation & Evaluation (Code: Excl04)
  - a. Expenses related to any admission primarily for diagnostics and evaluation purposes
  - b. Any diagnostic expenses which are not related or not incidental to the current Diagnosis and treatment are excluded
- vii. 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
- viii. 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.
- ix. Rest Cure, rehabilitation and respite care (Code:Excl05):Expenses related to any admission primarily for enforced bed rest and not for receiving treatment ,this also includes:
  - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
- x. Out of India: Diagnosis, Quarantine and/or Treatment taken outside India is not covered
- xi. Unproven Treatments-Code (Code: Excl 16): Expenses related to any unproven treatment, services and supplies for or in connection with any treatment.  
  
Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

- xii. 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.
- xiii. Willful Act/Negligence: Willful acts or willful gross negligence of the Insured Person

## Section 7. Claims Procedure

### 7.1 Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization
- iii. The Company/ TPA upon getting cashless request form and related medical information from the Insured Person/ network provider will issue pre-authorization letter to the Hospital after verification.
- iv. At the time of discharge, the Insured Person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company/ TPA reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the Insured Person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company /TPA for reimbursement.

### 7.2 Procedure for Reimbursement of Claims

For reimbursement of claims the Insured Person/Certificate Holder may submit the documents to TPA (If applicable)/ Company within the prescribed time limit as specified hereunder.

Sr. No	Type of claim	Prescribed Time Limit
i.	Reimbursement of Hospitalisation, and pre Hospitalisation expenses	Within thirty days of date of discharge from Hospital
ii.	Reimbursement of post Hospitalisation expenses	Within fifteen days from completion of post Hospitalisation treatment

### 7.3 Notification of Claim

Notice with full particulars shall be sent to the Company/TPA(if applicable) as under:

- i. Within 24 hours from the date of emergency Hospitalisation or Quarantine required or before the Insured Person's discharge from Hospital or Quarantine centre, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital or Quarantine centre in case of a planned Hospitalisation or Quarantine.

### 7.4 Documents to be submitted

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Duly Completed claim form
- ii. Copy of Insured Person's passport (All pages)
- iii. Photo Identity proof of the patient (where Insured Person does not own a passport)
- iv. Insured Person's Test Reports from Authorised COVID-19 testing centre
- v. Original Quarantine prescription
- vi. Original bills with itemized break-up
- vii. Payment receipts
- viii. Hospital or Quarantine Centre Discharge summary including complete medical history of the patient along with other details.
- ix. Any other Investigation or Diagnostic test reports supported by the prescription from attending Medical Practitioner
- x. Sticker/Invoice of the Implants, wherever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- xii. KYC (Identity proof with Address) of the Insured Person, where claim liability is above Rs 1Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate, wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.

#### Note:

- a. The Company shall accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
- b. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
- c. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

### 7.5 Claim Settlement (provision for Penal Interest)

- i. 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.
- ii. 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.
- iii. 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.
- iv. 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.

### 7.6 Services Offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of Pre-Authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the Policy,

The services offered by a TPA shall not include

- i. Claim settlement and claim rejection;
- ii. Any services directly to any Insured Person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

### 7.7 Payment of claim

All claims under the Policy shall be payable in Indian currency only.

## Section 8: General Terms and Conditions

### 8.1 Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

### 8.2 Conditions precedent to Admission of Liability

The due observance and fulfilment of the terms and conditions of the Policy, by the Insured Person shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

### 8.3 Material Change

The Certificate Holder / Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and/or premium, if necessary, accordingly.

#### 8.4 Overriding effect of the Certificate of Insurance

The terms and conditions contained in the Certificate of Insurance 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 Certificate of Insurance, the terms in the Certificate of Insurance shall be upheld. The contents of the Certificate of Insurance shall have overriding effect on the Policy Wordings.

#### 8.5 Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Certificate Holder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

#### 8.6 Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim

#### 8.7 Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Certificate of Insurance
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the Certificate of Insurance.

#### 8.8 Territorial Limit

- i. All testing, Quarantine, medical treatment for the purpose of this insurance will have to be taken in India only.

#### 8.9 Multiple Policies

- i. In case of multiple policies taken by an Insured during a period from the same or one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the Certificate Holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- ii. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other Policy/policies, even if the Sum Insured is not exhausted. Then the Insurer(s) shall independently settle the Claim subject to the terms and conditions of this Policy.

- iii. If the amount to be claimed exceeds the Sum Insured under a single Policy after, the Insured shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. Where an Insured has policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen Policy.

#### 8.10 Fraud

If any claim made by the Insured Person, 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 Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy shall be forfeited.

Any amount already paid against Claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Certificate of Insurance, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- i. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- ii. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- iii. any other act fitted to deceive; and
- iv. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the Policy on the ground of fraud, if the Insured Person can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Certificate Holder, if alive, or beneficiaries.

#### 8.11 Cancellation of Master Policy

- i. Master Policy Holder may terminate this Policy at any time by giving Company a written notice, and the Policy shall terminate when such written notice is received by the Company.
- ii. Company may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts by Master Policy Holder or anyone acting on Master Policy Holder's behalf upon 30 days' notice by sending an endorsement to Master Policy Holder's address or E-mail Id shown in the Master Policy Schedule .All existing Certificates of Insurance will not be affected and will continue to be in force until the end of the said Policy Period as mentioned in that Certificate of Insurance.

### 8.12 Cancellation or Termination of Certificate of Insurance (other than Free-look cancellation)

- i. The Insured Person may terminate the Certificate of Insurance anytime by giving Company a written notice, and the applicable Certificate of Insurance shall be terminated when such written notice is received. If no claims have been made under the applicable Certificate of Insurance, the Company shall refund premium on short term rates for the unexpired Policy Period as mentioned below

#### Short Term Rates

Cancellation days from Policy Period Start Date	Premium Retained
<=90 days	65%
91 - 180 days	85%
181 - 365 days	100%

- i. Company may at any time terminate this Certificate of Insurance 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 Certificate of Insurance without refund of premium.
- ii. A cancellation fees of Rs 250+GST shall be charged for early termination or cancellation of Certificate of Insurance prior to commencement of risk.

### 8.13 Automatic change in Coverage under the Policy

The coverage for the Insured Person(s) shall automatically terminate:

- i. In the case of his/ her (Insured Person) demise. However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy. In case, the other Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the Insured Person) must be submitted to the Company along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured Person, pro-rata refund of premium of the deceased Insured Person for the balance period of the Policy will be effective
- ii. Upon exhaustion of Sum Insured, for the Policy Period. However, the Policy is subject to renewal on the due date as per the applicable terms and conditions

### 8.14 Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

### 8.15 Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the 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 here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising 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, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

### 8.16 Migration

- i. Every individual member, including family members covered under this Policy shall be provided an option of Migration at the time of exit from Group or in the event of modification of the Group Policy (including the revision in the premium rates) or withdrawal of the Group Policy to an individual health insurance Policy or a family floater Policy.
- ii. Migration shall be applicable to the extent of the Sum Insured under this Policy.
- iii. A Policyholder/Insured Person desirous of migrating his/her Policy shall apply atleast 30 days before the premium renewal date of his/her existing Policy.
- iv. Only the unexpired/residual Waiting Period not exceeding the applicable Waiting Period applicable to this Policy with respect to Pre-Existing Diseases and time bound exclusions shall be made applicable on Migration under the new Policy.
- v. Migration from this Group Policy to Individual Policy will be subject to prevailing Underwriting Guidelines.
- vi. Where underwriting is done, The Company shall convey its decision to the Policyholder/Insured Person within 15 days.
- vii. The Company shall not levy any charges exclusively for Migration.

For Detailed Guidelines on Migration, kindly refer [www.irdai.gov.in/Circular-IRDA/HLT/REG/CIR/003/012020](http://www.irdai.gov.in/Circular-IRDA/HLT/REG/CIR/003/012020), Dated-01012020)

### 8.17 Portability

The Company shall allow Portability under this Policy which shall be in accordance with Portability Guidelines as defined by the IRDAI from time to time.

For Detailed Guidelines on Portability, kindly refer-  
[www.irdai.gov.in](http://www.irdai.gov.in)(Circular- IRDA/HLT/REG/CIR/003/012020,  
dated 01012020)

### 8.18 Renewal

- a. This Policy will automatically terminate at the Certificate Period End Date. All renewal applications should reach the Company before the Certificate Period End Date.
- b. 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 prior mentioned and that nothing is known to the Policyholder/ Insured Person(s) that may result in enhancing the Company's risk.
- c. This Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of this Policy
- d. Renewal premium may vary and shall be as communicated by the Company to the Master Policyholder at the time of renewal of the Policy.

### 8.19 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are affected

### 8.20 Free Look Period

The Free Look Period shall be applicable at the inception of the Certificate of Insurance 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

- i. 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
- ii. 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
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

### 8.21 Endorsements (Changes in Policy)

This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written endorsement signed and stamped.

### 8.22 Change of Sum Insured

Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time. For any increase in Sum Insured, the Waiting Period shall start afresh only for the enhanced portion of the Sum Insured

### 8.23 Terms and conditions of the Policy

The terms and conditions contained herein and in the Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document

### 8.24 Nomination

The Insured Person is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Insured Person. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. For Claim settlement under reimbursement, the Company will pay the Policyholder/Insured Person. In the event of death of the Insured Person, the Company will pay the nominee {as named in the Policy Schedule/Certificate of Insurance Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

## Section 9: Redressal of Grievances

Grievance-In case of any grievance relating to servicing the Policy, the Insured Person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link-  
<https://reliancegeneral.co.in>

E-mail: [rgicl.services@relianceada.com](mailto:rgicl.services@relianceada.com)

Telephone: 1800-3009

Post/Courier: Any branch office, the correspondence address, during normal business hours.

Write to us at: Reliance General Insurance, (Correspondence Only) Correspondence Unit, 301-302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore, Madhya Pradesh, India – 452001

For further details on Grievance redressal procedure please refer below link:

<https://reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx>

IRDAI Integrated Grievance Management System -  
<https://igms.irda.gov.in/>

Insurance Ombudsman -The Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B

No loading shall apply on renewals based on individual claims experience. Insurance is the subject matter of solicitation

You can reach us through any of the following methods for any service related issue and assistance:

Claims Servicing	
Name	R Care
Correspondence Address :	Reliance General Insurance. No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block Krishe Sapphire, Madhapur, Hyderabad-500081.
Contact No. :	1800 3009(toll free)/022-41112600
E-mail :	<a href="mailto:rgic.rcarehealth@relianceada.com">rgic.rcarehealth@relianceada.com</a>
Fax No. :	(022)4890 3009

### Section 10: Schedule of Benefits

Cover	Brief Description	Limits
3.1.1 Hospitalisation Cover	Covers Medical Expenses incurred on Hospitalisation due to Diagnosis of presence of COVID-19	Upto the Sum Insured  (Options in Rs: 25000, 50000, 100000, 150000, 200000, 250000, 300000, 350000, 400000, 450000, 500000)
3.1.2 Pre-Hospitalisation Cover	Covers the Medical Expenses incurred upto 30 days prior to date of Hospitalisation	Within the Hospitalisation Sum Insured limits
3.1.3 Post - Hospitalisation Cover	Covers the Medical Expenses incurred upto 60 days post discharge from the Hospital	Within the Hospitalisation Sum Insured limits
<b>Add -On Covers</b>		
3.2.1 Quarantine Cover	Covers the Medical Expenses during Quarantine, starting from the 4th day of Quarantine for a maximum of 15 days during the Policy Period	Upto 50% of Sum Insured
3.2.2 Ambulance Cover	Covers expenses on availing Road Ambulance Services in relation to Hospitalisation due to presence of COVID-19	Rs 3500 per Hospitalisation

3.2.3 Daily Cash	Daily cash payout for each 24 hours of Hospitalisation starting from the 2nd consecutive day of Hospitalisation or from 4th consecutive day of Quarantine for a maximum of 30 days	Opted Per Day Amount subject to a maximum of 30 days  (Options in Rs: 500, 1000, 1500, 2000, 2500, 3000)
3.2.4 Convalescence Cover	Lump sum payout to Surviving Insured Person for minimum 14 days of Hospitalisation	Lump sum payment of 100% of Opted Amount  (Options in Rs: 5000, 10000, 15000, 20000, 25000, 30000)
3.2.5 Travel Exclusion Removal Cover	Waiver of Travel Restriction for Hospitalisation Cover	

Any one of 3.1.1 Hospitalisation Cover or 3.2.1 Quarantine Cover will be payable at a time.

The total amount payable under Covers 3.1.1, 3.1.2, 3.1.3, 3.2.1 shall not exceed 100% of the Sum Insured

### 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](http://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



**ANNEXURE-A- ATTACHED TO POLICY WORDINGS**

1.List I — Optional Items

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGING S
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPY ES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT

SI No	Item
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT,RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

2.List II — Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

3.List III — Items that are to be subsumed into Procedure Charges

SI No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

4.List IV — Items that are to be subsumed into costs of treatment

SI No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

Annexure-B

Ombudsman Office	
Jurisdiction	Office Address
Gujarat, Dadra & Nagar Haveli, Daman and Diu.	<b>AHMEDABAD - Shri Kuldip Singh</b> 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
Karnataka	<b>BENGALURU - Smt. Neerja Shah</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh Chattisgarh	<b>BHOPAL - Shri Guru Saran Shrivastava</b> 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
Orissa	<b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	<b>CHANDIGARH - Dr. Dinesh Kumar Verma</b> 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
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)	<b>CHENNAI - Shri M. Vasantha Krishna</b> 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
Delhi	<b>DELHI - Shri Sudhir Krishna</b> 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

Ombudsman Office	
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	<b>GUWAHATI - Shri Kiriti .B. Saha</b> 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
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	<b>HYDERABAD - Shri I. Suresh Babu</b> 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
Rajasthan	<b>JAIPUR - Smt. Sandhya Baliga</b> 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
Kerala, Lakshadweep, Mahe-a part of Pondicherry.	<b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	<b>KOLKATA - Shri P. K. Rath</b> 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

Ombudsman Office	
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	<b>LUCKNOW - Shri Justice Anil Kumar Srivastava</b> 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
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	<b>MUMBAI - Shri Milind A. Kharat</b> 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

Ombudsman Office

State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Sharnli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

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Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

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The updated details of Insurance Ombudsman are available on IRDA website: [www.irdai.gov.in](http://www.irdai.gov.in), on the website of General Insurance Council: [www.gicouncil.in](http://www.gicouncil.in), our website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in)