We will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the receipt of premium in full, any applicable sub-limits and the terms, conditions and exclusions of this Policy.

SECTION 1 - BASIC BENEFITS

The following Basic Benefits are available to all Insured Persons. Claims made in respect of any of these Basic Benefits will be subject to the availability of the Sum Insured, any applicable sub-limits for the Benefit claimed and will affect the eligibility for the More Options Benefits set out in Section 2.

Cashless Facility at a Network Provider can be availed for the Basic Benefits unless the Basic Benefit expressly specifies that the benefit can be availed only on a reimbursement basis. If Cashless Facility is not available or is not availed by the Insured Person, then the claim will be considered on a reimbursement basis.

If any Insured Person suffers an Illness or Injury during the Policy Period that requires that Insured Person's Hospitalisation for Inpatient Care, then We will pay:

a) Inpatient Care: Medical Expenses incurred for:

i) Room Rent,
ii) Nursing,
iii) Intensive Care Unit (ICU) Charges,
iv) Medical Practitioner(s) fees,
v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
vi) Prosthetic devices if implanted internally during a surgical procedure,
vii) Medicines, drugs and allowable consumables,
viii) Investigative tests and diagnostic procedures directly related to the Injury or Illness for which the Insured Person is Hospitalised.

b) Special Treatment: Medical Expenses incurred for the following

i) Treatment for correction of eye sight due to refractive error above dioptre 14.0,
ii) Stem cell therapy or surgery,
iii) Administration of intra-articular or intra-lesional injections, monoclonal antibodies such as Rituximab/Infliximab/Tratsuzumab and supplementary medications such as Zoledronic acid,
iv) Robotic surgery.

These Medical Expenses will be covered upto the amount specified in the Schedule of Benefits, provided that:

i) A Co-payment of 50% will be applicable on the admissible amount under this Benefit for each and every claim. This Co-payment will apply in addition to any other Co-payment already applicable under the Policy.
ii) The MoreCover Benefit and MoreGlobal Benefit under More Options Benefits 2.b) and 2.c) shall not apply to any claim under this Benefit, even if same are specified to be in in force for the Insured Person under this Policy.
iii) Our maximum liability will be restricted to the amount specified in the Schedule of benefits.

Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A Co-payment does not reduce the Sum Insured.

c) Day Care Procedures: Medical Expenses incurred for Day Care Treatment which is a Surgical Procedure, chemotherapy or radio-therapy or haemodialysis taken by an Insured Person during the Policy Period at a Hospital or Day Care Centre provided that:

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i) Any Day Care Treatment carried out for diagnostic purposes shall not be covered under this Benefit,

ii) Any Day Care Treatment which also falls within the scope of cover under Basic Benefit 1. b) will be considered under Basic Benefit 1.b) and not this Benefit.

iii) No list of Day Care Treatments will be provided for this benefit.

Day Care Treatment means medical treatment, and/or Surgical Procedure which is:

i) undertaken under General or Local Anesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and

ii) which would have otherwise required Hospitalisation of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.

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 –

i) has qualified nursing staff under its employment;

ii) has qualified Medical Practitioner/s in charge;

iii) has fully equipped operation theatre of its own where Surgical Procedures are carried out;

iv) maintains daily records of patients and will make these accessible to the insurance company's authorised personnel.

d) Domiciliary Hospitalisation: Medical Expenses for Domiciliary Hospitalisation of the Insured Person provided that:

i) The condition for which the medical treatment is required continues for at least 3 continuous and completed days, in which case We will pay for the Medical Expenses incurred from the first day of Domiciliary Hospitalisation, and

ii) If We accept a claim under this Benefit We will pay Pre-Hospitalisation Medical Expenses and Post-Hospitalisation Medical Expenses in accordance with Basic Benefit 1.g) and Basic Benefit 1.h), respectively.

Domiciliary Hospitalisation means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

i) the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

ii) the patient takes treatment at home on account of non-availability of room in a Hospital.

e) Organ Donor: Medical Expenses for an organ donor's treatment for the harvesting of the organ donated, provided that:

i) The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for the use of the Insured Person, and

ii) We will not pay any Pre-Hospitalisation Medical Expenses and Post-Hospitalisation Medical Expenses or expenses incurred towards any other medical treatment for or attributable to the organ donor consequent to the harvesting, and

iii) We have accepted a claim under Basic Benefit 1.a). Inpatient Care

iv) We will not pay for the Medical Expenses incurred by an Insured Person while donating an organ.

f) Ayush Benefit: Expenses incurred on treatment taken in a Hospital under Ayurveda, Unani, Sidha and Homeopathy, provided that:

i) The treatment is taken in a:

I. Government Hospital or in any institute recognised by the government and/or accredited by the Quality Council of India/

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National Accreditation Board on Health, or

II. Teaching Hospitals of Ayush colleges recognised by Central Council Indian Medicine (CCIM) and Central Council of Homeopathy, or

III. Ayush Hospital having registration with government authorities under applicable law in the state/UT and which complies with the following as minimum criteria:

a) has atleast fifteen in-patient beds;

b) has minimum five qualified and registered Ayush Medical Practitioners;

c) has qualified paramedical staff under its employment round the clock.

d) has dedicated AYUSH therapy sections;

e) maintains daily records of patients and makes these accessible to the insurance company's authorised personnel

ii) We have accepted a claim under Basic Benefit 1.a) Inpatient Care,

iii) Cashless Facility will be provided under this Basic Benefit on a best efforts basis. Where Cashless Facility is not available, due to any reason, We shall consider the claim on a reimbursement basis.

If any Insured Person suffers an Illness or Injury during the Policy Period that requires that Insured Person to undergo medical treatment in respect of that Illness or Injury, then We will pay:

g) Pre-Hospitalisation Medical Expenses: Pre-Hospitalisation Medical Expenses incurred in the 90 days immediately before the Insured Person's Hospitalisation, provided that:

i) Such expenses are incurred for the same Illness or condition for which the Insured Person was subsequently Hospitalised, and

ii) We have accepted a claim under Basic Benefit 1.a) Inpatient Care or 1.c) Day Care Procedures.

iii) No Cashless Facility is available under this Basic Benefit and all claims will be considered on a reimbursement basis only.

Pre-Hospitalisation Medical Expenses means medical expenses incurred during pre-defined number of days preceding the Hospitalisation of the Insured Person, provided that:

i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

ii) The In-patient Hospitalisation claim for such Hospitalisation is admissible by the insurance company.

h) Post-Hospitalisation Medical Expenses: Post-Hospitalisation Medical Expenses incurred in the 180 days immediately after the Insured Person's discharge post Hospitalisation provided that:

i) Such expenses are incurred for the same Illness or condition for which the Insured Person was Hospitalised, and

ii) We have accepted a claim under Basic Benefit 1.a) Inpatient Care or 1.c) Day Care Procedures.

iii) No Cashless Facility is available under this Basic Benefit and all claims will be considered on a reimbursement basis only.

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:

i) Such Medical Expenses are for the same condition for which the insured person's Hospitalisation was required, and

ii) The inpatient Hospitalisation claim for such Hospitalisation is admissible by the insurance company.

i) Emergency Ambulance: Expenses incurred on an Ambulance used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an emergency, provided that:

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i) We have accepted a claim under Basic Benefit 1.a) Inpatient Care or 1.c) Day Care Procedures.

ii) The coverage 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 necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that that transportation has been prescribed by a Medical Practitioner and is medically necessary, and

iii) Cashless Facility will be provided under this Basic Benefit on a best effort basis. Where Cashless Facility is not available, due to any reason, We shall consider the claims on a reimbursement basis.

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.

j) Transportation Benefit: Reasonable expenses incurred upto the amount specified in the Schedule of Benefits for utilizing a registered radio cab operator's services for transporting the Insured Person to and/or from the Hospital, provided that:

i) We have approved a pre-authorization request for the Insured Person in respect of the same period of Hospitalisation under Basic Benefit 1.a) Inpatient Care or 1.c) Day Care Procedures.

ii) No Cashless Facility is available under this Basic Benefit and all claims will be considered on a reimbursement basis only.

k) Restore Benefit: If the Sum Insured is exhausted due to claims made and paid during the Policy Year/Extended Policy Year (if applicable) or made during the Policy Year/Extended Policy Year (if applicable) and accepted as payable, then it is agreed that a Restore Benefit Sum Insured (equal to 100% of the Sum Insured) will apply to future claims made under the Policy during that Policy Year/Extended Policy Year (if applicable) under the Basic Benefits, provided that:

i) The Restore Benefit Sum Insured will be applied and can be utilised only after the Sum Insured has been completely exhausted;

ii) The Restore Benefit Sum Insured cannot be used for any claim in respect of an Illness (including its complications) for which a claim has been paid in the current Policy Year/Extended Policy Year (if applicable) under Section 1 for the same Insured Person;

iii) For Individual Policies as specified in the Schedule, the Restore Benefit Sum Insured will be applied only once for the Insured Person during a Policy Year/Extended Policy Year (if applicable);

iv) For Family Floater Policies as specified in the Schedule, the Restore Benefit Sum Insured will be applied only once under the Policy during the Policy Year/Extended Policy Year (if applicable);

v) If the Restore Benefit Sum Insured is not utilised in a Policy Year/Extended Policy Year (if applicable), it shall not be carried forward to any subsequent Policy Year.

vi) If the Restore Benefit and MoreCover under More Options Benefits 2.b) (if opted) are both applicable under the Policy, then the Restore Benefit will be applied and can be utilised only if the Sum Insured and the MoreCover Sum Insured have both been exhausted due to claims made and paid during the Policy Year/Extended Policy Year (if applicable) or made during the Policy Year/Extended Policy Year (if applicable) and accepted as payable.

vii) The Restore Benefit shall not be applicable to any claims made under Basic Benefit 1.b) Special Treatment;

viii) Our maximum, total and cumulative liability for any and all claims made during a Policy Year/Extended Policy Year (if applicable) in respect of the Insured Person for Individual Policies as specified in the Schedule and all Insured Persons for Family Floater Policies as specified in the Schedule shall be the total of:

1) Sum Insured

2) MoreCover Sum Insured (if applicable, and if Sum Insured is exhausted)

3) Restore Benefit Sum Insured (if applicable, and if Sum Insured + MoreCover Sum Insured is exhausted)

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SECTION 2 - MORE OPTIONS BENEFITS

The following More Options Benefits will be applicable to the Insured Person only if the Schedule specifies that the More Options Benefit is in force, provided that

1. You may choose any one of the following More Options Benefits and that Benefit will be applied to the Policy with no additional premium. Where more than one Insured Person is covered under the same Policy, the same More Options Benefit shall be applicable for all Insured Persons.

2. On Renewal with Us, if no claim has been made in respect of the Insured Person under this Policy and the Policy is renewed without any break, We will continue offering that More Options Benefit for the next Policy Year.

a. For Individual Policies where claim has been made in respect of an Insured Person, We will continue offering this More Options Benefit without additional premium to the other Insured Persons in respect of whom no claim has been made in the previous Policy Year. However, the Insured Person who has made claim shall continue to avail this benefit or any other More Options Benefit on paying additional premium at the time of Renewal.

b. For Family Floater Policies, We will continue offering this More Options Benefit for the next Policy Year, only if no claim has been made in respect of any of the Insured Persons under the Policy.

3. In the event of claim in the immediately preceding policy, we will not offer that More Options Benefit for the next Policy Year.

4. You may also, additionally, opt for any of the other More Options Benefits which will be applied under the Policy only on receipt of the additional premium payable for that Benefit in full.

5. Any changes to the More Options Benefits opted for can be made only on Renewal.

a) MoreTime:

If opted, We will provide an Extended Policy Year based on the Policy Period in force, provided that:

i) The Extended Policy Year will be 13 months if Policy Period opted is 1 year and 26 months if the Policy Period opted is 2 years. Each Policy Year will be extended by one month's time with no change in the Sum Insured. The MoreTime shall not be available for a 3 year Policy Period.

Policy Period	**1 Year**	**2 Year**		**3 Year**
Policy Year	1st Year	1st Year	2nd Year	Not Applicable
Months	12 Months	12 Months	12 Months	
Additional Month	1 Month	1 Month	1 Month	
Extended Policy Period	13 Months	26 Months		

ii) The Policy will be Renewed after the completion of the Extended Policy Year and premium as per completed Age at Renewal shall be applicable.

iii) If the MoreTime option is continued at the time of the Renewal, the Policy will be extended for 13 months if the Policy Period opted is 1 year and 26 months if the Policy Period opted is 2 years.

iv) The Policy will be Renewed for opted Policy Period only if the MoreTime option is not opted after the completion of the Extended Policy Year.

v) The MoreTime shall also be applicable to any claims made under Basic Benefits 1.b).

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b) MoreCover:

If the Sum Insured is exhausted due to claims made and paid during the Policy Year/Extended Policy Year (if applicable) or made during the Policy Year/Extended Policy Year (if applicable) and accepted as payable, then it is agreed that a MoreCover Sum Insured of the amount specified in the Schedule of Benefits will apply to claims made under the Policy during that Policy Year/ Extended Policy Year (if applicable) under the Basic Benefits in Section 1, provided that:

i) The MoreCover Sum Insured will be applied and can be utilised in respect of the same claim or any future claim only after the Sum Insured has been completely exhausted;

ii) For Individual Policies as specified in the Schedule of Benefits, the MoreCover Sum Insured will be applied only once for the Insured Person during a Policy Year/Extended Policy Year (if applicable);

iii) For Family Floater Policies as specified in the Schedule of Benefits, the MoreCover Sum Insured will be applied only once under the Policy during the Policy Year/Extended Policy Year (if applicable);

iv) If the MoreCover Sum Insured is not utilised in a Policy Year/Extended Policy Year (if applicable), it shall not be carried forward to any subsequent Policy Year;

v) If the Restore Benefit under Basic Benefit 1.k) and MoreCover (if opted) are both applicable under the Policy, then the Restore Benefit will be applied and can be utilised only if the Sum Insured and the MoreCover Sum Insured have both been exhausted due to claims made and paid during the Policy Year/Extended Policy Year (if applicable) or made during the Policy Year/Extended Policy Year (if applicable) and accepted as payable;

vi) The MoreCover shall not be applicable to any claims made under Section 1.b) Special Treatment;

vii) Our maximum, total and cumulative liability for any and all claims made during a Policy Year/Extended Policy Year (if applicable) in respect of the Insured Person for Individual Policies as specified in the Schedule and all Insured Persons for Family Floater Policies as specified in the Schedule shall be the total of:

1) Sum Insured

2) MoreCover Sum Insured (if applicable, and if Sum Insured is exhausted)

3) Restore Benefit Sum Insured (if applicable, and if Sum Insured + MoreCover Sum Insured is exhausted)

c) MoreGlobal:

If opted, this benefit covers Emergency Care on treatment of illness or conditions first manifested during the Policy Period while travelling overseas, provided that:

i) The Insured Person's Hospitalisation or Day Care Treatment was Medically Necessary Treatment and was carried out up to limits specified in the Schedule of Benefits.

ii) The Insured Person's condition was certified in writing by the treating Medical Practitioner to be such that Emergency Care is required and treatment cannot be postponed until the Insured Person has returned to India.

iii) No claim under this More Options Benefits will be considered if the Insured Person was not an Indian resident per applicable Indian law on the date of the event giving rise to the claim.

iv) No Cashless Facility is available under this More Options Benefit and all claims will be considered on a reimbursement basis only.

v) The payment of any claim under this More Options Benefit will be based on the rate of exchange as on the date of invoice from the Hospital. The rate published by Reserve Bank of India (RBI) shall be used for conversion of foreign currency into Indian rupees for payment of claim. Where on the date of invoice, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.

vi) The MoreGlobal Benefit shall not be applicable to any claims made under Section1.b).

For the purpose of this More Options Benefit alone, Hospital means "Any institution established for In-patient treatment and Day Care Treatment of injury or illness and which has been registered as a Hospital or a clinic as per law rules and/or regulation applicable for the country where the treatment is taken."

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Emergency Care means management for an illness or injury which results in symptom 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.

SECTION. 3 - VOLUNTARY CO-PAYMENT

We offer a discount on the premium if You opt for a voluntary Co-payment. If the Schedule specifies that a Co-payment has been opted for, We shall not be liable for the Co-payment share of the Medical Expenses incurred, and

a) The Co-payment shall be applicable to each and every admissible claim, and
b) The Co-payment as specified in the Schedule of Benefits shall be applicable, and
c) The Co-payment is applicable on the admissible amount under any Benefits under Section 1 and Section 2.

Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A Co-payment does not reduce the Sum Insured.

SECTION. 4 - RENEWAL BENEFIT: MORERESULTS DISCOUNT:

The Insured Person will be entitled to a discount on the premium at the time of Renewal of the Policy irrespective of claims made during the Policy Period, if an annual health check-up is carried out during the Policy Year/(s) and the results of the same are shared with Us then,

a) The Insured Person will be entitled to the discount irrespective of the results of the tests,
b) The annual health check-up tests must include these tests: blood glucose, blood pressure, cholesterol and weight assessment,
c) The results of respective Policy Year/(s) must be submitted to Us at least 30 days prior to the expiry of the Policy Year/ Extended Policy Year (if applicable),
d) For Individual Policies, this Benefit would be applicable to Insured Persons who are Aged 18 and above on the Policy Commencement Date,
e) For Family Floater Policies, this Benefit would not be applicable to Dependent Children covered under the Policy,
f) The cost of the health check-up will be borne by the Insured Person, and
g) The discount available will be as follows:

Policy Period	Discount applicable per adult for the Policy Period for an Individual Sum Insured Policy	Discount applicable per adult for the Policy Period for a Family Floater Sum Insured Policy with 2 adults	Discount applicable per adult for the Policy Period for a Family Floater Sum Insured Policy with 1 adult
1 Year	10.00%	5.00%	10.00%
2 Year	5.00%	2.50%	5.00%
3 Year	3.33%	1.66%	3.33%

h) We will not reassess or alter Your existing coverage based on annual health check-up report submitted to Us for availing MoreResults discount.
i) However, in the event of any fraud, misrepresentation or non-disclosure of material facts, We will re-evaluate Your coverage in accordance with the Policy terms and conditions.

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SECTION. 5 - EXCLUSIONS

Waiting Periods

a) We shall not be liable to make any payment for any treatment which begins during waiting periods unless the Insured Person suffers an Accident. All waiting periods shall apply individually for each Insured Person and claims shall be assessed accordingly.

30 days Waiting Period

b) A waiting period of 30 days from the Policy Commencement Date shall apply to all claims. This waiting Period will not apply for any Insured Person that is accepted under Portability and for subsequent and continuous Renewals of the Policy with Us.

Specific Waiting Periods

c) The Illnesses or Surgical Procedures listed below will be covered subject to a waiting period of 24 months from the Policy Commencement Date as long as in the third Policy Year the Insured Person has been insured under a More Health Insurance Policy continuously and without any break:

Organ / Organ System	Illness /Diagnosis (irrespective of treatment being medical or surgical)	Surgeries / Surgical Procedure (irrespective of any Illness / diagnosis)
Ear, Nose, Throat (ENT)	• Sinusitis • Rhinitis • Tonsillitis	• Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for nasal septum deviation • Surgery for turbinate hypertrophy • Nasal concha resection • Nasal polypectomy
Gynaecological	• Cysts, polyps, including breast lumps • Polycystic ovarian diseases • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed uterus	• Hysterectomy unless necessitated by malignancy
Orthopaedic	• Non-infective arthritis • Gout and rheumatism • Osteoporosis • Ligament, tendon and meniscal tear • Prolapsed intervertebral disk	• Joint replacement surgery
Gastrointestinal	• Cholelithiasis • Cholecystitis • Pancreatitis • Fissure/fistula in anus,	• Cholecystectomy • Surgery of hernia

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	haemorrhoids, pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), ulcer and erosion of stomach and duodenum • Cirrhosis (however alcoholic cirrhosis is permanently excluded) • Perineal and perianal abscess • Rectal prolapse	
Urogenital	• Calculus diseases of urogenital system including kidney, ureter, bladder stones • Benign hyperplasia of prostate • Varicocele	• Surgery on prostate unless necessitated by malignancy • Surgery for hydrocele/ rectocele
Eye	• Cataract • Retinal detachment • Glaucoma	• Surgery for correction of eye sight due to refractive error above dioptre 14.0
Others	• Congenital internal disease	• Surgery of varicose veins and varicose ulcers • Stem cell therapy or surgery • Administration of intra-articular or intra-lesional injections, Monoclonal antibodies such as Rituximab/ Infliximab/Tratsuzumab and supplementary medications such as Zoledronic acid
General (Applicable to all organ systems/ organs whether or not described above)	• Benign tumors of non-infectious etiology Such as cysts, nodules, polyps, lumps or growth.	• Nil

d) Pre-existing Diseases shall not be covered until the completion of 36 months of continuous coverage have elapsed, since inception of the first More Health Insurance Policy with Us provided that the Pre-existing Disease is declared and/or accepted in the proposal.

Coverage under the Policy for any past Illness/condition or surgery is subject to the same being declared at the time of the proposal and accepted by Us without any specific exclusion.

Pre-existing Disease means any condition, ailment or Injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which Medical Advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

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Reduction in Waiting Periods

e) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:

i) any health insurance plan with an Indian non-life insurer as per guidelines on Portability, or

ii) any other similar health insurance plan from Us,

Then:

i) The waiting periods specified in Section 5.b), Section 5.c) and Section 5.d) of the Policy shall stand waived if these waiting periods have been completed under the previous health insurance policy; OR

ii) The waiting periods specified in the Section 5.b), Section 5.c) and Section 5.d) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; and

iii) If the proposed Sum Insured for a proposed Insured Person is more than the sum insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the sum insured and any other accrued benefits under the previous health insurance policy.

f) The reduction in the waiting period specified above shall be applied subject to the following:

i) We will apply the reduction of the waiting period only if We have received the database and past claim history related information as mandated under Portability guidelines from the previous Indian insurance company (if applicable);

ii) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.

iii) We will retain the right to underwrite the proposal.

iv) We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions, if any, sought during or for the purpose of porting the insurance policy shall not be considered for waiting period waiver.

Permanent Exclusions

g) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

AIDS or HIV

i) 'AIDS' (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.

Alternative Treatments

ii) Alternative Treatment or any other non-allopathic treatment, except to the extent covered under Basic Benefit 1.f).

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and include Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Birth control

iii) Birth control, and similar procedures including complications arising out of the same.

Breach of law with criminal intent

iv) Any Insured Person committing or attempting to commit a breach of law with criminal intent.

Circumcision

v) Circumcision (unless necessitated by Illness or Injury and forming part of medical treatment);

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Convalescence or Rehabilitation

vi) Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion ("run-down condition").

Cosmetic, aesthetic and re-shaping treatments and surgeries

vii) Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of Medically Necessary Treatment certified in writing by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.

viii) Any treatment and associated expenses for alopecia, baldness, wigs, or toupees and similar products.

ix) Aesthetic or change-of-life treatments of any description such as gender reassignment or transformation Surgeries.

Dangerous acts (including sports)

x) An Insured Person's participation or involvement in any Hazardous Activities or naval, military or air force operation in a professional or semi-professional nature.

Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo-cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

Dental Treatments

xi) Dental Treatments of any kind, unless requiring Hospitalisation due to accident.

Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

Diagnostic tests and preventive care

xii) Admission primarily for diagnostic and evaluation purposes only.

xiii) Any diagnostic expenses which is not related and not incidental to any Illness which is not covered in this Policy.

xiv) Any kind of Preventive care

Drugs or treatments

xv) Any drugs or treatments which are not supported by a prescription.

Enteral feedings

xvi) Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements.

Experimental treatments

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xvii) Any Unproven/Experimental Treatments.

Unproven/Experimental treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

External Congenital Anomaly

xviii) External Congenital Anomaly.

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly - Congenital Anomaly which is not in the visible and accessible parts of the body;
ii. External Congenital Anomaly - Congenital Anomaly which is in the visible and accessible parts of the body.

Eyesight

xix) Treatment for correction of eye sight due to refractive error above dioptre 14.0 except for the treatment to the extent covered under Basic Benefit Section 1.b) Special Treatment

xx) Spectacles or contact lenses including optometric therapy, except to the extent it is covered under Basic Benefit 1.b).

Hearing aids

xxi) Provision or fitting of hearing aids

Hormonal therapies

xxii) Growth hormone therapy.

xxiii) Any form of hormone replacement therapy (HRT) and or administration of other hormonal medication.

Infertility treatments

xxiv) Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.

Medically Necessary Treatment

xxv) Any treatment or part of a treatment that is not Medically Necessary Treatment

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

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

Non-medical expenses

xxvi) Any non-medical expenses mentioned in Annexure I.

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Outpatient treatment

xxvii) Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.

OPD treatment means the one 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.

Overseas treatment

xxviii) Treatment availed outside India except in case of the MoreGlobal Benefit (Benefit 2.c) under More Options Benefits) is in force for the Insured Person and subject to the conditions contained therein.

Peritoneal dialysis

xxvix) Charges related to peritoneal dialysis, including supplies. This exclusion shall not apply, when administered as follow-up procedure for treatment taken under Basic Benefit 1.a) Inpatient Care or 1.c) Day Care Procedures. We will not pay the cost of the machine in either case.

Pregnancy or child birth

xxx) Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under Basic Benefit 1.a) for Inpatient Care only.

Prosthetic and other devices

xxxi) Prosthetic and other devices which are self-detachable/ removable without surgery involving anaesthesia.

Reasonable & Customary Charges

xxxii) Any Medical Expenses which are not Reasonable & Customary Charges.

Reasonable & Customary Charges means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of Illness/Injury involved.

Self-injury or suicide

xxxiii) Intentional self-injury or attempted suicide while sane or insane.

Sexually transmitted diseases

xxxiv) Venereal disease, sexually transmitted disease or Illness

Sleep-apnoea

xxxv) Treatment of sleep-apnoea

Spinal subluxation, manipulation and muscle stimulation

xxxvi) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.

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Substance abuse

xxxvii) Treatment of Illness or Injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances.

Treatment by a family member

xxxviii) Treatment rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.

Treatment outside discipline

xxxix) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.

Treatment outside network

xl) Treatment at a healthcare facility which is not a Hospital or Day Care Centre.

xli) Use of any healthcare provider such as a Medical Practitioner, Hospital, or any other individual or entity which is not to be used as We have either informed You at the time of Renewal or at any specific time during the Policy Period, or which is specified on Our website (www.reliancehealthinsurance.com), as updated from time to time, unless treatment from such healthcare provider is taken as Emergency Care and where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for You, the Insured Person or any other accompanying person to check whether the same was listed in such manner on Our website. In any event, We will pay only a maximum of one claim for such emergency treatment taken at such healthcare provider, and any claims arising from subsequent treatments taken would not be payable under the Policy, and would be rejected.

Vaccination and immunisation

xlii) Vaccination including inoculation and immunisation (except in case of post-bite treatment).

War or similar situations

xliii) Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

Weight control program

xliv) Treatment of obesity and any weight control program.

SECTION. 6 - GENERAL CONDITIONS

a) Condition Precedent & Premium Payments

The fulfilment of the terms and conditions of this Policy including the payment of premium by the due dates mentioned in the Schedule and the correct disclosures in a complete manner in the proposal form insofar as they relate to anything to be done or complied with by You or any Insured Person shall be Conditions Precedent to Our liability. The premium shall be paid in full at the inception of the Policy as single premium for opted Policy Period. The premium for the Policy will remain the same for the Policy Period. The Policy will be issued for a period of 1 or 2 or 3 year(s) based on the Policy Period selected and specified in the Schedule. The Sum Insured and the benefits under the Policy will be applicable on Policy Year/Extended Policy Year (if applicable) basis.

b) Geography & Currency

This Policy is applicable solely to an Insured Person who is an Indian resident per applicable Indian law. In the event of a change

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in status other than Indian resident of such Insured Person, the same should be informed to Us and We shall cancel the Policy with refund of premium paid for the remaining Policy Period provided that no claims have been made.

This Policy only covers medical treatment taken within India, unless section 2.c) MoreGlobal Benefit is opted and in force for the Insured Person under the Policy. All payments under this Policy will only be made in Indian Rupees within India.

c) Insured Person

Only those persons named as Insured Persons in the Schedule will be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

All health insurance policies are portable. Any Insured Person has the option to migrate to similar indemnity health insurance policy available with Us or any other non-life insurer, at the time of Renewal subject to underwriting with all the accrued continuity benefits such as waiver of waiting period provided the Policy has been maintained without a break as per Portability guidelines.

You should initiate action to approach another insurer to take advantage of Portability well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other insurer. If you are insured continuously and without interruption in any health insurance plan with an Indian non-life insurer and Health Insurer and want to shift to us on renewal, this policy will allow so as per guidelines on portability issued by the insurance regulator. You may apply for portability at least 45 days before, but not earlier than 60 days from the premium renewal date of existing policy that is proposed to be ported.

d) Loadings & Discounts

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual will not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent Renewal(s) with Us or on the receipt of the request for increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 7 days, We will cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after receiving Your consent and additional premium (if any).

The application of loading does not mean that the Illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 5.b), Section 5.c) and Section 5.d) above or specifically mentioned on the Schedule shall be applied on the Illness/condition, as applicable.

We will provide the following discounts at inception and Renewal of the Policy:

i) **Prime Discount:** A one-time discount of 10% on the Premium is applicable if the Insured Person is a

1. Reliance Group employee (full time employee) / Reliance Group shareholder at the time of enrolment, or
2. Repeat customer (customers who hold an active individual/retail health insurance policy and or an active individual/retail personal accident policy with Us at the time of enrolment).

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Provided that such Policy is purchased through Our website or Our mobile app and without the involvement of any insurance agent or insurance intermediary or Our Direct Sales Channel – Health Manager.

This discount is not available at subsequent renewals and if two or more family members are covered under the same Policy under the individual Sum Insured policy option.

ii) Buy Online Discount: The Insured Person is eligible for 10% discount on premium in case of buying or Renewing the Policy online from Our website, Our mobile app, or any duly licensed web aggregator provided that the first Policy with Us was also purchased through Our website, Our mobile app, or such web aggregator, and without the involvement of any other insurance agent or insurance intermediary or Our Direct Sales Channel – Health Manager.

iii) Family Discount: The Insured Person will be entitled to receive 10% discount on the premium if two or more family members are covered under the same Policy under the individual policy option.

iv) Policy Tenure Discount: If the Policy Period is more than one year, the Insured Person will be entitled to receive a discount of 10%, if You pay 2 years or 3 years premium in advance as a single premium.

v) Voluntary Co-payment Discount: The Insured Person is eligible for 10% discount on the premium if You opt for a Voluntary Co-payment of 10%.

vi) MoreResults Discount: The Insured Person will be entitled upto 10% discount (refer table under section 4.g) on the premium at the time of Renewal of the Policy for getting an annual health check-up carried out and sharing results of the same with Us.

Please note that the above-mentioned discounts are additive in nature. The maximum discount available is 30% (excluding Voluntary Co-payment Discount and MoreResults Discount)

e) Notification of Claim:

It is a Condition Precedent to Our liability under this Policy that the following procedures must be followed strictly in respect of all claims:

Sr. No.	Treatment, Consultation or Procedure:	We must be notified:
1	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission to Hospital.
2	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an emergency:	Within 24 hours of the Insured Person's admission to Hospital.
3	For all benefits which are contingent on Our prior acceptance of a claim under Section 1a):	Within 7 days of the Insured Person's discharge from the Hospital.

f) Cashless Facility:

Sr. No.	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Facility is Available:	We must be given notice that the Insured Person wishes to take advantage of the Cashless Facility accompanied by full particulars:
1	For any planned treatment, consultation or procedure for which a claim may be made:	Network Provider	Yes, We will make payment to the extent of Our liability directly to the Network Provider.	At least 48 hours before the planned treatment or Hospitalisation.
2	For any treatment, consultation or procedure for which a claim may be made to be taken in an emergency:	Network Provider	Yes, We will make payment to the extent of Our liability directly to the Network Provider.	Within 24 hours after the treatment or Hospitalisation.
3	For any planned or emergency treatment, consultation or procedure for which a claim may be made:	Non- Network Provider	No, We will consider claims on a reimbursement basis only.	N/A

g) Supporting Documentation & Examination

For all requests for pre-authorisation of Cashless Facility, We shall be provided with the following necessary information and documentation:

i) Our pre-authorisation form, duly completed and signed for or on behalf of the Insured Person and the treating Medical Practitioner, as applicable, provided that no signatures are required if the same is being completed or populated digitally in Our website.

ii) Copy of the identification document of the Insured Person such as voter ID card, driving license, passport, PAN card.

For all claims under the Policy, We must be provided with all documentation, medical records and information that is required to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The necessary information and documentation includes the following:

i) Our claim form, duly completed and signed for on behalf of the Insured Person, provided that no signatures are required if the same is being completed or populated digitally in Our website.

ii) Original bills/certified true copies (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto such as receipts or prescriptions in support of any amount claimed which will then become Our property.

iii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.

iv) A precise diagnosis of the treatment for which a claim is made.

v) A detailed list of the individual medical services and treatments provided and a unit price for each (detailed break up).

vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice.

vii) All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which

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claim is being made.

viii) All investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection.

ix) Treating Medical Practitioner's certificate regarding missing information in case histories e.g. circumstance of Injury and alcohol or drug influence at the time of Accident.

x) Copy of settlement letter from other insurance company or TPA.

xi) Stickers and invoice of implants used during surgery.

xii) Copy of MLC (medico legal case) records and FIR (First Information Report), incase of claims arising out of an Accident.

xiii) Regulatory requirements as amended from time to time.

xiv) Original Cancelled cheque in CTS 2010 format (Printed A/C No. IFSC Code, Printed Name), In case the Name is not printed on the cheque Leaf, duly attested scanned copy of the first page of the Pass-book or the authorized bank statement for NEFT (to enable direct credit of claim amount in bank account) and KYC (recent photo ID/address proof and photograph) requirements.

xv) Legal heir certificate, in the event of death.

Note: When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organisation/provider have to be submitted.

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

The Insured Person will have to undergo medical examination by Our authorized Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

h) Claims Payment

i) We will be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We had requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

ii) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule) in India.

iii) The assignment of benefits of under the Policy shall be allowed subject to applicable law.

iv) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

v) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. Where the circumstances of a claim warrant an investigation in Our opinion, We 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, We shall settle the claim within 45 days from the date of receipt of last necessary document.

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vi) All claims shall be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulations), 2017 as amended from time to time. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and conditions, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulations), 2017, we shall pay interest at a rate which is 2% above the bank rate. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

i) Non-Disclosure or Misrepresentation:

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

i) cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at Our sole discretion, upon 30 day's notice by sending an endorsement to Your address shown in the Schedule without refund of premium; and

ii) any claim made under such Policy, shall be rejected/repudiated forthwith.

j) Dishonest or Fraudulent Claims

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy will be void and all benefits otherwise payable under it will be forfeited.

k) Other Insurance

If at the time when any claim is made under this Policy, the Insured Person has two or more policies from one or more insurers to indemnify treatment cost, then You shall have the right to require a settlement of the claim in terms of any of the policies. The insurer so chosen by You shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Claims under other policy/ies may be made after exhaustion of sum insured in the earlier chosen policy / policies. Provided that, if the amount to be claimed under the policy chosen by You, exceeds the sum insured under a single policy after considering the deductibles or Co-payment (if applicable), You shall have the right to choose the insurers by whom the balance claim amount is to be settled. Where You have policies from more than one insurer to cover the same risk on indemnity basis, You shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen policy.

l) Endorsements

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

m) Renewal

All applications for Renewal must be received by Us before the end of the Policy Period. Grace Period of 30 days for renewing the policy is provided under this Policy. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing Disease.

This Policy is ordinarily Renewable for life except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

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We are NOT under any obligation to:

i) Send Renewal notice or reminders.

ii) Renew it on same terms or premium as the expiring Policy.

Any change in benefit or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to You at least 3 months in advance.

In the event of this policy being withdrawn in future, We will intimate you about the same 3 months prior to expiry of the Policy. You will have the option to migrate to similar indemnity health insurance policy available with Us at the time of Renewal with all the accrued continuity benefits such as waiver of waiting periods provided that the Policy has been maintained without a break as per Portability guidelines.

We will not apply any additional loading on your policy premium at Renewal based on claim experience.

The Sum Insured can be enhanced only at the time of Renewal subject to the underwriting norms and acceptability criteria of the Policy. If You increase the sum insured, the case may be subject to health check-up. In case of increase in the Sum Insured, the waiting periods will apply afresh in relation to the amount by which the Sum Insured has been enhanced. The quantum of increase shall be at Our discretion and subject to Our underwriting guidelines. Additional premium if any, shall be charged as per terms and conditions of the Policy.

We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

n) Change of Policyholder

The change of Policyholder is permitted only at the time of Renewal. The new policyholder must be a member of the Insured Person's immediate family. Such change would be subject to Our acceptance post underwriting and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break. The Policyholder may be changed in case of his demise or him moving out of India during the Policy Period.

o) Notices

Any notice, direction or instruction under this Policy will be in writing and if it is to:

i) Any Insured Person, then it will be sent to You at Your address specified in the Schedule and You will act for all Insured Persons for these purposes.

ii) Us, it will be delivered to Our address specified in the Schedule.

No insurance agents, insurance intermediaries or other person or entity is authorised to receive any notice, direction or instruction on Our behalf.

p) Governing Law & Dispute Resolution Clause

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

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

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

q) Free Look Period

You have a period of 15 days (30 days if the policy is sold through distance marketing or if the Policy Period is 3 years) from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the full premium paid by You. You can cancel Your Policy only if no claims have been made under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of Renewal of the Policy.

r) Cancellation (other than Free Look Period)

i) You may terminate this Policy at any time by giving Us written notice, and the Policy will terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Length of time Policy in force	Refund of premium	
	First Policy Period	Renewal
Upto 90 days	100%	Pro-rata
Above 90 days	Pro-rata	Pro-rata

ii) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-co-operation by You or any Insured Person upon 30 days' notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

iii) If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person if there are no claims made in respect of that Insured Person under the Policy for that Policy Period.

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SECTION. 7 - SCHEDULE OF BENEFITS

Sum Insured mentioned below for

- Per Insured Person per Policy Year for Individual policies.
- Per Policy per Policy Year for Family Floater policies

Sum Insured (in ₹)	300,000	500,000	10,00,000	15,00,000	50,00,000	100,00,000
Section 1: Basic Benefits						
1 a) Inpatient Care	Covered					
1 b) Special Treatments (in ₹)	100,000	100,000	100,000	150,000	500,000	10,00,000
Co-payment of 50% of						
admissible Medical Expenses						
for all Sum Insured options						
1 c) Day Care Procedures	Covered					
1 d) Domiciliary Hospitalisation	Covered					
1 e) Organ Donor	Covered					
1 f) Ayush Benefit	Covered					
1 g) Pre-Hospitalisation	Covered, upto 90 days					
Medical Expenses						
1 h) Post-Hospitalisation	Covered, upto 180 days					
Medical Expenses						
1 i) Emergency Ambulance	Covered					
1 j) Transportation Benefit	Maximum upto ₹500					
1 k) Restore Benefit	Equal to 100% of Sum Insured					
Section 2: More Options Benefits						
2 a) MoreTime ^	Extended Policy Year of 13 months if Policy Period is 1 year and Extended Policy Year of					
	26 months if Policy Period is 2 years					
2 b) MoreCover ^ (in ₹)	100,000	200,000	300,000	500,000	15,00,000	30,00,000
2 c) MoreGlobal ^ (in ₹)	Equal to 100% of Sum Insured, maximum upto ₹20,00,000					
Section 3: Voluntary Co-payment						
3 Voluntary Co-payment	10%, if opted					
Section 4: Renewal Benefit – MoreResults Discount						
4 Renewal Benefit -	Upto 10% discount on renewal premium					
MoreResults Discount						

^ If opted and specified to be in force in the Schedule.

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SECTION. 8 - INTERPRETATIONS & DEFINITIONS

The terms defined below have the meanings ascribed to them 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:

Def. 1. Accident means a sudden, unforeseen and involuntaryevent caused by external, visible and violent means.

Def. 2. Activities of Daily Living are:

i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv) Mobility: the ability to move indoors from room to room on level surfaces;

v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

vi) Feeding: the ability to feed oneself once food has been prepared and made available

Def. 3. 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.

Def. 4. Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and include Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Def. 5. Alzheimer's Disease

means progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Our appointed Medical Practitioner. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. There must also be an inability of the Insured Person to perform (whether aided or unaided) at least 3 of the 6 Activities of Daily Living for a continuous period of at least 3 months:

i) The following are excluded:

a) Any other type of irreversible organic disorder/dementia

b) Non-organic disease such as neurosis and psychiatric Illnesses; and

c) Alcohol-related brain damage.

Def. 6. 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.

Def. 7. Any One Illness means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Def. 8. Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment

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undergone by the insured 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.

Def. 9. Condition Precedent means a policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

Def. 10. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

i) Internal Congenital Anomaly - Congenital Anomaly which is not in the visible and accessible parts of the body;

ii) External Congenital Anomaly - Congenital Anomaly which is in the visible and accessible parts of the body.

Def. 11. Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claims amount. A Co-payment does not reduce the Sum Insured.

Def. 12. 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 –

i) has qualified nursing staff under its employment;

ii) has qualified Medical Practitioner/s in charge;

iii) has fully equipped operation theatre of its own where Surgical Procedures are carried out;

iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 13. Day Care Treatment means medical treatment, and/or Surgical Procedure which is:

i) undertaken under General or Local Anesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological dvancement, and

ii) which would have otherwise required Hospitalisation of more than 24hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Def. 14. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Def. 15. Dependents means only the family members listed below:

i) Your legally married spouse as long as she continues to be married to You;

ii) Your children Aged between 91 days and 25 years if they are unmarried, financially depended on You and do not have his/her independent source of income;

iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in this Policy and the parent is financially depended on You;

iv) Your parents -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in this Policy and the parent-in law is financially depended on You.

Def. 16. Dependent Children means Your children Aged between 91 days and 25 years if they are unmarried, financially depended on You and do not have his/her independent source of income.

Def. 17. 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.

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Def. 18. Domiciliary Hospitalisation means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

i) the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

ii) the patient takes treatment at home on account of non-availability of room in a Hospital.

Def. 19. Emergency Care means management for an illness or injury which results in symptom 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.

Def. 20. Extended Policy Year means a period of 13 months from the Policy Commencement Date if the Policy Period specified in the Schedule is one year and a period of 26 months if the Policy Period specified in the Schedule is two years.

Def. 21. 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.

Def. 22. Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo-cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

Def. 23. 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 the Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

i) has qualified nursing staff under its employment round the clock;

ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

iii) has qualified Medical Practitioner(s) in charge round the clock;

iv) has a fully equipped operation theatre of its own where Surgical Procedures are carried out;

v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Def. 24. Hospitalisation means admission in a Hospital for a minimum period of24 consecutive 'Inpatient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24consecutive hours.

Def. 25. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

i) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims

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to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

ii) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;

2) it needs ongoing or long-term control or relief of symptoms;

3) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;

4) it continues indefinitely;

5) it recurs or is likely to recur.

Def. 26. 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.

Def. 27. Inpatient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 28. Insured Person means You and those of Your Dependents who are named as Insured Person(s) in the Schedule.

Def. 29. Intensive Care Unit (ICU) 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.

Def. 30. ICU Charges means the amount charged by a Hospital towards ICU expenses 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.

Def. 31. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Def. 32. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident 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 hospitals or doctors in the same locality would have charged for the same medical treatment.

Def. 33. 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.

Def. 34. Medically Necessary Treatment means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which:

i) is required for the medical management of the Illness or Injury suffered by the Insured;

ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;

iii) must have been prescribed by a Medical Practitioner;

iv) must conform to the professional standards widely accepted in international medical practice or by the medical

community in India.

Def. 35. Mental illness as per The Mental Health Act, 2017 means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence.

Def. 36. Network Provider means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless Facility.

Def. 37. Non-Network Provider means any Hospital, day care centre or other provider that is not part of the Network.

Def. 38. Notification of Claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Def. 39. OPD treatment means the one 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.

Def. 40. Parkinson's Disease means

I. The unequivocal diagnosis of progressive degenerative primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

(i) The disease cannot be controlled with medication; and

(ii) objective signs of progressive impairment; and

(iii) There is an inability of the Insured Person to perform (whether aided or unaided) at least 3 of the Activities of Daily Living for a continuous period of at least 6 months.

II. Drug-induced or toxic causes of Parkinsonism are excluded.

Def. 41. Portability means right to transfer by an individual health insurance policyholder (including family cover) of the credit gained for Pre-existing Disease and time-bound exclusions if he/she chooses to switch from one insurer to another or from one plan to another plan of the same insurer.

Def. 42. Pre-existing Disease means any condition, ailment or Injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which Medical Advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

Def. 43. Pre-Hospitalisation Medical Expenses means medical expenses incurred during pre-defined number of days preceding the Hospitalisation of the Insured Person, provided that:

i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

ii) The In-patient Hospitalisation claim for such Hospitalisation is admissible by the insurance company.

Def. 44. 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:

i) Such Medical Expenses are for the same condition for which the insured person's Hospitalisation was required, and

ii) The inpatient Hospitalisation claim for such Hospitalisation is admissible by the insurance company.

Def. 45. Policy means your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Appendices to the Policy and the Schedule (as the same may be amended from time to time).

Def. 46. Policy Commencement Date means the commencement date of this Policy as specified in the Schedule.

Def. 47. Policy Expiry Date means the end date of this Policy as specified in the Schedule.

Def. 48. Policy Decision is the decision made by Us whether to issue the Policy to You or reject the proposal.

Def. 49. Policy Period means the period between the Policy Commencement Date and the Policy Expiry Date specified in the Schedule. If the Extended Policy Year is applicable under the Policy, the Policy Period will end on the Extended Expiry Date specified in the Schedule.

Def. 50. Policy Year means a period of 12 consecutive months commencing from the Policy Commencement Date or any anniversary thereof.

Def. 51. 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.

Def. 52. Reasonable & Customary Charges means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of Illness/Injury involved.

Def. 53. 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.

Def. 54. Room Rent means the amount charged by a hospital towards room and boarding expenses and shall include the associated medical expenses.

Def. 55. Sum Insured means:

(a) For a Policy issued as an Individual Policy as specified in the Schedule: the sum shown in the Schedule which represents Our maximum, total and cumulative liability for each Insured Person for any and all claims made in respect of that Insured Person during the Policy Year or Extended Policy Year (if applicable); and

(b) For a Policy issued as a Family Floater Policy as specified in the Schedule: the sum shown in the Schedule which represents Our maximum, total and cumulative liability for any and all claims made in respect of any and all Insured Persons during the Policy Year or Extended Policy Year (if applicable).

Def. 56. 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.

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Def. 57. Unproven/Experimental treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 58. We/Our/Us/Company means Reliance Health Insurance Limited.

Def. 59. You/Your/Policyholder means the person named in the Schedule who has concluded this Policy with Us.

SECTION. 9 - SERVICE RELATED INFORMATION

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

Website : www.reliancehealthinsurance.com
Email : reliancehealth.service@relianceada.com
Helpline : 022-33426868
Courier : Reliance Health Insurance Limited
42/KS/301, 3rd Floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad – 500 081

SECTION. 10 - CLAIM RELATED INFORMATION & CLAIM PROCEDURE

Please review your More Health Insurance policy and familiarize yourself with the benefits available and the exclusions.
To help us to provide you with fast and efficient service, we kindly ask you to note the following:
1. We recommend that you keep copies of all documents submitted to Reliance Health Insurance Limited (Reliance Health)
2. Please quote your member ID/policy number in all your correspondences

Intimation & Assistance

Please contact Reliance Health at least 48 hours prior to an event which might give rise to a claim.

For any emergency situations, kindly contact Reliance Health within 24 hours of the event.

Reliance Health can be contacted through:

Website : www.reliancehealthinsurance.com
Email : reliancehealth.service@relianceada.com
Helpline : 022-33426868 / Senior Citizens: 022-33426888
Courier : Reliance Health Insurance Limited
42/KS/301, 3rd Floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad – 500 081.

Procedure for Reimbursement of Medical Expenses

Please send the duly signed claim form and all the information/Documents mentioned therein to us within 15 days of the occurrence of incident.

Please refer to claim form for complete documentation.

• If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 10 days of receipt of the claim documents.

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• On receipt of the complete set of claim documents, we will make the payment for the admissible amount, along with a settlement statement within 30 days.

• The payment will be made in the name of the proposer.

Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility

For any emergency hospitalisation, Reliance Health must be informed no later than 24 hours after hospitalisation.

For any planned hospitalisation, kindly seek cashless authorization from Reliance Health atleast 48 hours prior to the start of the Insured Person's hospitalisation.

We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 4 hours of receipt of documents.

Please pay the non-medical and expenses not covered to the hospital prior to the discharge. For details on non-medical expenses, please refer Annexure I of Policy wording.

In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 4 hours.

Note:

• Insured Person is entitled for cashless only in our network hospitals.
• Please refer to the list of network hospitals on our website.
• Please refer to the list of non-medical expenses not covered in the policy in Annexure I of Policy wordings.
• Rejection of cashless in no way indicates rejection of the claim.

SECTION. 11 - GRIEVANCE REDRESSAL PROCEDURE

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

Website	:	www.reliancehealthinsurance.com
Email	:	reliancehealth.service@relianceada.com (Level 1)
	:	reliancehealth.grievance@relianceada.com (Level 2)
	:	reliancehealth.gro@relianceada.com (Level 3)
Helpline	:	022-33426868 / Senior Citizens: 022-33426888
Courier	:	Reliance Health Insurance Limited
		42/KS/301, 3rd Floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad – 500 081.

As per guidelines on special provision for Insured Persons who are senior citizens, We will provide a separate channel for addressing grievances of our senior citizen customers. You may avail this service by contacting the above mentioned Helpline number.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

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Grievance Redressal Officer

The Grievance Cell,

Reliance Health Insurance Limited,

42/KS/301, 3rd Floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad – 500 081

Grievance Redressal officer email ID: reliancehealth.gro@relianceada.com

Grievance Redressal officer contact no.:022-43031550

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

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

Please visit Our website for details to lodge complaint with Ombudsman.

JURISDICTION

AHMEDABAD

Shri/Smt, 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

Jurisdiction of Office: Gujarat, Dadra & Nagar Haveli, Daman and Diu.

BENGALURU

Shri/Smt, Office of the Insurance Ombudsman,

Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078.

Tel.: 080 - 26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in

Jurisdiction of Office: Karnataka.

BHOPAL

Shri/Smt, 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

Jurisdiction of Office: Madhya Pradesh, Chattisgarh.

BHUBANESHWAR

Shri/Smt, Office of the Insurance Ombudsman, 62, Forest Park, Bhubneshwar – 751 009.

Tel.: 0674 - 2596461/2596455, Fax: 0674 - 2596429, Email: bimalokpal.bhubaneswar@ecoi.co.in

Jurisdiction of Office: Orissa.

CHANDIGARH

Office of the Insurance Ombudsman,

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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
Jurisdiction of Office: Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

CHENNAI
Shri/Smt, 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
Jurisdiction of Office: Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

DELHI
Shri/Smt, Office of the Insurance Ombudsman,
2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.
Tel.: 011 - 2323481/23213504, Email: bimalokpal.delhi@ecoi.co.in
Jurisdiction of Office: Delhi.

GUWAHATI
Shri/Smt, Office of the Insurance Ombudsman,
Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781 001.
Tel.: 0361 - 2132204/2132205, Fax: 0361 - 2732937, Email: bimalokpal.guwahati@ecoi.co.in
Jurisdiction of Office: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

HYDERABAD
Shri/Smt, 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 - 65504123/23312122, Fax: 040 - 23376599, Email: bimalokpal.hyderabad@ecoi.co.in
Jurisdiction of Office: Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

JAIPUR
Shri/Smt, 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
Jurisdiction of Office: Rajasthan.

ERNAKULAM
Shri/Smt, 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
Jurisdiction of Office: Kerala, Lakshadweep, Mahe-a part of Pondicherry.

KOLKATA
Shri/Smt, 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
Jurisdiction of Office: West Bengal, Sikkim, Andaman & Nicobar Islands.

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LUCKNOW

Shri/Smt, 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

Jurisdiction of Office: Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

MUMBAI

Shri/Smt, 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

Jurisdiction of Office: Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

NOIDA

Shri Ajesh Kumar, Office of the Insurance Ombudsman,

Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Dist. Gautam Buddh Nagar, U.P-201301.

Tel.: 0120 - 2514250/2514252/2514253, Email: bimalokpal.noida@ecoi.co.in

Jurisdiction of 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, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

PATNA

Shri/Smt, Office of the Insurance Ombudsman,

1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.

Tel.: 0612 - 2680952, Email: bimalokpal.patna@ecoi.co.in

Jurisdiction of Office: Bihar, Jharkhand.

PUNE

Shri/Smt, Office of the Insurance Ombudsman,

Jeevan Darshan Bldg., 3rd Floor, C.T.S Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030.

Tel.: 020 - 41312555, Email: bimalokpal.pune@ecoi.co.in

Jurisdiction of Office (Union Territory, District): Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in, on the website of General Insurance Council: www.gicouncil.in, our website www.reliancehealthinsurance.com

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