

RELIANCE

Life Insurance

Reliance Life Care For You Plan

We protect, we care



"A Non-Linked Health Insurance Plan"

Why should you buy a Health Insurance Cover?

The worst nightmare that anyone can have is the one when a family member is hospitalized...yes as rightly said 'Health is Wealth'. Everything is uncertain nobody can be sure what will happen. At times, unfortunately we fall prey to unanticipated accidents & illness. We are all aware that health care costs are high and getting higher and higher and you need to be prepared for such an emergency.

Reliance Life Care For You Plan provides you complete healthcare cost coverage along with various unique features which ensure that your family is adequately taken care of during medical emergencies.

What is Reliance Life Care For You Plan? Why do you need it?

A medical cover is an assurance of peace of mind for you and your family. It offers protection and financial stability when medical uncertainties arise.

Reliance Life Insurance understands the financial burdens that you may confront from time to time and to alleviate this burden, we bring you the Reliance Life Care For You Plan.

It's an innovative plan that not only covers you but also your family members which includes your spouse, children, parents and parents-in-laws.

What makes the Reliance Life Care For You Plan unique?

The uniqueness lies in its nature and capacity to provide financial protection, when you most need it. When an unexpected diagnosis of a serious illness or hospitalization of a loved one takes its toll on you

mentally as well as financially, this plan helps you to confront the situation with courage and confidence.

With the **Reliance Life Care For You Plan** you needn't worry, as it offers an extensive list of unique features unlike any other policy.

Cashless facility at 4000 hospitals across the country

Single sum assured covers the entire family

Day Care Treatment covered

Covers parents and in-laws

Maternity Benefit (available under family floater cover)

Fixed premium guarantee for a period of 3 years

5% increase in Sum Assured without paying any extra premium for every claim free year

Who is eligible under this cover?

The primary benefit of the **Reliance Life Care For You Plan** is that it covers you along with your spouse, children, parents and parents-in-laws. You are eligible for the plan if you are above 18 years and within 60 years of age. In the case of your family members anyone from 3 months to 66 years is eligible to enter this plan.

Isn't this cover expensive?

Actually it's quite the opposite.

It's a Single Sum Assured plan that's flexible enough to give you the option to choose from ₹ 2 lac to ₹ 10 lacs

It also gives you the option to cover the entire family under family floater coverage instead of buying individual policy plans which would be far more expensive than just a single cover.

Another added benefit that helps you save is that your Premium will remain fixed for a period of 3 years irrespective of age and nature of the claim.

Why Reliance Life Insurance should be your first choice?

Reliance Life Insurance presents a very innovative plan for the entire family including children, dependant parents and in-laws too. Reliance Life Insurance cares for you and assures to stand by you during those difficult times of physical and mental stress - so that you are able to be hassle free during your & your family's health related emergencies by providing you with a 3 year health cover with guaranteed renewability and guaranteed renewable discount plus a guarantee of fixed premium for 3 years. We also cover Pre-existing illnesses after 4 continuous years of membership and Maternity Benefit under family floater cover. You and your family members will have guaranteed coverage upto the age of 75 years (21 years in case of children) irrespective of claim experience and change in your health condition.

At Reliance Life Insurance, we not only protect you, but we care for you too...

What this plan brings for you?

Key Features and Benefits

- Reimbursement of all admissible medical expenses when you are in hospital
- Maternity Benefit (available under family floater cover)
- Pre existing illness covered after 4 continuous years of membership
- 150 Day Care Treatment covered
- Pre & Post hospitalization expenses are covered
- Ambulance charges payable
- Income Tax benefit under section 80(D)
- Entire family covered under a single umbrella of protection
- Cover your Parents & parents-in-law
- Guaranteed Renewability
- Cashless facility at 4000 hospitals across the country
- Sum Insured is increased by 5% without paying any extra premium, for every claim free year
- Guaranteed fixed rate of premium for 3 years
- Renewal discount of 15% on premium at the time of term renewal as a token of appreciation for your continued faith in us
- Wide range of Sum Insured ranging from ₹ 2 lacs to ₹ 10 lacs

Note: The above are the key features and benefits of the product. You are advised to read this document completely before concluding the purchase

How does the plan work?

This is regular premium, non-participating, non unit linked, hospitalization benefit plan based on Individual and Family Floater basis. The plan will be offered to individuals or a family which includes the primary insured, spouse, eldest four eligible children, dependent parents and parents in law. Addition of parents in law under the policy will be subject to production of certificate regarding financial dependency on the primary life.

The premiums are paid on annual basis or monthly (only if premiums are paid electronically) basis.

Member with the highest age among husband and wife will be referred as Primary Insured and all the other members of the family covered under the plan will be referred as Secondary Insured. On death of the Primary Insured during the policy term, the insured spouse becomes the Primary Insured. If both Primary Insured and Insured Spouse die, the policy will be terminated from the policy anniversary following the death of the second life.

Children are covered , provided the children are economically dependent on parent(s) and are not married at the time of commencement of policy or on any subsequent renewal date.

What does your plan cover?

The plan covers reasonable and customary medical expenses incurred towards hospitalisation during the policy term for the disease, illness, medical condition or injury contracted or sustained by the member(s) subject to terms, conditions, limitations, waiting period and exclusions as mentioned below:

1. In a policy year, the total liability of the company under this policy is limited to the sum assured, without making any reference to what the company has reimbursed or are liable to reimburse for the claims made in the previous policy year. Where sum assured means the sum shown in your policy document which represents Our maximum liability in relation to all claims made by You and all of Your Dependents, if any during the Policy Year.

Hospital Expenses

Reliance Life Care For You plan will reimburse all admissible medical expenses in case of an unfortunate event of Hospitalisation:

Room, boarding and nursing expenses.

Surgeon, Anaesthetists, Medical Practitioner, Consultants, Specialists fee

Operation theatre charges

Anaesthesia, blood, oxygen, medicines and drugs etc.

Diagnostics and laboratory tests.

Day Care Treatment

We cover 150 listed day care treatment and procedure as given in Annexure A, wherein even 24 continuous hours of hospitalisation is not required.

Maternity Benefit

Maternity benefit is available only with Family Floater coverage and is not available under Individual coverage. Maternity expenses up to a maximum of ₹ 15,000/- will be reimbursed if the member stays with us for a continuous period of 3 years without break.

Pre & Post hospitalisation Benefit

A flat benefit of 5% of the admissible hospitalisation expenses, subject to a maximum of ₹ 5000 will be paid on each hospitalisation claim towards Pre and Post hospitalisation expenses.

Ambulance Charges

Ambulance charges will be reimbursed by us subject to a maximum of ₹ 1,000 in a policy year provided the member is hospitalised for more than 24 continuous hours.

Death Benefit

No benefit is payable on death of the insured members.

Maturity Benefit

No benefit is payable on maturity of the policy

Surrender Benefit

No benefit is payable on surrender of the policy

What are the other offerings under this plan?

Single sum insured covers the entire family under family floater coverage

This means, you and your family members (spouse, eldest four eligible children, dependent parents and parents-in-law) together can utilize up to a maximum of sum insured opted for in a policy year for hospitalisation benefit. Thus, your entire family is covered under the single umbrella of protection.

Guaranteed Renewability

Once you choose to hold our hands we will protect you from any unforeseen contingencies. You and your family members will enjoy a guaranteed renewability upto the age of 75 years for adults and 21 years for the children, irrespective of claim experience and change in your health condition.

Fixed Premium

Your Premium will remain constant for a period of 3 years irrespective of increase in your age and claim experience.

Renewal Discount

As a token of appreciation for your loyalty towards our company, a discount of 15% on the renewal premium will be given at the time of term renewal i.e. at the end of third year, which may change in future subject to regulatory guidelines.

Enhancement of Sum Insured

We shall reward you for staying fit. If you have not claimed during a policy year, the sum assured under the policy will be increased by an amount equivalent to 5% of the basic sum assured in the subsequent policy year without any corresponding increase in premium subject to a maximum increase of 30% of the basic sum assured over the duration of the policy including term renewals, where the basic sum assured is the sum assured chosen as on policy commencement date.

If a claim is made by the member after this provision has come into force, then the sum assured under the policy will be reduced back to basic sum assured at commencement in the subsequent policy year

Cashless facility

You have access to over 4000 empanelled hospitals across India where you can avail of cashless hospitalisation facility by showing your Reliance Life Insurance health card. This relieves you from paying hospital bills at the crucial moment of medical emergency.

The cashless & reimbursement claim will be facilitated by the Third Party Administrator (TPA) of the company.

You will be provided with a health card and a guide book containing the list of empanelled hospital and details on the claim process.

A 24X7 helpline number (number available in the guide book) is maintained by the TPA to assist you in resolving your queries.

What are the options available under the policy?

Term Renewal of policy (after expiry of the policy term of 3 years)

You have the option to renew the policy within 30 days after the expiry of the previous policy term at the premium rates, terms and conditions prevailing at the time of renewal of the policy. Coverage ceases on the expiry of the previous policy term and no cover exists during this period of 30 days.

If the sum assured after renewal is more than the sum assured on commencement of the previous policy, the renewal of policy would be subject to the Primary Insured and the Secondary Insured member satisfying the financial and medical underwriting requirements of the company. The company shall have the right to refuse the increase in sum assured on renewal.

On renewal, the waiting period would be reduced by the number of continuous years the member has been insured with company under this plan or any other plan of the company of similar nature.

Alteration of Premium Payment Frequency

The premium payment frequency may be changed at any policy anniversary.

Option to increase the SA

The Sum assured chosen at the commencement of the policy can be changed on any renewal date of the policy (where renewal occurs after the end of each policy term of 3 years) subject to underwriting, if required by the company.

Option to include other members

The Primary Insured can include secondary members (upto 4 eldest children, Spouse, father, mother, father in-law, mother in-law) from commencement of the policy or from any subsequent policy anniversary. Addition of parents in law under the policy will be subject to production of certificate regarding financial dependency on the primary life. If the secondary member is not included on commencement of policy and is added from a subsequent policy anniversary, then there will be a 3 months waiting period during which no claims will be admitted.

Tax Benefit

Tax benefits under the policy will be as per the prevailing Income Tax laws. Service tax and education cess will be charged extra as per applicable rates. Tax laws are subject to amendments from time to time and interpretations. You are advised to consult a tax expert.

What are the Eligibility Criteria?

	Minimum	Maximum
Age at Entry	Primary Insured and Spouse - 18 years last birthday Dependent parents and parent in- law - 40 years last birthday Children - 3 months	Primary Insured and Spouse - 60 years last birthday for new policy and 72 years last birthday for renewed policy Dependent parents and parent in-law - 66 years last birthday for a new policy and 72 years last birthday for a renewed policy. Children - 18 years
Maturity Age		Adults - 75 years last birthday Children - 21 years last birthday

	Minimum	Maximum
Policy Term	Fixed term of 3 years	Fixed term of 3 years
Sum Assured (Sum assured should be in multiples of ₹ 1,00,000 between minimum and maximum sum assured)	₹ 2,00,000	₹ 10,00,000

Sample Premium Rates:

Primary Insured

Age/Sum Assured	2,00,000	3,00,000	4,00,000	5,00,000
25	3,492	4,329	5,046	5,941
35	3,350	4,289	5,123	6,078
45	4,671	6,319	7,803	9,423
55	8,867	12,423	15,690	19,227

Secondary Insured

Age/Sum Assured	2,00,000	3,00,000	4,00,000	5,00,000
15	1,448	2,006	2,475	3,010
25	2,309	2,978	3,551	4,267
35	2,195	2,948	3,612	4,376
45	3,250	4,567	5,758	7,055
55	6,604	9,449	12,063	14,892

What are the capping / co-sharing limits on reimbursement of expenses?

We will pay 95% of the admissible claim amount (if treatment is taken in Net Work Hospital) or 90% of the admissible claim amount (if treatment is taken in Non Net Work Hospital) of the expenses as arrived at for each head of costs as mentioned below for the hospitalisation in India due to the illnesses/ailments/procedure/group of illness.

- Room, Boarding and Nursing Expenses subject to 1.5% of the Sum Insured per day in case Insured is admitted in Non Intensive Care Unit and 3% of the Sum Insured per day in case insured is admitted in Intensive Care Unit. Room rent and boarding expenses would include Registered Medical Officer charges, administration charges for IV Fluids/Blood Transfusion/Injections/Nursing Care Charges.
- Operation theatre charges.
- Special Nursing expenses incurred for deployment of qualified nurse will be reimbursed, subject to the treating Doctor's advice and submission of receipt from the registered nurse's Association
- Surgeon, Anaesthetists, Medical Practitioner, Consultants, Specialists fee subject to a maximum limit of 25% of the total admissible medical expenses incurred
- Anaesthesia, blood, oxygen, medicines and drugs, diagnostic materials, x-ray, surgical appliances, any disposable surgical consumables, dialysis, radiotherapy, Cardiac Pacemaker, Artificial limbs, stents and implants.

In respect of above under point no. i & ii we will make payment only for those days of treatment as an in-Patient, falling within the policy term.

- f) 150 day care procedures as mentioned in list.
- g) If Hospitalisation is due to one of the following illnesses/ procedures/ailments/group of illnesses, then we will reimburse 95% of the medical expenses if the treatment is taken in Net Work Hospital or 90% of the medical expenses treatment is taken in Non Net Work Hospital, subject to a maximum reimbursement limit per member in a policy year, as described in the table below:

SI No.	Illnesses/procedures/ ailments/group of illnesses	The lower of:	
		% of sum insured	Lump sum in ₹
1	Cataract	12%	25,000
2	Knee replacement	50%	150,000
3	Hip replacement	50%	175,000
4	Ectopic Pregnancy	Actual Expenses	30,000
5	ACL Tear (Anterior Cruciate Ligament Tear)	Actual Expenses	25,000

- h) If at the time when any claim arises under this policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society/Cancer Patient Aid Association), whether it be affected by or on behalf of any insured person in respect of whom the claim may have arisen covering the same loss, liability, compensation, cost or expenses, the company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation, cost or expenses. The benefits under this policy shall be in excess of the benefits available under cancer insurance policy as indicated above.
- i) If a particular hospitalisation claim spreads over two policy years, the eligible expenses would be provided on pro rata basis if the primary life and/or his insured secondary lives (family members) under the policy have not exhausted the maximum eligible limit for that year.

What your plan does not cover?

"Pre-Existing Medical Condition" means any Medical Condition or related condition (s) for which the Member(s) had any signs or symptoms, whether or not they received medical advice, in the 48 months immediately prior to the Policy Commencement date or any condition, signs or symptoms which occurred in the same 48 month period which would have caused any ordinary prudent person to seek treatment, diagnosis, care, medical advice or treatment.

The exclusion shall cease to apply if you have maintained the Policy with the company for a continuous period of 4 years without break from the date of the first Policy with the company

Hospitalisation/Medical expenses not directly related to the specific illness or injury for which hospitalisation took place and the expenses which are not recommended by the attending doctor.

Any treatment not performed by a doctor or any treatment of a purely experimental nature.

Expenses which are not for actual, necessary and reasonable expenses incurred in the treatment of the Illness or Physical Injury, or any elective surgery or treatment which is not medically necessary.

Any diagnosis or treatment arising from or traceable to pregnancy, childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born (excepting ectopic pregnancy) for Individual Coverage. This is not applicable if the member has been insured under Family Floater Plan and has renewed the policy continuously for a period of 3 years with the Company. However, the expenses related to new born baby are not reimbursable.

Sterility, treatment whether to effect or to treat infertility, any fertility, sub fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complication arising due to supplying services.

Hospitalization for correction of birth defects or external congenital anomaly /internal congenital anomaly.

Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human Immune Deficiency Virus (HIV) or any Syndrome or condition of a similar kind commonly referred to as AIDS (Acquired Immune Deficiency Syndrome)

Dental treatment or surgery of any kind unless necessitated by accidental bodily injury.

Cost of spectacles contact lenses hearing aids and the cost of treatment for vision correction.

Self affected injuries or conditions (attempted suicide) and or the treatment directly or indirectly arising from alcoholism or drug abuse and any Illness or Physical Injury which may be suffered after consumption of intoxication liquors or drugs.

Non-allopathic methods of surgery and treatment.

Hospitalisation and surgery for donation of an organ.

Medical or surgical treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition.

Psychiatric, mental disorders (including mental health treatments and, sleep-apnoea), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down conditions"): congenital internal or external diseases, defects or anomalies, generic disorders: stem cell implantation or surgery, or growth hormone therapy.

Medical expenses relating to any Hospitalisation primarily for diagnostic, X-ray or any other investigations.

Any experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council).

Stay in Hospital for domestic reason where no active regular treatment is given by a Doctor.

Charges for services received in convalescent home and nursing homes, nature cure clinics and similar establishments.

Circumcision unless necessary for treatment due to an accident.

Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or illness.

Any treatment related to sleep disorder or sleep Apnoea syndrome.

Medical Expenses incurred due to Ventral/Incisional Hernia unless the Company has paid the first operation.

Expenses for any routine or prescribed medical check up or examination, external and or durable Medical / Non medical equipment of any kind used for diagnosis and/or treatment and/or treatment and/or monitoring and/or maintenance and/ or support including CPAP, CAPD, Infusion pump, oxygen concentrator etc, ambulatory devices that is walker, crutches, belts, collars, caps, splints, stings, braces, stockings, gloves, hand soaps etc. of any kind, Diabetic footwear, glucometer/ thermometer and similar related items and also any medical equipment, which are subsequently used at home.

Any kind of service charges, surcharges, admission fees, registration charges etc. levied by the Hospital.

Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions, or any kind of natural hazard). Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy,

War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces.

Naval or military operations (including duties of peace time) of the armed forces or air force and participation in operation requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.

Participation in any hazardous activity or sports including but not limited to racing scuba diving, aerial sports, bungee jumping or mountaineering, activities such as hang-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement.

Expenses incurred for procurement of a replacement organ, transportation costs of the replacement organ and associated administration costs and all costs incurred by the donor.

Any insured person committing or attempting to commit a criminal or illegal act, or intentional self injury or attempted suicide while sane or insane.

Expenses for services or treatment which are paid for by any other party or which are claimable under workmen's compensation insurance. In such case, the Company will reimburse the difference between the expenses that would have been reimbursable by the Company had there been no other insurer or workmen's compensation insurance involved and the amount already reimbursed or reimbursable by other party or by workmen's compensation insurance.

Non Medical expenses including Personal comfort and convenience items or services such as telephone, television, personal attendant or barber or beauty services, diet charges, food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.

Any hospitalisation outside India

Waiting Period

30 days waiting Period:

Hospitalisation or Medical Expenses incurred for any illness/diseases diagnosed during first 30 days of the Policy commencement date or date of revival, whichever is later will not be reimbursed except accidental injuries.

90 days waiting period:

This is applicable if any of the secondary insured members is not included on commencement of the policy but added from a subsequent policy anniversary. Hospitalisation due to illness/treatment within 90 days from the date of inclusion of member will be excluded.

One year waiting Period:

The following ailments/procedures are not covered during the first year of the policy from commencement date or revival date.

Tonsillectomy, Cancer of any kind.

Two years waiting Period:

The following ailments/procedures are not covered during the first two years of the policy from commencement date or revival date.

Kidney Stone/ Ureteric Stone / Lithotripsy, Cataract, Hysterectomy, Cholelithiasis, Choledocholithiasis, surgery of Gall bladder and Bile ducts excluding Malignancy, surgery of Benign Prostatic Hypertrophy, Hernia (Inguinal), Hemorrhoids, Anal Fissure, Fistula-in-anus, Exploratory Laparotomy, Lapchole, diagnostic Laparoscopy, any gynaecological disease, Hydrocoele, Fibroids,

Three years waiting Period:

The following ailments/procedures are not covered during the first three years of the policy from commencement date or revival date.

Tympanoplasty, Valve Replacement, Valvotomy, Cerebral Haemorrhage; Angiographies, Angioplasty (with or without stent), Coronary Artery Bypass Graft, unless post Accident.

Cost of treatment payable after completion of 1 year from the 1st term renewal:

On completion of one year after the first term renewal of the policy from commencement date or revival date if the following diseases are diagnosed or Hospitalisation or Medical Expenses incurred are payable:

Total Knee Replacement, Total Hip Replacement, Diskectomy, Arthroscopy, unless post Accident for each of these treatments/surgeries/procedures, Pelvic Inflammatory Disease, Varicose Veins; Diabetes with or without high blood pressure and its complications, direct results of or accompanied by it; Chronic Renal Failure, no matter when detected.

Grace period, Lapse & Revival (Reinstatement)

The grace period will be 30 days from the due date for payment of regular premiums under annual modes and 15 days from the due date for payment of regular premiums under monthly mode. If premium is not received within the grace period then the policy will lapse.

The policy can be revived within 90 days from the due date of first unpaid premium, by paying the arrears of premiums with interest at the prevailing rate of interest. The current rate of interest is 9.0% p.a. This will be subject to satisfactory medical and financial underwriting.

If the lapsed policy is not revived within 90 days of the due date of the first unpaid premium then the policy will be terminated

The company will not be liable to make any payments if claims are made due to any treatment of illness/ailment/disease diagnosed or hospitalization taking place during the period when the policy lapsed.

Suicide Exclusion

Self affected injuries or conditions (attempted suicide) and or the treatment directly or indirectly arising from alcoholism or drug abuse and any illness or Physical Injury which may be suffered after consumption of intoxication liquors or drugs.

Claim information & role of the TPA

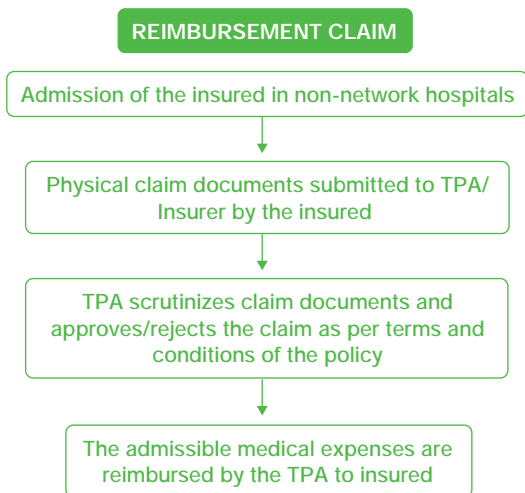
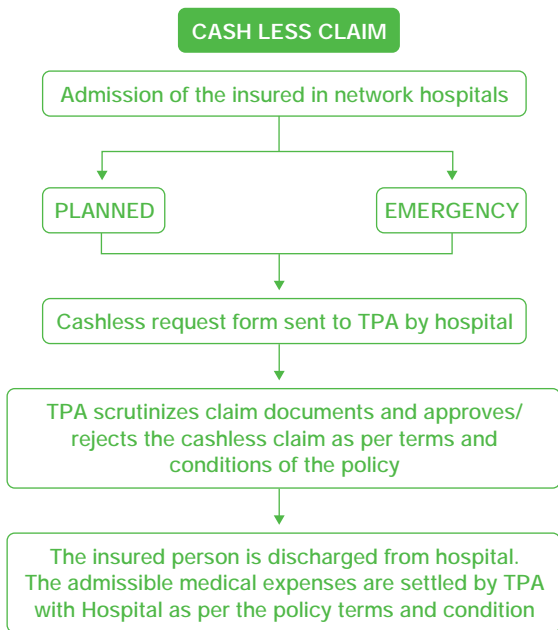
You have the option to avail of cash less service facility at network hospitals as identified and empanelled by the company / Third Party Administrator (TPA).

In case of a planned hospitalisation, you have to take pre-authorization from the Third Party Administrator (TPA) prior to taking admission at any network hospital. In case of emergency hospitalisation, you have to notify the TPA in writing within 24 hours of the hospitalisation on medical emergency.

You will be provided with a photo identity card with a unique membership number by the TPA which will entitle you and your enrolled family members to avail of cash less hospitalisation services.

However, if you do not wish to avail of cash less facility or you are hospitalised in any hospital other than the specified network hospitals, the company/ TPA will reimburse the admissible medical expenses within 7 working days from the date of receipt of all relevant documents and subject to your fulfillment of terms and conditions of the policy.

Simple stepwise Claim process flow:



Free Look Period

In case you disagree with any of the terms and conditions of the policy, you may return the policy to the Company within 15 days of its receipt for cancellation, stating your objections in which case the Company will refund an amount equal to the premium paid less the expenses incurred by the Company on medical examination and stamp duty charges.

Nomination

Nominations will be allowed under this plan as per Section 39 of the Insurance Act, 1938.

Assignment

Not allowed

About us

Reliance Life Insurance offers you products that fulfill your savings and protection needs. Our aim is to emerge as a transnational Life Insurer of global scale and standard.

Reliance Life Insurance Company Limited is a part of Reliance Capital, under Reliance Group. Reliance Capital is one of India's leading private sector financial services companies, and ranks among the top 3 private sector financial services and banking companies, in terms of net worth. Reliance Capital has interests in asset management and mutual funds, stock broking, life and general insurance, proprietary investments, private equity and other activities in financial services.

Nippon Life Insurance, also called Nissay, is Japan's largest private life insurer with revenues of ₹ 346,834 crore (US\$ 80 Billion) and profits of over ₹ 12,199 crore (US\$ 3 billion). The Company has over 14 million policies in Japan, offers a wide range of products, including individual and group life and annuity policies through various distribution channels and mainly uses face-to-face sales channel for its traditional insurance products. The company primarily operated in Japan, North America, Europe and Asia and is headquartered in Osaka, Japan. It is ranked 81st in Global Fortune 500 firms in 2011. Nippon Life Insurance holds 26% stake in Reliance Life Insurance Company Limited.

Reliance Group also has presence in Communications, Energy, Natural Resources, Media, Entertainment, Healthcare and Infrastructure.

Prohibition of Rebate: Section 41 of the Insurance Act, 1938 states:

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind 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 prospectuses or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

- 2) Any person making default in complying with the provisions of this section shall be punishable with a fine which may extend to five hundred rupees.

Section 45: Policy not to be called in question on ground of mis-statement after two years

- 1) No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:
- 2) Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Reliance Life Insurance is a licensed life insurance company registered with Insurance Regulatory & Development Authority (IRDA) Registration No. 121.

Note: This product brochure gives only the salient features of the plan. For further details on all the conditions, exclusions related to **Reliance Life Care For You Plan**, please contact our insurance advisors.

Day Care Procedures

Sl. No.	Day Care Procedure
1.	Surgical debridement of wound
2.	Therapeutic Ascitic Tapping
3.	Therapeutic Pleural Tapping
4.	Therapeutic joint Aspiration
5.	Aspiration of an internal abscess under ultrasound guidance
6.	Aspiration of hematoma
7.	Endoscopic Foreign Body Removal- trachea/-pharynx- Larynx/bronchus/esophagus/stomach/rectum
8.	True cut Biopsy-Breast/-liver/-kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/Nerve Biopsy/-Synovial Biopsy/-Bone trephine Biopsy/-pericardial biopsy
9.	Sclerotherapy
10.	Dilatation of digestive tract strictures
11.	Endoscopic Ultrasonography and biopsy
12.	Nissen fundoplication for Hiatus Hernia/Gastro esophageal reflux disease
13.	Endoscopic placement/removal of stents
14.	Endoscopic Gastrostomy
15.	Replacement of Gastrostomy tube
16.	Endoscopic polypectomy
17.	Endoscopic decompression of colon
18.	Therapeutic ERCP
19.	Brochosopic treatment of bleeding lesion
20.	Brochosopic treatment of fistula/stenting
21.	Bronchoalveolar lavage & Biopsy
22.	Tonsillectomy without Adenoidectomy
23.	Tonsillectomy with Adenoidectomy
24.	Excision and destruction of lingual tonsil
25.	Myringotomy
26.	Myringotomy With Grommet Insertion
27.	Myringoplasty/Tympanoplasty
28.	Antral Wash under LA
29.	Quinsy drainage
30.	Direct Laryngoscopy With biopsy
31.	Reduction of nasal fracture
32.	Mastoidectomy

Sl. No.	Day Care Procedure
33.	Removal of tympanic drain
34.	Reconstruction of middle ear
35.	Incision of mastoid process & middle ear
36.	Excision of nose granuloma
37.	Therapeutic Phlebotomy
38.	Haemodialysis /Peritoneal Dialysis
39.	Chemotherapy
40.	Radiotherapy
41.	Coronary Angioplasty (PTCA)
42.	Pericardiocentesis
43.	Insertion of filter in inferior vena cava
44.	Insertion of gel foam in artery or vein
45.	Carotid angioplasty
46.	Renal angioplasty
47.	Tumor embolisation
48.	TIPS Procedure for portal hypertension
49.	Endoscopic Drainage of Pseudopancreatic cyst
50.	Lithotripsy
51.	PCNS (Percutaneous nephrostomy)
52.	PCNL (Percutaneous nephrolithotomy)
53.	Suprapubic cystostomy
54.	Trans urethral resection of bladder tumor
55.	Hydrocele surgery
56.	Epididymectomy
57.	Orchidectomy
58.	Herniorrhaphy
59.	Hernioplasty
60.	Incision and Excision of tissue in the perianal region
61.	Surgical treatment of anal fistula
62.	Surgical treatment of hemorrhoids
63.	Sphincterotomy / Fissurectomy
64.	Revision of a tympanoplasty
65.	Other microsurgical operations on the middle ear
66.	Excision and destruction of diseased tissue of the nose
67.	Operations on the turbinates (nasal concha)

Sl. No.	Day Care Procedure
68.	Nasal sinus aspiration
69.	Other operations on the tear ducts
70.	Excision and destruction of diseased tissue of the eyelid
71.	Other operations on the cornea
72.	Incision of a pilonidal sinus
73.	Other incisions of the skin and subcutaneous tissues
74.	Other excisions of the skin and subcutaneous tissues
75.	Chemosurgery to the skin
76.	Laparoscopic appendicectomy
77.	Laparoscopic Cholecystectomy
78.	TURP (endoscopic Resection prostate)
79.	Varicose vein stripping or ligation
80.	Excision of dupuytren's contracture
81.	Carpal tunnel decompression
82.	Arthroscopic therapy
83.	Surgery for ligament tear
84.	Surgery for meniscus tear
85.	Surgery for hemoarthrosis/pyoarthrosis
86.	Removal of fracture pins/nails
87.	Removal of metal wire
88.	Incision of bone, Septic and aseptic
89.	Closed reduction of fracture, subluxation or epiphysiolysis with osteosynthesis
90.	Structure and other operations tendons and tendon sheath
91.	Reduction of dislocation under GA
92.	Eye Surgery
93.	Excision of lacrymal cyst
94.	Excision of perigiem
95.	Glaucoma Surgery
96.	Surgery for retinal detachment
97.	Chalazion Removal (Eye)
98.	Incision of lacrymal glands
99.	Incision of diseased eye lids
100.	Excision of eye lid granuloma
101.	Operation on canthus & epicanthus
102.	Corrective surgery for entropion & ectropion

Sl. No.	Day Care Procedure
103.	Corrective surgery for blepharoptosis
104.	Foreign body removal from Conjunctiva
105.	Foreign body removal from cornea
106.	Incision of cornea
107.	Foreign body removal from lens of the eye
108.	Foreign body removal from posterior chamber of eye
109.	Foreign body removal from orbit and eyeball
110.	Excision of breast lump/Fibro adenoma
111.	Operations on the nipple
112.	Incision/Drainage of breast abscess
113.	Incision of pilonidal sinus
114.	Local excision of diseased tissue of skin and subcutaneous tissue
115.	Simple restoration of surface continuity of the skin and subcutaneous tissue
116.	Free skin transportation, donor site
117.	Free skin transportation, recipient site
118.	Revision of skin plasty excepting burns / injuries
119.	Destruction of the diseases tissue of the skin and subcutaneous tissue
120.	Incision, excision, destruction of the diseased tissue of the tongue
121.	Incision and lancing of the salivary gland and salivary duct
122.	Resection of Salivary duct
123.	Reconstruction of a salivary gland and salivary duct
124.	External incision and drainage in the region of the mouth, jaw and face
125.	Incision of hard and soft palate
126.	Excision and destruction of the diseased hard and soft palate
127.	Incision, Excision and destruction in the mouth
128.	Surgery to the floor of mouth
129.	Palatoplasty
130.	Transoral incision and drainage of pharyngeal abscess
131.	Dilatation and curettage, Myomectomy, hysterscopic or laparoscopic biopsy or removal
132.	Vaccination/Inoculation forming a part of post bite treatment

Sl. No.	Day Care Procedure
133.	Coronary Angiography
134.	Dental surgery due to Accident
135.	Any surgery under general an aesthesia requiring OT
136.	Genital surgery
137.	Laparoscopic therapeutic surgeries
138.	Other operations on the salivary glands and salivary ducts
139.	Other operations on the tonsils and adenoids
140.	Other operations on the anus
141.	Incision of the ovary
142.	Insufflation of the Fallopian tubes
143.	Dilatation of the cervical canal
144.	Conisation of the uterine cervix
145.	Other operations on the uterine cervix
146.	Culdotomy
147.	Operations on Bartholin's glands (cyst)
148.	Incision of the scrotum and tunica vaginalis testis
149.	Other operations on the scrotum and tunica vaginalis testis
150.	Cystoscopic removal of stones

The Company reserves the right to modify the list of Day Care Procedures from time to time, subject to the Regulator's approval and the Policyholder shall be informed of the same.

