

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No.	Title	Description	Policy clause number
1	Name of Insurance Product and Unique Identification Number (UIN)	Reliance Nippon Life Group Unit Linked Employee Benefits Plan 121L081V03	Part A (Forwarding Letter)
2	Policy / Quotation number	Quotation number: << Quotation no.>> For Policy number, please refer to the Policy Schedule.	Part A
3	Type of Insurance Policy	A Unit-Linked Fund Based Group Product with Life Insurance Coverage	Not Applicable
4	Basic Policy details	Type of Scheme << Gratuity/ Leave Encashment>> Insured Death Benefit/Sum Assured of Members: As per scheme rule Annual Renewal Date of the Master Policy <<X >> Policy Period : Annually Renewable	Part A (Clause 1.1)
5	Policy Coverage / Benefits Payable	<u>Death / Disability Benefit:</u> On death of a Member/Employee, the Benefit will be paid from the Unit Account to the Trustee/Nominee of the deceased in accordance with the Scheme Rules subject to a maximum of Fund Value.	Part C (Clause 3.1.2)

In addition, the Insured Death Benefit (as applicable) will be paid by Us.

On disability of a Member/Employee in service, the Gratuity/Leave Encashment benefit will be paid to the Trustee/Employee in accordance with the Scheme Rules from the Unit Account subject to a maximum of Fund Value

Retirement/Voluntary Separation/Disability or Early Termination of Service of the Member/Employee:

On retirement/voluntary separation/disability or early termination of Service of a Member/Employee, the Benefit as per the Scheme Rules/Trust Deed will be paid by Us to the Trustee/Employee in accordance with the Scheme Rules in accordance with the Scheme Rules from the Unit Account subject to a maximum of Fund Value held by Us.

Loyalty Additions:

On completion of each Policy Year, the Policy shall accrue Loyalty Additions and the same shall be credited to the Unit Account. The Loyalty Addition rate will be determined based on Average Fund Value ("AFV") as per the table below.

AFV	Loyalty Addition Rate
< 1 Cr	Nil
1 Cr to <3 Cr	0.10 %
3 Cr to <10 Cr	0.20 %
10 Cr to <25 Cr	0.30 %
25 Cr to <50 Cr	0.40 %
>= 50 Cr	0.45 %

For more details on Loyalty Addition calculation, please refer to the policy document.

Surrender Benefit:

If the Master Policyholder decides to Surrender the Master Policy, the Company will pay a Surrender benefit equal to the Fund Value

Part C
(Clause 3.1.1)

Part C
(Clause 3.1.3)

Part D
(Clause 4.5)

		minus the applicable Surrender charges. For more details on Surrender Value, please refer to the policy document.	
6	Options available	<p><u>Aggregation Option:</u></p> <p>Under Aggregation Option, the Master Policyholder has an option to club all policies of this product (held by one company/group companies) for the purpose of calculating the Loyalty Addition rate.</p> <p>For details understanding on Aggregation Option, please refer to the policy document</p> <p><u>Switches:</u></p> <p>The Master Policyholder will have the flexibility to alter the allocation of the investments among the Funds offered in order to suit their changing investment needs by switching between the Funds. At any time during the policy term, the Master Policyholder may instruct the Company, in writing, to switch some or all of the Units from existing Fund(s) to other available Fund(s).</p> <p>The Master Policyholder is entitled to four free switches for each policy year.</p> <p>For more details on Loyalty Addition calculation, please refer to the policy document</p> <p><u>Premium/Contribution Redirection:</u></p> <p>The Master Policyholder may, in writing, instruct the Company to prospectively change the allocation of future premium/contribution to the available Funds</p> <p><u>Additions of new Members:</u></p> <p>New Members/Employees will be allowed to join at any time during the tenure of the policy. The insurance cover in respect of Members/Employees will start from the date of joining or completion of underwriting requirements (if any).</p> <p>All Member/Employees are invited to join the Policy at the Master Policyholders' invitation.</p>	<p>Part D (Clause 4.4)</p> <p>Part D (Clause 4.2)</p> <p>Part C (Clause 3.4.2)</p> <p>Part D (Clause 4.7.6)</p>
7	Rider opted	No rider is available under this Policy.	

8	Exclusions (events where insurance coverage is not payable), if any.	<p><u>Suicide Exclusion:</u> In case of a claim where an insured Member/Employee has committed suicide within 12 months from the date of joining, no Insured Death Benefit shall be payable. Any other benefit as per Scheme Rules will be paid from the Fund Value.</p> <p>The liability of the Company will be limited to the Fund value under the Policy.</p>	Part F (Clause 6.1.2)
9	Waiting period	Not Applicable	Not Applicable
10	Grace Period	Not Applicable under this Policy	Not Applicable
11	Free Look Period	30 days	Part D (Clause 4.1)
12	Termination of policy	<p><u>Termination of Policy -</u> The Master Policyholder may terminate the Policy at any time by giving us written notice. The Master Policy will also terminate on either of the following:</p> <ul style="list-style-type: none"> • On the date on which surrender payout is made under the policy • If no further contribution is received within 90 days of the Unit Fund Value becoming less than Rs 50,000 	Part D (Clause 4.3)
13	Claims / Claims Procedure	<p>The Company will pay the Death Benefit when it is satisfied of the identity of the Member/Employee and all relevant provisions of the Policy have been met.</p> <p>The Insured Death Benefit will be adjusted by a factor equal to the “amount of the insurance premium that was actually paid” to “the amount of insurance premium that was payable corresponding to their correct Age”.</p> <p>Claim Procedure -</p> <p>In the event of a claim arising under this Policy, the Master Policyholder shall intimate to the Company in writing and provide the documents mentioned in policy documents to enable the Company to process the claim.</p> <p>Please refer to the Policy Document for further details.</p> <p>To intimate a claim please submit the required documents at your nearest RNLIC Branch office</p>	Part F (Clause 6.1.3) PART F (Clause 6.1.4)

		<p>OR</p> <p>You can send the documents via courier to: The Claims Department Reliance Nippon Life Insurance Company Limited The Claims Department Office no. 701 & 702, 7th floor Silver Metropolis, Off Western Express Highway Goregaon East, Mumbai – 400063</p> <p>OR</p> <p>You can email us the scanned copies of duly filled claims forms and other mandatory documents at rnlic.claims@relianceada.com</p> <p>Helpline no: For any assistance on claim, call us on our Toll-Free helpline number 1800 102 3330 (Monday to Saturday, from 8:00 AM to 8:00 PM, excluding public holidays)</p> <p>Link for downloading claim form and list of documents required: Click on https://www.reliancenipponlife.com/claims to know the documents required and to download claim forms</p>	
14	Grievances / Complaints	<p>If You are dissatisfied with any of our services, please feel free to contact Us through any of the mode mentioned above under Policy Servicing.</p> <p>If your complaint is unresolved, you can escalate in the following manner:</p> <p>Step 1: contact Our Service Branch Manager, who is also the Local Grievance Redressal Officer at Your nearest branch.</p> <p>Step 2: Write to Head of Customer Care at rnlife.headcustomercare@relianceada.com</p> <p>Step 3: Write to Our Grievance Redressal Officer at rnlife.gro@relianceada.com</p> <p>Where the complaint is unresolved or the redressal is unsatisfactory, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:</p> <p>IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255</p> <p>Bima Bharosa TOLL FREE NO: 1800 4254 732</p> <p>Email ID: complaints@irdai.gov.in</p>	Part G (Clause 7.3 & 7.4)

		<p>You can also register Your complaint online at https://bimabharosa.irdai.gov.in</p> <p>While we expect to satisfactorily resolve your grievances, you may also at any time approach the Insurance Ombudsman. For contact details, contact number and email of the relevant Ombudsman office, kindly refer the policy document or the website https://www.cioins.co.in/ombudsman or our website https://www.reliancenipponlife.com/</p>	
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Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Please Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.