

Standard Terms and Conditions between Religare and customers

Disclaimer: RBL Bank Limited is merely displaying services/ offers provided by third party(ies) and RBL Bank is not rendering any of these services/ offers. RBL Bank is neither endorsing third party(ies)/ services nor responsible for quality of the services offered/ products by third party(ies). RBL Bank will not bear any obligation or liability if a customer avails such services of third party(ies). All service related queries/ complaints will be addressed to the respective third party(ies) only. The customer is free to avail such services from any other sources/ platforms.

Group Care – Health Insurance by Religare Health Insurance Company Limited

Policy Design

1. Eligibility

The Insured should be the customer of RBL.

2. Age

Age definition: Age on Last birthday

Minimum entry age: 18 Years

Maximum entry age: 45 Years

3. Sum Insured

Sum Insured option available is Rs 1.5 Lac, Rs 5 Lac and Rs 10 Lac

4. Tenure of the Policy

The tenure of the policy is one year.

Policy Features – Key highlights

Benefits:

Sum Insured	Plan A – 1.5 Lacs / 5 Lacs Plan B – 5 Lacs / 10 Lacs
Hospitalization	Up to Sum Insured
In-patient Care/Day Care Treatment	Up to Sum Insured
Pre & Post Hospitalization Expenses	30 & 60 days respectively
Domestic Road Ambulance	Up to INR 1,500 per hospitalization
Annual Health Check up	Plan A - Not covered Plan B - Once Per Adult per Policy

Donor Expenses	Up to Sum Insured
Domiciliary Hospitalization	Up to 10% of Sum Insured
Alternative Treatment	Plan A – Up to 15,000 Plan B - Up to 20,000
Wait Period	
30 Days	Yes
Named Ailment	24 Months
Pre-existing	24 Months
Sub-limits	
Room rent / ICU Charges	Plan A – Room Rent – 1% of Sum Insured ICU Chargers – 2% of Sum Insured Plan B - Room Rent-Single Private Room ICU charges – No Limit
Cataract	Plan A - Up to 20,000 per eye Plan B- No Sub limit
Total Knee Replacement	Plan A- Up to 80,000 per Knee Plan B- No Sub limit
Treatment for Hernia, Hysterectomy, Benign Prostate Hypertrophy, Stones of renal system	Plan A- Up to 50,000 Plan B- No Sub limit
Treatment of Cerebrovascular and Cardiovascular disorders; Treatment/Surgeries for Cancer; Treatment of Renal complications and Disorders; Treatment for Breakage of Bones	Plan A- Up to 150,000 Plan B- No Sub limit
Co-Payment	Plan A- 10% on every claim Plan B – No Co-payment

The Policy covers reasonable medical expenses incurred for hospitalization towards medical treatment taken during the cover period for an Illness or injury.

1. In-patient Care

We cover following expenses:

- (a) Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Member availed medical treatment
- (b) Intensive Care Unit (ICU) charges
- (c) Fees charged by surgeon, anesthetist, Medical Practitioner
- (d) Anesthesia, blood, oxygen, surgical consumables, medicines and drugs, diagnostic materials and X-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, joint replacement, etc.

2. Day Care Treatment

Medical Expenses for day care treatment, where such treatment is undertaken by an Insured Member, as an inpatient in a hospital or a Day Care Centre for a continuous period of less than 24 hours. Any procedure undertaken at the out-patient department of a hospital will not be covered.

3. Room Eligibility

Plan A

Room Rent Limit = 1% of SI for Standard Hospitalization / 2% of SI for ICU

Plan B

Room Rent Limit = Most economical Single Private Room with AC / No Limit for ICU

If the Insured Member is admitted in a Hospital room where the room rent incurred is higher than the eligible limit, as specified below then the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate in the proportion of the room rent actually incurred less room rent limit and divided by room rent actually incurred, provided that We have admitted a Claim as In-patient Care.

4. Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses

We will indemnify for medical expenses incurred up to 30 days prior and up to 60 days post hospitalization. This will be applicable provided the hospitalization claim is admissible and the said expenses relate to the same illness /injury for which the Insured Member was hospitalized.

5. Domestic Road Ambulance

We will reimburse Rs 1,500 incurred on availing an ambulance service offered by a hospital / ambulance service provider when certified by a medical practitioner.

6. Donor Expense

Expenses pertaining to an organ donor's treatment while undergoing any organ transplant surgery for use of the Insured Member shall be reimbursed Up to Sum Insured

7. Domiciliary Hospitalization

We indemnify the Insured Member for medical treatment expenses incurred at their residence for a period of 3 days or more. This coverage is applicable provided the Insured Member's state-of-health does not allow movement to a hospital or when Insured Member takes treatment at home on account of non-availability of room in a hospital. Insured Member shall be reimbursed Up to 10% of Sum Insured amount.

Any Medical Expenses arising out of the following shall not be payable under this benefit:

(a) Any Pre-hospitalization and Post-hospitalization Expenses of such Domiciliary Hospitalization

(b) Treatment in relation to any of the following diseases:

I Asthma

II Bronchitis

III Chronic Nephritis and Chronic Nephritic Syndrome

- IV Diarrhoea and all types of Dysenteries including Gastro-enteritis
- V Diabetes Mellitus and Insipidus
- VI Epilepsy
- VII Hypertension
- VIII Influenza, Cough and Cold
- IX All Psychiatric or Psychosomatic Disorders
- X Pyrexia of unknown origin
- XI Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
- XII Arthritis, Gout and Rheumatism

8. Alternative Treatments (IPD basis)

It has been observed at times that a combination of conventional medical treatment and alternative therapies aid & quicken the process of recovery. Therefore, we will also pay the Insured Member for expenses related to medical consultation, diagnostic tests or medical treatment at the out-patient department of a Hospital which administers treatment related to the disciplines of medicine like homeopathy, Ayurvedic, Siddha and Unani. Insured shall be reimbursed up to Rs 20,000

9. Health Check-up

Plan A - Not Covered

Plan B - Once per Adult per Policy

We will arrange for the health check-up for all adult members once during the policy period. Customer needs to contact RHICL Customer Care for scheduling of Appointment.

10. Co - Payment

Plan A - 10% on every Claim

Plan B - No Co- payment

The Insured Member will bear 10% of the final assessed claim amount of each and every admissible claim as mentioned in the policy. Our liability to make any payment shall arise only after the co-payment has been made.

11. Sub limits on Illness / Surgeries / Procedures

Our maximum liability for medical expenses incurred during any hospitalisation (including its related pre and post hospitalization expenses, if applicable), due to any illness or for undergoing any medical procedure, shall be limited to the specified amount as stated against such illness / medical procedure in the Policy.

Waiting Periods & Exclusions

30-day waiting period

We are not liable for medical expenses towards any illness that was diagnosed or hospitalization that began within 30 days of the commencement of the policy, except for those Medical Expenses incurred due to an injury.

Specific waiting period

We are not liable for medical expenses incurred during hospitalization for treatment of the following illness/surgeries for 24 months from the policy commencement, and for 48 months from policy commencement if these or any other conditions that are found to be pre-existing

- Arthritis, if non-infective, gout, rheumatism and spinal disorders, joint replacement surgery
- Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty), nasal septum deviation, sinusitis and related disorders
- Benign prostatic hypertrophy
- Cataract
- Dilatation and curettage
- Fissure / fistula in anus, hemorrhoids / piles, pilonidal sinus, gastric and duodenal ulcers
- Surgery of genito urinary system unless necessitated by malignancy
- All types of hernia, hydrocele
- Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy
- Internal tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
- Kidney stone/ ureteric stone/ lithotripsy/ gall bladder
- Myomectomy for fibroids
- Skin tumors unless malignant
- Varicose veins and varicose ulcers

The waiting periods as mentioned above shall be tracked separately for each Insured Member and claims shall be assessed accordingly.

Pre-existing diseases

We are not liable for any medical expenses incurred during hospitalization for a diagnosis / treatment of any pre-existing diseases till the time as defined in the Policy but not exceeding 24 months of continuous coverage, since the cover start date under the first policy with us.

Permanent Exclusions:

Any Claim in respect of any Insured Member for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any condition or treatment generally excluded in Hospital Indemnity Policy.
- (ii) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV₁/VIII or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- (iii) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
- (iv) Any treatment arising from or traceable to any fertility or sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (v) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- (vi) Charges incurred in connection with cost of routine eye and ear examinations, dentures, and artificial teeth and all other similar external appliances and/or devices whether for diagnosis or treatment.
- (vii) Unproven/Experimental Treatment or investigational treatment.
- (viii) Any diagnosis or treatment of an Illness or Injury which does not require Hospitalization.
- (ix) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- (x) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- (xi) Treatment of all external Congenital Anomaly or Illness or defects or anomalies or treatments relating to birth defects..
- (xii) Treatment of mental illness, stress or psychological disorders.
- (xiii) Aesthetic treatment, Cosmetic Surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns
- (xiv) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.

- (xv) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (xvi) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics
- (xvii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health
- (xviii) Any travel or transportation expenses including Ambulance charges.
- (xix) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- (xx) Non-allopathic treatment.
- (xxi) Out-patient treatment.
- (xxii) Treatment received outside India.
- (xxiii) Domiciliary Hospitalization or treatment.
- (xxiv) Charges incurred at a Hospital primarily for X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/Day Care Treatment is required.
- (xxv) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- (xxvi) Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Member with any criminal intent.
- (xxvii) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol.
- (xxviii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (xxix) Personal comfort & convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body/baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (xxx) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the Hospital under whatever head.
- (xxxi) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - I Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

- II Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- III Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

- (xxxii) Impairment of an Insured Member's intellectual faculties by abuse of stimulants or depressants.
- (xxxiii) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- (xxxiv) Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Certificate.
- (xxxv) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification Centre, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions, unless specifically provided for.

Claims

How to file your Claim

Our principal purpose for our existence is to ensure that Insured Members enjoy hassle-free access to best-in-class healthcare delivery facilities, and we live this objective through our seamless claim process.

Please refer to the following steps in the claim procedure to ensure smooth processing of the same:

Cashless Treatment at Network Hospitals

Step 1: Claim Intimation

- In case of unplanned hospitalization, call and inform Us/ Our TPA within 24 hours of your admission. However, if your hospitalization is planned, kindly intimate Us/ Our TPA 48 hours prior to your admission.

Step 2: Initiating the process for Pre-Authorization

- A Pre-authorization form will be available at the hospital's Insurer/TPA desk, or you can alternatively download the same from our website www.religarehealthinsurance.com
- The completed Pre-authorization form has to be faxed to us at 1800-200-6677 or can also be sent at any of our other coordinates. This may be done by You or the respective hospital.

Step 3: Processing a request for Pre-Authorization

- If Your request for Pre-authorization is approved, You and the hospital will be duly informed by Us/ Our TPA.
- In case of any information deficiency or further information requirement, you and the hospital will be regularly intimated by Us/ Our TPA to ensure resolution of the same at the earliest.
- If your request for Pre-authorization is not approved, it in no way means that your claim is/will be rejected. It only indicates that we / Our TPA are not able to process your request basis the requisite information available with Us/ Our TPA at this point of time. In such cases, you may claim for reimbursement of your expenses after discharge from the hospital.

Reimbursement of treatment expenses incurred at Network/Non Network Hospitals

Step 1: Claim Intimation

- In case of unplanned hospitalization, call and inform us/ Our TPA within 24 hours of your admission. However, if your hospitalization is planned, kindly intimate Us / Our TPA 48 hours prior to your admission.
- The following information is to be provided during the claim intimation-
 - Policy holder's name
 - Claimant's name and customer ID
 - Hospital details
 - Diagnosis and treatment details
 - Approximate claim amount
 - Date of admission
- We will provide a reference ID for all future communication pertaining to the claim request

Step 2: Initiating the Claim process

- The Claim form can be downloaded from our website www.religarehealthinsurance.com
- The completed claim form has to be sent to us along with the following documents -
 - Duly filled and signed RHICL claim form
 - Original receipts/bills and discharge voucher of the hospital/nursing home
 - Original bills of chemists supported by prescriptions
 - Original Investigation reports and payment receipts
 - Other case papers as mentioned in Claims Form
 - Doctor consultation papers and bills
 - Any other document which is required by Us/Our TPA to adjudicate the claim

- The claim form and additional documents are to be sent to us at the following address:
Religare Health Insurance Company Limited
Vipul Tech Square, Tower C, 3rd Floor,
Golf Course Road, Sec-43,
Gurgaon- 122009 (Haryana)
- You can also submit the claim form and additional documents in case You have selected TPA, the name, contact details etc. is mentioned in the Policy certificate for the selected TPA.

Step 3: Claim Processing and Reimbursement

- If your request for reimbursement of expenses is approved, you will be duly intimated by us/ Our TPA.
- In case of any information deficiency or further information requirements, you will be communicated instantly to ensure resolution of the same at the earliest
- If your request for claims is declined, you will be communicated the same along with valid reason(s) for rejection. However, if the Insured Member/ Insured Member's representative has further documents to enhance/substantiate his case for claim, the same can also be sent to us/ Our TPA; and if found rational, the case will be reopened for review of the documents and response, if any.

We /Our TPA will ensure that you are updated at all important stages of your claim process. To help us serve you better, please ensure the following-

- The Pre-authorization/claim form is filled completely, sincerely and truly and all the required documents are submitted along with the form and in original, wherever specified
- Retain a copy of the duly filled forms
- Please quote the member ID/reference number for all communication related to the above.

Grievance Process:

1. The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.
2. If you or the Insured Member or Dependent have a grievance that You or the Insured Member or Dependent wish Us to redress, You or the Insured Member may contact Us with the details of their grievance through:

Website: www.religarehealthinsurance.com

Email: customerfirst@religarehealthinsurance.com

Contact No.: 1800-200-4488

Fax: 1800-200-6677

Post/Courier: Any of Our branch offices or Our correspondence address, during normal business hours

3. If You or the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may contact Our Head of Customer Service at:

The Grievance Cell,
Religare Health Insurance Company Limited
Vipul Tech Square, Tower C, 3rd Floor,
Golf Course Road, Sec-43,
Gurgaon- 122009 (Haryana)

4. If You or the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may approach the nearest Insurance Ombudsman for resolution of their grievance.

Disclaimer:

This is only a summary of product features. The actual benefits available are as described in the policy, and will be subject to the policy Terms and Conditions. Please seek the advice of your insurance advisor if you require any further information or clarification or contact us.

Statutory Warning:

Prohibition of Rebates (under section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurers.

Any person making default in complying with the provision of this section shall be punished with fine, which may extend to five hundred rupees.

Insurance is a subject matter of solicitation.

IRDA Registration number: 148

Group Secure – RBL

Terms and Conditions

About Religare Health Insurance Company Limited

Religare Health Insurance Company Limited (RHICL) is focused on the delivery of health insurance services. Our promoter's expertise in the spectrum of financial services, healthcare delivery and preventive health solutions, coupled with a robust distribution model, offers us a unique edge to deliver and excel in a business environment that hinges on serviceability and scale. Powered by the best-in-class product design and a customer centric approach, RHICL is committed to delivering on its innate values of being a responsible, trustworthy and innovative health insurer. RHICL is promoted by three strong entities- Religare, Union Bank of India and Corporation Bank.

Policy Design

1. Eligibility

The Insured should be the customer of RBL.

2. Age:

Age definition: Age on Last birthday

Minimum entry age: 18 Years

Maximum entry age: 65 Years

3. Sum Insured

Sum Insured option available is Rs 5 Lac and 10 Lac

4. Tenure of the Policy

The tenure of the policy is one year.

Policy Features – Key highlights

1. Benefits:

The Policy compensates the Insured Member in case of Accidental Death and Permanent Total Disablement.

a) Insured Event- Accidental Death

If the Insured Member dies within twelve calendar months from the date of occurrence of the Injury, We will pay the Sum Insured provided that death is solely and directly due to the Injury.

b) Insured Event- Permanent Total Disablement (PTD)

If the Injury suffered by the Insured Member solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury, We will pay the amount specified in the table below:

Sr. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit A2.
E2.1	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
E2.2	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
E2.3	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
E2.4	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
E3	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of the above Insured Events, physical separation of a hand or foot shall mean separation of the hand at or above the wrist and of the foot at or above the ankle.

For the purpose of this Benefit only:

- 1.1. Hemiplegia means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- 1.2. Paraplegia means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- 1.3. Quadriplegia means complete and irrecoverable paralysis of all four limbs.

Permanent Exclusions:

Any Claim in respect of any Insured Member, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy:

- (a) Any Medical Expenses
- (b) Any illness including any pre-existing condition or its complications

- (c) Any pre-existing injury or physical condition;
- (d) An Insured Member operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline or any airline personal;
- (e) An Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
- (f) Any intentional self- inflicted Injury, suicide or attempted suicide, sexually transmitted conditions, mental or nervous disorders, insanity;
- (g) Influence of drugs, alcohol beyond the medically permissible limit or other intoxications or hallucinogens;
- (h) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds;
- (i) Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor;
- (j) A complication of infection with Human Immune Deficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC) or venereal disease;
- (k) Training for or participating in professional sport of any kind;
- (l) Any act resulting in breach of law committed by Insured Member with criminal intent;
- (m) The Insured Member serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces;
- (n) Radioactive contamination whether arising directly or indirectly ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;
- (o) Insured Member working in or with Underground mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs or ship crew services or as jockeys or circus personnel or aerial photography or engaged in any Hazardous Activities as specified under Clause 1.12;
- (p) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - (i) Nuclear attack or weapons mean the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing incapacitating disablement or death.
 - (ii) Chemical attack or weapons mean the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death.
 - (iii) Biological attack or weapons mean the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded;

- (q) Resulting from pregnancy or childbirth;
- (r) Impairment of the Insured Member's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
- (s) Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover period.

How can a claim be made?

In case of any unfortunate event which is covered under the Policy, you or anyone acting on your behalf should immediately notify us and should provide following information.

- (a) Policy Number;
- (b) Your name;
- (c) Name and unique identification number of the Insured Member in respect of whom the Claim is being made;
- (d) Nature of Injury and the Benefit and/or Optional Extension under which the Claim is being made;
- (e) Date and place of Injury or Death and/or date and place of admission to Hospital (as applicable);
- (f) Name and address of the attending Medical Practitioner and Hospital (if applicable);
- (g) Any other information, documentation or details requested by Us.

You or anyone claiming on your behalf should then send us the following documents in original within 30 days from date of the accident.

Claims Documents

The following documents shall be provided for in support of the Claim:

- Eligibility certificate / document duly certified by nodal officer
- Age proof
- Claim form duly filled and signed by the nominee (where applicable)
- Post Mortem Report (if conducted)
- F.I.R. or accident death report or inquest panchnama (in original)

Claims documents may vary according to nature of claim and the cover under which it is payable. Please refer to the policy wordings for further details.

You or the Insured Member's Nominee/ Legal heir shall provide Us the following documents for or in support of the Claim:

Applicable to all Claims

A) For Identification (Any one of the following)

Sr. #	Name of Document
1	Voter ID Card
2	PAN Card
3	Passport
4	Driving License
5	Aadhar – UID Card
6	Any other document as required by Us.

B) For Verification of Age (Any one of the following)

Sr. #	Name of Document
1	Voters ID
2	Birth Certificate
3	Passport
4	PAN Card
5	Matriculation Pass Certificate
6	Any other document as required by Us.

1.1.1 Indicative list of documents Required for processing of Claim under Policy

Sr. #	Name of Document
1	Death certificate (in original copy)
2	F.I.R. or accident Death report or Inquest Panchnama (in original or certified copies)
3	Post Mortem Report (certified copies), if conducted

These are the mandatory documents which are required are at the time of the claim adjudication, however, more documents can be asked for during the claim adjudication.

Terms and Conditions

Policy Disputes

Wherever there is a decision to be taken by the Insurer, which happens to be at variance with the Customers proposal, declarations and other such conduct an opportunity of natural justice shall be provided to him before a decision is taken on the merit and circumstances of the question.

Any and all disputes or differences under or in relation to validity, construction, interpretation, effect or any other matter related to this Policy shall be determined exclusively by the Indian Courts and subject to Indian law.

Contribution

In case you are covered under more than one indemnity insurance policies, with Us or with other insurers, You shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.

In case the Claim amount exceeds the Sum Insured, then You shall have the right to choose the companies with whom the Claim is to be settled. In such cases, the settlement shall be done in proportion of the Sum Insured of all the policies.

This clause shall not apply to Benefits or to any Optional Extension offered on a benefit basis.

Subrogation

You and the Insured Member shall at Your/his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Member shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You. This clause shall not apply to any Benefits/ Optional Extension offered on benefit basis.

Grievance Process:

1. The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.
2. If you or the Insured Member or Dependent have a grievance that You or the Insured Member or Dependent wish Us to redress, You or the Insured Member may contact Us with the details of their grievance through:

Website: www.religarehealthinsurance.com

Email: customerfirst@religarehealthinsurance.com

Contact No.: 1800-200-4488

Fax: 1800-200-6677

Post/Courier: Any of Our branch offices or Our correspondence address, during normal business hours

3. If You or the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may contact Our Head of Customer Service at:

The Grievance Cell,
Religare Health Insurance Company Limited\
Vipul Tech Square, Tower C, 3rd Floor,
Golf Course Road, Sec-43,
Gurgaon- 122009 (Haryana)

4. If You or the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may approach the nearest Insurance Ombudsman for resolution of their grievance.

Disclaimer:

This is only a summary of product features. The actual benefits available are as described in the policy, and will be subject to the policy Terms and Conditions. Please seek the advice of your insurance advisor if you require any further information or clarification or contact us.

Statutory Warning:

Prohibition of Rebates (under section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurers.

Any person making default in complying with the provision of this section shall be punished with fine, which may extent to five hundred rupees.

Insurance is a subject matter of solicitation.

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