

GROUP MEDICLAIM SCHEDULE

Address of Issuing Office : Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063. Issuing Branch Code: 9201	UNNATI ARCADE, 5/111 & 6/112, 1st Floor, 1st Block, Dr.Rajkumar Road, (1st main road), Rajajinagar,KARNATAKA
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Policyholder Details	
Policy Number: 140132228120000014	Proposal No: P041122100835
Name: M/S VIGNANA JYOTHI	Policy Issue Date: 12/04/2022
Correspondence Address & Place of Supply: 7-1-4, BEHIND COLORAMA PRINTERS, BEGUMPET, HYDERABAD TELANGANA HYDERABAD 500016	Email Id: hrmanager@unrvjit.in
Period of Insurance: From 28/03/2022 to mid night on 27/03/2023	Contact No: 9030199000
Tax Invoice No. & Date: P041122100835 & 12/04/2022	Date of proposal: 12/04/2022
GSTIN/UIN of Policyholder:	Policy Branch Office Code: 1401

Details of previous policy (in case of renewal)	
Previous policy No: 100200084873/00/00	Date of expiry: 27/03/2022

Co-Insurance Details			
Co-Insurance Company	Company Status	Company Branch and Branch Code	Company Share (%)
RELIANCE GENERAL INSURANCE CO LTD.	Own	Bangalore I,1401	100.00

Risk details	
Total No of Employees Covered	375
Total No of Lives Covered	1194
Basis of Sum Insured	Family Floater
Total Sum Insured (Rs)	112500000.00
Coverage Details and List of members covered as per Schedule attached.	

Premium Details	Amount (Rs)
Premium (Rs)	3500000.00
IGST (@18.00%)	630000.00
Total Premium (Rs)	4130000.00

Branch GSTIN :29AABCR6747B1ZC;HSN Code :997133;Description Of Services :Accident and Health Insurance Service;
 Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/254/2022/(Validity Period Dt.15/02/2022 to 30/07/2022)/426" date 25 Jan 2022 at General Stamp Office, Mumbai. (Not Applicable for the State of Jammu & Kashmir).

Coverage Details

Cover Name	Sum insured	Co-pay	Special Conditions
Hospitalization			-
Pre Hospitalization			30 days
Post Hospitalization			60 days
Ambulance charges			Ambulance charges is covered in case of emergency hospitalization INR 1,000
Domiciliary hospitalization			Domiciliary hospitalisation not covered
Pre-existing illness cover			Pre-existing diseases to be covered
Cover for first year excluded diseases			Waiver of 1st and 2nd yr exclusions
Cover for first 30 days Exclusion			Waiver of 30 day waiting period
Cover for congenital diseases			Internal Congenital disease covered
Family Definition			Family Floater (1+3) Self +Spouse +2 dependent children upto 25 yrs Sum Insured Family Floater as per annexure 300,000
Additional Details on family definition			Dependents to be declared at inception of policy only. Mid-term change/addition not allowed except spouse by marriage and child by birth. Data of newly married Spouse and New born child with 30 days from date of occurrence
Member Addition and Deletion Process			1) Mid-term increase in sum insured is not permitted 2) Addition-deletion will be done on pro-rata premium basis for employees along with dependants once in a month only, subject to all relevant details being forwarded to insurer before 7th day of succeeding month. 3) For cover wef from Date of Joining, sufficient CD balance to be maintained with us 4) Addition of existing employees will not be allowed after policy inception.
Room Rent			No capping
Day care procedure			Day care treatment covered as per RGICL policy terms and conditions

General Conditions: 1) It shall be a condition precedent to the Company's liability under this policy that all supporting documents relating to the claim must be submitted to the RGICL within thirty (30) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the RGICL within seven (7) days after completion of such treatment.

2) It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization.

3) Surcharges, service charges, miscellaneous charges and other non treatment related expenses are not payable.

4) Ayurvedic to be covered if treatment is taken as in patient in a Government Hospital/Medical Collage Hospital upto 25% of per Family SI.

5) Ailment/ Conditions not covered: Septoplasty, Cochlear Implant or related aids, RFQMR - Rotational Field Quantum Magnetic Resonance Device - Cytotron, C3R, Bariatric surgery, Ozone Therapy, Enhanced External Counter Pulsation Therapy (EECP), Rejuvenation therapy.

6) Modern Treatment - The Company will indemnify the Insured Person up to 50% of base Sum Insured for the Medical Expenses incurred during the Policy Period on Inpatient Treatment or Day Care Treatment or Domiciliary Treatment of below mentioned Modern Treatment Methods:

- Uterine Artery Embolization and HIFU
- Balloon Sinuplasty
- Deep Brain Stimulation
- Oral Chemotherapy
- Immunotherapy-Monoclonal Antibody to be given as injection
- Intra Vitreal injections
- Robot surgeries
- Stereotactic radio surgeries
- Bronchial Thermoplasty
- Vaporization of the prostate (Green laser treatment or holmium laser treatment)
- IONM- (Intra Operative Neuro Monitoring)
- Stem Cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered

7) Rest all other terms & conditions strictly as per Reliance group mediclaim insurance policy.

Warranted that the exclusions mentioned below stand deleted:

30 day Exclusion
First Year exclusion
Congenital Internal diseases
Pre- existing illness

Direct	Direct	
Intermediary Code	Intermediary Name	Intermediary Contact No.