

Policy Document – Reliance Nippon Life Super Suraksha
A Non-Linked, Non-Participating, Individual, Pure Risk Premium/Savings, Life Insurance Plan

1. Part A

Forwarding Letter

<<Owner Name>>
<<Addr1>>
<<Addr2>>
<<Addr3>>
<<Addr4>>
<<Addr5>>
<<Postcode>>
Telephone No.: << Telno >>

Customer Service Centre
<<CSC Adrs>>

Policy No.	<<contrNo>>
Client ID of Life Assured	<<LA Number>>
Date	<<Iss_Date>>

Dear << Owner Name >>,

Welcome to Reliance Nippon Life Insurance and enjoy a host of value-added services. We value Your relationship with Us and thank You for choosing Reliance Nippon Life Super Suraksha (UIN – 121N144V01)

Your Policy Document comprises the following documents:

- First Premium Receipt
- Policy Schedule
- Copy of the filled-out proposal form
- Benefit Illustration
- Policy Terms & Conditions

We request You to preserve the Policy Document as it would be required at the time of claim. Your Policy provides Benefits as described in Part C of the Policy Document. In case You notice any discrepancy or for any Policy servicing / claims related queries, please contact Us immediately. You can contact Our Toll-free number 1800 102 1010 between 9.00 am to 6.00 pm, Monday to Saturday or visit Our nearest branch office for further assistance.

Free look provision: In the event You are in disagreement with the terms and conditions stipulated in the Policy Document, You may wish to opt out of this plan, by stating the reasons of Your disagreement in writing and return the Policy to the Company within << 15 days >> (where the Policy has been obtained through other than distance marketing) / << 30 days >> of its receipt (where the Policy has been obtained through Distance Marketing mode) for cancellation. You are requested to take appropriate acknowledgement of Your request letter and return of Policy. In which event, the Company will refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the Company on Your medical examination, if any, and stamp duty charges.

Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free look Period will be from the date of the email informing Policy credit in IR.

Any request received for Free look cancellation of the Policy shall be processed and premium refunded within 15 days of receipt of the request.

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The details of Your agent/ intermediaries are given below.

<< Agency / Intermediary Details >>

Agent / Intermediary Code: << Agent No >>

Agent / Intermediary Name: << Agent Name >>

Agent / Intermediary Address: <<Agent Addr1>>/ << Agent Addr2>>/ <<AgentAddr3>>/ << Agent Addr4>>/<< Agent Addr5>>/ << Postcode>>

Phone No : << AGTelno >> Mobile No : <<Agent_Mobno>>

Email ID : << Agent_email >>

<< Postcode>>

Please note that for direct sale by Reliance Nippon Life Insurance Company Limited, kindly contact Our Toll-free number 1800 102 1010 between 9.00 am to 6.00 pm, Monday to Saturday or visit Our nearest branch office for further assistance.

As per Our records, Your contact number is <<Contact no>>

This is a << Premium Payment Frequency>> frequency Policy, and Your Premium Payment Term is <<PPT>> years. Your next premium is due on <<Premium Due Date>>.

Please note, We do not offer any free gift or interest free loan facility on any of Our policies.

Please examine the Policy Document carefully. On examination of the Policy Document, if You notice any mistake, please return the Policy to the Company immediately for correction.

We are delighted to bring to You the convenience of Lifeline – Your personal online account with Reliance Nippon Life Insurance Company Limited. Your Lifeline account provides You a one-window access to any information related to Your Policy. What's more, it allows You to conduct transactions such as premium payment and other account information changes and a lot more at Your convenience any time anywhere

You may access Your account by registering on www.reliancenipponlife.com, and follow a 3-step process:

Step 1: Visit www.reliancenipponlife.com

Step 2: Click on customer tab in the member login area

Step 3: Enter Your Client id (mentioned above) and Your Date of Birth

Login with Your client id & Date of Birth as password and enter a world of convenience!

Yours sincerely,

<<Signature>>

Authorized Signatory

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1.1. Policy Preamble

Policy Terms and Conditions and Exclusions within referred to

This Policy Document is the evidence of the contract between Reliance Nippon Life Insurance Company Limited (hereinafter called “Company”) and the Policyholder. The terms listed in Part B (Definitions) of the Policy Document and which have been used elsewhere in the Policy Document in Initial Capital letters shall have the meaning set out against them in Part B, wherever they appear in the Policy Document.

The Company agrees to pay the Benefits, as stipulated in the Policy to the Claimant on the basis of the statements, Proposal, declarations and Premium along with taxes as applicable from the Policyholder on the assurance that the Policyholder has agreed to all the Policy Terms and Conditions referred in this Policy Document. The Benefits shall be paid as stipulated in the Policy Document. The Claimant needs to submit applicable documents to the Company for claiming the Benefit.

It is hereby further agreed that this Policy shall be subject to the terms, conditions and exclusions in this Policy Document and that the Policy Schedule and every endorsement placed on this Policy by the Company shall be deemed to be a part of the Policy Document.

1.2. Policy Schedule – Reliance Nippon Life Super Suraksha

THIS SCHEDULE MUST BE READ IN CONJUNCTION WITH THE POLICY DOCUMENT

Personal Details	
Name of Policyholder: « » Address of Policyholder: « » Client ID of Policyholder: « » Date of Birth of Policyholder: « » Age at entry of Policyholder: « yrs »	Name of Life Assured: « » Address of Life Assured: « » Client ID of Life Assured: « » Date of Birth of Life Assured: « » Gender of Life Assured: « » Age at entry of Life Assured: « yrs » Age Admitted: «Yes/No» Policy sourced by Distance Marketing: «Yes/No»
Contract Details	
Policy no : «Contract number» Date of Commencement of Policy : « » Date of Commencement of Risk : « » Policy Anniversary Date: « dd/mm » Premium due on : « »	Plan Variant: «Return of Premium / Early Return of Premium / Income Benefit / Life Plus / Life & Health» <<Maturity Benefit: «Rs. »>> to be printed if Return of Premium variant is chosen <<Survival Benefit: «Rs. » Survival Benefit Payment Date: «dd/mm/yyyy»>> to be printed if Early Return of Premium variant is chosen <<Survival Benefit: «Rs. p.m.» Survival Benefit Start Date: «dd/mm/yyyy» >> to be printed if Income Benefit variant is chosen <<Accidental Death Benefit: «Rs. » >> to be printed if Life Plus variant or Life & Health variant is chosen <<Critical Illness Benefit: «Rs. » >> to be printed if Life & Health variant is chosen Premium Payment Frequency: « » Employee: « Yes/No » Annualized Premium: Rs. « »

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Base Policy and Rider Benefits								
Benefit	Base/Rider Sum Assured (Rs.)	Base/Rider Policy Term (Years)	Base/Rider Premium Payment Term (Years)	Instalment Premium Year 1 (Rs.) (A)	GST (including cess if any) Year 1 (Rs.) (B)	Total Instalment Premium Year 1 (Rs.) (A+B)	Base Policy Maturity Date/ Rider Expiry Date	Due Date of last premium payment
<<Base Policy>> <<UIN>>								
« Rider 1 with UIN »								
« Rider 2 with UIN »								
« Rider 3 with UIN »								
« Rider 4 with UIN »								
« Rider 5 with UIN »								
Total Instalment Premium for Year 1						<<>>		
Total Instalment Premium for Year 2 onwards						<<>>		

<<Instalment Premium (A) includes Premium for in-built Critical Illness Benefit: «Rs. » >> to be printed if Life & Health variant is chosen

If any rider is opted under this Policy, the rider terms and conditions will be attached as an annexure and will form a part of the Policy Document.

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Nominee Details (under Section 39 of the Insurance Act 1938 as amended from time to time) and Appointee details (If applicable)							
Name of the Nominee	Nominee Age	Nominee Gender	Relationship with the Life Assured	Percentage Share	Name of the Appointee (In case the Nominee is a Minor)	Appointee Age	Appointee Gender
« »	« »	« »	« »	« »	« »	« »	« »
« »	« »	« »	« »	« »	« »	« »	« »
« »	« »	« »	« »	« »	« »	« »	« »
« »	« »	« »	« »	« »	« »	« »	« »
« »	« »	« »	« »	« »	« »	« »	« »
« »	« »	« »	« »	« »	« »	« »	« »
« »	« »	« »	« »	« »	« »	« »	« »
Total				100%			

Date of Policy Issuance:

Place:

Reliance Nippon Life Insurance Company Limited

(Signature of Authorized Signatory)

UIN of Reliance Nippon Life Super Suraksha: 121N144V01

Reliance Nippon Life Insurance Company Limited (IRDAI Reg. No. 121); CIN: U66010MH2001PLC167089

Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai– 400051

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Key Feature Document

Key Benefits

Plan Description	<p>This is a Non-Linked, Non-Participating, Individual, Pure Risk Premium/Savings, Life Insurance Plan. The plan offers the following plan variants at inception of the Policy:</p> <ol style="list-style-type: none"> 1. Return of Premium 2. Early Return of Premium 3. Income Benefit 4. Life Plus 5. Life & Health <p>At proposal stage, the Policyholder shall choose one plan variant. The plan variant, once selected, cannot be altered subsequently during the Policy Term.</p>
Death Benefit	<p>In case of unfortunate death of the Life Assured during the Policy Term, provided the Policy is In-force, the Sum Assured on Death shall be paid to the Claimant(s) as a lumpsum.</p> <p>Where Sum Assured on Death is higher of –</p> <ol style="list-style-type: none"> (i) 11 times of Annualized Premium at policy inception and (ii) 105% of the Total Premiums Paid as on date of death of Life Assured and (iii) Absolute Amount Assured to be paid on death of Life Assured <p>Where “Absolute Amount Assured to be paid on Death” is equal to:</p> <ul style="list-style-type: none"> • For Return of Premium variant: Base Sum Assured • For Early Return of Premium variant: <ul style="list-style-type: none"> ○ From inception till end of the policy year in which Life Assured attains age of 60 years: 100% of Base Sum Assured ○ From Policy Anniversary immediately following the attainment of the age of 60 years till the end of Policy Term: 50% of Base Sum Assured • For Income Benefit variant: Base Sum Assured less Survival Benefit already paid till the date of death, if any • For Life Plus variant: Base Sum Assured • For Life & Health variant: Base Sum Assured <p>If the Policyholder has opted for Life Plus variant or Life & Health variant:</p> <p>In case of an unfortunate death of the Life Assured due to an Accident during the Policy Term, provided the Policy is In-force, an additional Accidental Death Benefit shall also be payable in addition to Sum Assured on Death. Accidental Death Benefit is equal to Base Sum Assured, subject to maximum of Rs. 1 Crore.</p> <p>The Policy will terminate on payment of the Death Benefit to the Claimant(s).</p>

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Critical Illness Benefit	<p>For Life & Health variant: In the event of Life Assured being diagnosed with any one of the covered 25 Critical Illnesses during Policy Term after Waiting Period of 90 days from Date of Commencement of Risk, provided the Policy is In-force, an amount equal to 25% of Base Sum Assured shall be payable, subject to maximum of Rs. 50 Lakhs, if the Life Assured survives for a period of 30 days following the diagnosis. Post payment of Critical Illness Benefit, the Critical Illness benefit would terminate and the premium corresponding to it will not be payable. However, the premium for all other Benefits would be payable to keep the policy In-force.</p> <p>For all other variants: Not applicable</p>
Survival Benefit	<p>For Early Return of Premium variant: In case of survival of the Life Assured till the Policy Anniversary immediately following attainment of age of 60 years, provided the Policy is In-force, 105% of the Total Premium Paid shall be payable.</p> <p>For Income Benefit variant: In case of survival of the Life Assured till the Policy Anniversary immediately following attainment of age 60 years, provided the policy is In-force, Survival Benefit equals to 0.1% of the Base Sum Assured, as chosen at inception, is payable as regular monthly income, till the end of the Policy Term or death, whichever is earlier.</p> <p>For all other variants: Not applicable</p>
Maturity Benefit	<p>For Return of Premium variant: In case of survival of the Life Assured till the end of the Policy Term, provided the Policy is In-force, Sum Assured on Maturity equal to 105% of the Total Premium Paid shall be payable.</p> <p>The Policy will terminate on payment of the Maturity Benefit to the Claimant(s).</p> <p>For all other variants: Not applicable</p>

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Key Service Features

Nomination	The Life Assured can nominate person/s who shall be entitled to receive Benefits payable in the event of death during the Policy Term. An Appointee can be nominated where the Nominee is a Minor.
Assignment	An Assignment of the Policy may be made by the Policyholder by an endorsement upon the Policy.
Loans	Loan facility is not available under the plan
Riders	For enhanced protection, the following riders can be purchased with this Policy by paying additional Premiums. Riders can be chosen only with Return of Premium variant, Early Return of Premium variant and Income Benefit variant. 1. Reliance Nippon Life Accidental Death Benefit Rider (UIN:121B032V02) 2. Reliance Nippon Life Accidental Death and Disability Rider (UIN:121B017V02) 3. Reliance Nippon Life Accidental Death and Disability Plus Rider (UIN:121B016V02) You can choose any one of the above accidental riders. 4. Reliance Nippon Life Critical Illness Rider (UIN:121B018V01)
Change in premium payment frequency	The Policyholder may pay premiums in yearly, half yearly, quarterly and in monthly frequencies. The premium payment frequency can be changed on any Policy Anniversary up to one year before completion of the Premium Payment Term.
Premium payment Mode	Premium payment can be made by cash, cheque, debit/credit card, ECS/NACH, Online payment, Demand Draft, Salary Deduction Scheme (SDS) and direct debit or any other mode as prescribed by Reserve Bank of India/Company/IRDAI
Customer service number	Call Us between 9 am to 6 pm, Monday to Saturday on 1800 102 1010 (Toll-free Number)
Grievance redressal mechanism	Policyholder can contact the Company by sending an email. at rnlife.customerservice@relianceada.com or by writing to Us at Our: Registered & Corporate Office address: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai– 400051 OR Reliance Nippon Life Insurance Company Limited 7th Floor, Silver Metropolis, Off Western Express Highway, Goregaon East, Mumbai - 400 063; OR Contact Our Customer Service Executive at Your nearest branch of the Company

For detailed Benefits, please refer to the Policy Terms And Conditions.

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2. Part B

2.1. Definitions

<< **“Accident”** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

“Accidental Death Benefit” means the amount payable to the Claimant on Accidental Death of the Life Assured as specified in Part C of the Policy Document.

“Accidental Death” means that the Life Assured sustains any bodily injury resulting solely from an Accident and where such injury solely and directly and independently of all other causes results in the death of the Life Assured within 180 days of its occurrence. >> to be printed if Life Plus variant or Life & Health variant is chosen

“Age” means age on last birthday as on the Date of Commencement of Policy or on the previous Policy Anniversary, as the case may be.

“Annualized Premium” means the due premium contribution as calculated and applicable for a Policy Year. Annualized Premium excludes underwriting extra premium, frequency loadings on premium, if any, the premiums paid towards the Riders, if any and taxes and/or levies, if any.

“Appointee” is the person to whom the proceeds/Benefits secured under the Policy are payable if the benefit becomes payable to the Nominee and Nominee is Minor as on the date of claim payment.

“Assignment” is the process of transferring the rights and Benefits to an Assignee. Assignment should be in accordance with the provisions of Section 38 of Insurance Act, 1938 as amended from time to time.

“Assignee” is the person to whom the rights and Benefits are transferred by an Assignment

“Assignor” means the person who transfers the rights of the life insurance Policy to the Assignee.

“Base Policy / Base Plan/ Policy/ Policy Document” means this Reliance Nippon Life Super Suraksha Plan, which is the evidence of the contract between the Company and the Policyholder.

“Basis Point” means one hundredth of one percentage point

“Base Sum Assured” is the absolute amount of benefit as chosen by You and as specified in the Policy Schedule.

“Benefit Illustration” means an Annexure that illustrates the premiums and guaranteed and non-guaranteed Benefits of the proposed Policy.

“Benefits” means the Death Benefit, Survival Benefit, Maturity Benefit, Surrender Benefit or any other Benefit, as the case may be, as per the terms and conditions of this Policy.

“Claimant” means either the Life Assured or the Policyholder or the Nominee or the Assignee or the Appointee or the legal heir of the Life Assured/ Policyholder / Assignee as the case may be.

In the event of Assignment under this Policy, the Assignee would be entitled to the Benefits under the Policy, subject to Section 38 of Insurance Act, 1938 as amended from time to time.

“Company/Us/We/Our” means Reliance Nippon Life Insurance Company Limited (RNLIC).

<<**“Critical Illness Benefit”** means the benefit, which is payable upon the Life Assured being diagnosed on first occurrence of any one of the covered 25 critical illnesses, as specified in Part C of the Policy Document.>> to be printed if Life & Health variant is chosen

“Date of Commencement of Policy/ Policy Commencement Date” means the start date of this Policy as mentioned in the Policy Schedule.

“Date of Commencement of Risk” means the date as mentioned in the Policy Schedule from which the insurance Benefits/rider Benefits, if any, start under the Policy.

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“Death Benefit” means the amount payable to the Claimant on death of the Life Assured as specified in Part C of the Policy Document.

“Free look/Free look cancellation of the Policy” means where the Policyholder disagrees to any of the Policy Terms and Conditions stipulated in the Policy Document within the specified time period, he/she may cancel the Policy by returning it to the Company stating the reasons for his/her objections.

“Grace Period” means the time granted by the Company from the due date for the payment of premium, without any penalty or late fee, during which time the Policy is considered to be In-force with the risk cover without any interruption as per the terms of the Policy.

“In-force/In-force status” means a condition during the Policy Term, wherein the Policyholder has paid all the due premiums till date under the Policy contract.

“Instalment Premium” means the amount stipulated in the Policy Schedule and payable at regular intervals (yearly/half yearly/quarterly or monthly frequency as applicable) by the Policyholder as consideration for acceptance and continuance of risk and Benefits specified as such in the Policy Document.

“IRDAI / Authority” means Insurance Regulatory and Development Authority of India.

“Lapse” means a condition wherein the due premiums have not been paid in full within the Grace Period and before the Policy has acquired a Surrender Value, if applicable. No Benefits will be paid when the Policy lapses or is in Lapse status.

“Life Assured / Life Insured” means the person, named as such in the Policy Schedule, on whose life, the insurance cover is effected as per the terms & conditions of this Policy.

“Maturity Benefit” means the amount of benefit which is payable on maturity as specified in Part C of the Policy Document.

“Maturity Date/ Policy Maturity Date” means the date specified in the Policy Schedule on which the Policy Term expires.

“Minor” is a person who has not completed 18 years of age.

“Nominee” means the person or persons nominated under Section 39 of the Insurance Act, 1938, as amended from time to time, by the Policyholder, to receive the admissible Benefits, in the event of death of the Life Assured.

“Nomination” is the process of nominating a person who is named as “Nominee” in the proposal form or subsequently included/ changed by an Endorsement. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

“Paid-up / Reduced Paid-up Benefit” means the amount payable upon the occurrence of events, as specified under the Plan, when the Policy is in Paid-up status.

“Paid-up / Reduced Paid-up Status” means a condition during the Policy Term, wherein the premiums have been paid in full for at least the first two consecutive years, as required under the Plan and the remaining due premiums have not been paid, rendering the Policy to continue at a reduced level of Benefits, as specified under the Plan. A policy can acquire Paid-up Status only if it has acquired a Surrender Value.

“Non-Participating” means the Policy does not participate in the profits of the participating fund of the Company.

“Policy Anniversary” means the start date of every subsequent Policy Year and as specified in the Policy Schedule.

“Policy Schedule/Schedule” means the attached Schedule that provides the details of Your Policy Benefits, the terms of the contract and details provided by You, along with all its annexures, issued by Us for this Policy. The Schedule also includes any amendments to the attached Schedule which may be issued from time to time.

“Policy Term” means the entire term of the Policy specified as such in the Policy Schedule.

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“Policy Year” means a period of 12 consecutive months starting from the Date of Commencement of the Policy as stated in the Policy Schedule and ending on the day immediately preceding the following anniversary date and each subsequent period of 12 consecutive months thereafter.

“Policyholder/Policy Owner/Proposer/You” means the person specified as such in the Policy Schedule or such other person, who may become the holder of this Policy in respect of the terms and conditions of this contract or by virtue of operation of law.

“Premium Payment Term” means the period or the term of the Policy contract during which the Policyholder is required to pay the premiums with respect to the Policy, to the Company.

“Regulations” means the extant laws and regulations that are applicable to this Policy.

“Revival of a Policy” means restoration of the Policy, which was discontinued due to the non-payment of Premium, by the Company with all the Benefits mentioned in the Policy Document, with or without rider Benefits if any, upon the receipt of all the Premiums due and other charges or late fee if any, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the Life Assured or Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with Board Approved Underwriting Policy.

“Revival Period” means the period of five consecutive years from the date of first unpaid Premium but before the Policy Maturity Date, during which period the Policyholder is entitled to revive the Policy which was discontinued due to the non-payment of premium.

“Sum Assured on Death” is the amount guaranteed on death of the Life Assured as specified in the Part C of the Policy Document.

<< **“Sum Assured on Maturity”** is the amount payable on maturity as specified in the Part C of the Policy Document.
>> to be printed if Return of Premium variant is chosen

“Surrender” means the complete withdrawal/ termination of the contract at the instance of the Policyholder.

“Surrender Value/Surrender Benefit” means an amount that is payable upon complete withdrawal/termination of the Policy by the Policyholder.

“Survival Benefit” means the guaranteed Benefit payable, as per the terms and conditions of the Policy, until death of the Life Assured or end of the Policy Term, whichever is earlier.

“Total Premiums Paid” means the sum of all premiums paid under the Policy, excluding any extra premiums, rider premiums, taxes and cess, if any.

<< **“Waiting Period”** means the time period within which no claims are admissible for Critical Illness Benefit. Waiting period of 90 days from the Date of Commencement of Risk and from the date of revival for every subsequent revival during the Policy Term is applicable under the Policy. >> to be printed if Life & Health variant is chosen

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3. Part C

3.1. Key Benefits

3.1.1. Death Benefit

In case of unfortunate death of the Life Assured during the Policy Term, provided the Policy is In-force, the Sum Assured on Death shall be paid to the Claimant(s) as a lumpsum.

Where

Sum Assured on Death is higher of –

- (i) 11 times of Annualized Premium at policy inception and
- (ii) 105% of the Total Premiums Paid as on date of death of Life Assured and
- (iii) Absolute Amount Assured to be paid on death of Life Assured

Where “Absolute Amount Assured to be paid on Death” is equal to:

- <<Base Sum Assured>> to be printed if Return of Premium variant or Life Plus variant or Life & Health variant is chosen
- <<From inception till end of the policy year in which Life Assured attains age of 60 years: 100% of Base Sum Assured
- From Policy Anniversary immediately following the attainment of the age of 60 years till the end of Policy Term: 50% of Base Sum Assured>> to be printed if Early Return of Premium variant is chosen
- <<Base Sum Assured less Survival Benefit already paid, if any, till the date of death>> to be printed if Income Benefit variant is chosen

<<In case of an unfortunate death of the Life Assured due to an Accident within 180 days of the occurrence of an Accident, provided the Policy is In-force, an additional Accidental Death Benefit as mentioned in the policy schedule shall be payable in addition to Sum Assured on Death.

If Accident occurs during the Policy Term and the Policy is In-force at the time of Accident, and death caused directly by such Accident and independent of all other causes within 180 days of the Accident, Accidental Death Benefit shall be payable even if the death occurs after the end/lapse of the Policy Term. >> to be printed if Life Plus variant or Life & Health variant is chosen

The Policy will terminate on payment of the Death Benefit to the Claimant(s).

<<

3.1.2. Critical Illness Benefit

In the event of Life Assured being diagnosed with any one of the covered 25 Critical Illnesses during Policy Term after Waiting Period of 90 days from Date of Commencement of Risk or from the date of revival, provided the policy is In-force, an amount equal to Critical Illness Benefit as mentioned in the Policy Schedule shall be payable, if the Life Assured survives for a period of 30 days following the diagnosis.

Post payment of Critical Illness Benefit, the Critical Illness Benefit would terminate and the premium corresponding to it will not be payable. However, the premium for all other benefits would be payable to keep the policy In-force.

If the diagnosis is made within the Policy Term and however the survival period crosses the end point of Policy Term, a valid claim arising as a result of such a diagnosis shall not be denied.

No benefits shall be payable on diagnosis of the critical illness during the waiting period.

Please refer to Annexure A for list of Critical Illnesses covered, their definitions and relevant exclusions.

>> to be printed if Life & Health variant is chosen

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3.1.3. Survival Benefit

<<In case of survival of the Life Assured till the Policy Anniversary immediately following the attainment of the age of 60 years, provided the policy is In-force, 105% of the Total Premium Paid shall be payable. >> to be printed if Early Return of Premium variant is chosen

<<In case of survival of the Life Assured till the Policy Anniversary immediately following the attainment of the age of 60 years, provided the policy is In-force, Survival Benefit equals to 0.1% of the Base Sum Assured, as chosen at inception, is payable as regular monthly income, till the end of the Policy Term or death, whichever is earlier. >> to be printed if Income Benefit variant is chosen

<<No Survival Benefit is applicable. >> to be printed if Return of Premium variant or Life Plus variant or Life & Health variant is chosen

3.1.4. Maturity Benefit

<<In case of survival of the Life Assured till the end of the Policy Term, provided the policy is In-force, Sum Assured on Maturity equal to 105% of the Total Premium Paid shall be payable.

The Policy will terminate on payment of the Maturity Benefit to the Claimant(s). >> to be printed if Return of Premium variant is chosen

<<No Maturity Benefit is applicable. >> to be printed if Early Return of Premium variant or Income Benefit variant or Life Plus variant or Life & Health variant is chosen

<<

3.1.5. Rider Benefits

For enhanced protection, the following rider(s) can be purchased with this Policy by paying additional Premiums.

1. Reliance Nippon Life Accidental Death Benefit Rider (UIN:121B032V02)
2. Reliance Nippon Life Accidental Death and Disability Rider (UIN:121B017V02)
3. Reliance Nippon Life Accidental Death and Disability Plus Rider (UIN:121B016V02)

You can choose any one of the above accidental riders.

4. Reliance Nippon Life Critical Illness Rider (UIN:121B018V01)

Rider(s) may be selected at the inception of the Policy or on any subsequent Policy Anniversary subject to the Rider Terms and Conditions.

The rider Sum Assured cannot be higher than the Sum Assured on Death under the Base Policy. Rider(s) will be offered only where the outstanding Premium Payment Term is at least 5 years. The rider Premium Payment Term cannot be more than the Premium Payment Term of the Base Policy if opted at the inception of the Base Policy or the outstanding Premium Payment Term of the Base Policy, if taken subsequently. Rider premium should be paid along with the premium for the Base Policy on the due date or within the Grace Period. The mode and frequency of rider premium payment shall be same as the mode and frequency of premium payment under the Base Policy.

The attached rider(s), if any shall Lapse immediately when the Base Policy is Lapsed i.e. where the Policy has not acquired a Surrender value. If the Base Policy is surrendered then attached rider shall terminate immediately and the Surrender Value/exit value as applicable shall be payable. If the Base Policy moves to Paid-up status then the rider may move to Paid-up status subject to terms and conditions of the selected rider. If the Base Policy is reinstated, the rider(s) may also be reinstated and all the Terms and Conditions applicable for the Base Policy revival shall also be applicable to the rider reinstatement.

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A separate annexure will be provided with the detailed Terms and Conditions of the rider(s), as and when they are selected by the Policyholder.

>> to be printed if Return of Premium variant or Early Return of Premium variant or Income Benefit variant is chosen

3.2. Premium detail

3.2.1. Payment of Premium

The Policyholder is required to pay the Instalment Premiums for the entire Premium Payment Term/ Rider Premium Payment Term as specified in the Policy Schedule and as per terms and conditions of Policy Document.

Premiums shall be considered as paid only when the Premium is received by the Company and an official receipt is issued acknowledging the same.

In case a valid claim arises under the Policy during the Grace Period but before payment of the due premium, the Company will still admit the claim.

Any due unpaid premium for the Policy Year will become due and payable immediately. In the event, the said unpaid premium is not received by the Company, the Company will deduct the said unpaid premium, while settling such a claim.

3.2.2. Advance Premium

Collection of renewal premium in advance shall be allowed in this Policy within the same financial year for the Premiums due in that financial year. However, where the premium due in one financial year is being collected in advance in earlier financial year, We may collect the same for a maximum period of 3 months in advance of the due date of the premium. The renewal premium so collected in advance shall only be adjusted on the due date of the premium subject to extant regulatory requirement.

3.2.3. Mode of payment of Premium

The modes of premium payment can be by Cash, Cheque, Debit/Credit Card, ECS/NACH, Online payment, Demand draft, Salary Deduction Scheme (SDS) or Direct Debit or any other as prescribed by Reserve Bank of India/ Company/IRDAI. Quarterly and monthly frequencies of premium payment are allowed only if the premiums are paid electronically such as ECS/NACH. In case the Policyholder has opted for Electronic Clearing System (ECS) or NACH mode for premium payment, the Policyholder shall have the option to withdraw from ECS/NACH mode at least 15 days prior to the premium due date.

3.2.4. Premium Payment Frequency

The Policyholder can pay premium either in yearly, half-yearly, quarterly or monthly frequency. When the frequency of payment is half yearly, quarterly or monthly, loading on premium will be applicable as per the table:

Premium Payment Frequency	Yearly	Half- yearly	Quarterly	Monthly
Frequency loading as % of Annualized Premium	0%	1.50%	2.25%	3.00%

The Premium Payment Frequency has to be selected at inception. Policyholder has the flexibility to change the Premium Payment Frequency on any Policy Anniversary up to one year before completion of the Premium Payment Term.

The Company, at its sole discretion, may agree to accept the payment of the Premium in any frequency (yearly / half-yearly / quarterly / monthly) as requested by Policyholder.

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3.2.5. Premium Rate Guarantee

<<Premium rates are guaranteed for the entire Policy Term. >> to be printed if Return of Premium variant or Early Return of Premium variant or Income Benefit variant or Life Plus variant is chosen

<<Premium rates for in-built additional Critical Illness Benefit are guaranteed for an initial period of fifteen years from Date of Commencement of risk of the policy and are reviewable thereafter subject to IRDAI approval. Any revision in the premium rates shall be notified to the Policyholder at least three months prior to date of such revision. The review in premium rates shall be in compliance with regulation 6 of IRDA (Health Insurance) Regulations, 2016. >> to be printed if Life & Health variant is chosen

3.2.6. Grace Period for payment of Premium

There is a Grace Period of 30 days (15 days for monthly mode) from the due date of first unpaid premium. The Policy shall remain In-force during the Grace Period. In case of a valid claim arising during the Grace Period, but before the payment of due premium, the Company shall honor the claim. In such cases, the due and unpaid premium for the Policy Year will be deducted from any benefit payable.

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4. Part D

4.1. Free look

In the event You are in disagreement with the terms and conditions stipulated in the Policy Document, You may wish to opt out of this Policy, by stating the reasons of Your disagreement in writing and return the Policy Document to the Company within << 15 days >> (where the Policy has been obtained through other than distance marketing) / << 30 days >> of its receipt (where the Policy has been obtained through Distance Marketing mode), for cancellation. You are requested to take appropriate acknowledgement of Your request letter and return of Policy. In which event, the Company will refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the Company on Your medical examination, if any, and stamp duty charges.

The Policy shall terminate on payment of this amount and all rights, Benefits and interests under this Policy will stand extinguished.

Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free look Period will be from the date of the email informing Policy credit in IR.

Any request received for Free look cancellation of the Policy shall be processed and premium refunded within 15 days of receipt of the request.

<< *Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes:

- (i) Voice mode, which includes telephone-calling;
- (ii) Short Messaging services (SMS);
- (iii) Electronic mode which includes e-mail, internet and interactive television (DTH);
- (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts; and
- (v) Solicitation through any means of communication other than in person.

>> (where the Policy has been obtained through Distance Marketing mode)

4.2. Surrender Benefit

<<The Policy shall acquire a Surrender Value if all due premiums have been paid in full for at least first two consecutive Policy Years.

The Surrender Value payable during the Policy Term is higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV)

<<Guaranteed Surrender Value (GSV) is equal to Guaranteed Surrender Value Premium Factor multiplied by Total Premiums Paid >> to be printed if Return of Premium variant is chosen.

<<Guaranteed Surrender Value (GSV) is equal to Guaranteed Surrender Value Premium Factor multiplied by Total Premiums Paid less Survival Benefit already paid, if any, subject to minimum of zero>> to be printed if Early Return of Premium variant or Income Benefit variant is chosen.

The Guaranteed Surrender Value Premium Factors are provided in Annexure A.

Special Surrender Value (SSV) is reviewable and shall be determined by the Company from time to time, subject to prior approval of IRDAI. You are requested to get in touch with Us for the applicable SSV for Your Policy.

If the Policy is Surrendered, it cannot be reinstated. The Policy will be terminated once it is surrendered. The Company reserves the right to change the SSV factors and the basis for SSV calculation from time to time depending on the economic environment, experience and other factors, subject to IRDAI approval.

>> to be printed if Return of Premium variant or Early Return of Premium variant or Income Benefit variant is chosen

<<The policy shall not acquire any Surrender Value. >> to be printed if Life Plus or Life & Health variant is chosen

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4.3. Discontinuance of payment of premium

<<If the Policyholder discontinues the payment of Premiums, the Policy will be treated as Lapsed or Reduced Paid-up

- a. If any Premium remains unpaid after the expiry of the Grace Period and the Policy has not acquired a Surrender Value, the Policy status will be altered to Lapse, the Death Benefit and Rider Benefit, if any, will cease immediately.
- b. No Benefits will be paid when the Policy is in Lapse status.
- c. If a Lapsed Policy is not revived within the Revival Period, the Policy will terminate on expiry of the Revival Period. No benefit is payable on termination of a Lapsed Policy.
- d. If the Policy has acquired a Surrender Value and no future Premiums are paid, the Policy may continue as Reduced Paid-up Policy.
- e. Kindly refer to the rider terms and conditions for treatment of riders on discontinuance of rider premiums.
- f. For a Reduced Paid-up Policy, the Benefits under the Policy will be reduced as given below: >> to be printed if Return of Premium variant or Early Return of Premium variant or Income Benefit variant is chosen

<<

Benefit	When is it Payable	Payout
Death Benefit	On death of the Life Assured during the Policy Term	Paid-up Sum Assured on Death
Survival Benefit	Not Applicable	Not Applicable
Maturity Benefit	At the end of Policy term	Paid-up Sum Assured on Maturity

>> to be printed if Return of Premium variant is chosen

<<

Benefit	When is it Payable	Payout
Death Benefit	On death of the Life Assured during the Policy Term	Paid-up Sum Assured on Death
Survival Benefit	On next Policy Anniversary immediately following attainment of age of 60 years	105% of Total Premium Paid
Maturity Benefit	Not Applicable	Not Applicable

>> to be printed if Early Return of Premium variant is chosen

<<

Benefit	When is it Payable	Payout
Death Benefit	On death of the Life Assured during the Policy Term	Paid-up Sum Assured on Death
Survival Benefit	At the end of Policy Term	Lumpsum amount equal to sum of all outstanding monthly income payable at the end of Policy Term on survival multiplied by paid-up factor
Maturity Benefit	Not Applicable	Not Applicable

>> to be printed if Income Benefit variant is chosen

<<Where:

Paid-up Factor = No. of Premiums paid divided by Number of Premiums payable during the Premium Payment Term

Paid-up Sum Assured on Death = Sum Assured on Death multiplied by Paid-up Factor

Paid-up Sum Assured on Maturity = 105% of Total Premium Paid

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The Policy will terminate on payment of the Paid-up Death Benefit or Paid-up Maturity Benefit, as applicable, to the Claimant(s).

>> to be printed if Return of Premium variant is chosen

<<Where:

Paid-up Factor = No. of Premiums paid divided by Number of Premiums payable during the Premium Payment Term

Paid-up Sum Assured on Death = Sum Assured on Death multiplied by Paid-up Factor

The Policy will terminate on payment of the Paid-up Death Benefit to the Claimant(s).

>> to be printed if Early Return of Premium variant or Income Benefit variant is chosen

<<A Policy shall Lapse at the end of the Grace Period if all due premiums have not been paid in full under the policy.

No benefit will be paid when the policy is in the Lapse status.

If a Lapsed Policy is not revived within the Revival Period, the Policy will terminate on expiry of the Revival Period. No benefit is payable on termination of a Lapsed Policy.

The Policy does not acquire any Paid-up or Reduced Paid-up value. >> to be printed if Life Plus or Life & Health variant is chosen

4.4. Policy Loan

Policy Loan is not available under this Policy.

4.5. Policy Revival

A Policy in Lapsed or Paid-up condition can be revived within the Revival Period of five consecutive years from the due date of first unpaid due premium but before the Policy Maturity Date. The Base Policy with or without riders can be revived by paying the arrears of premiums along with applicable interest. If the Base Policy is revived, the rider Benefits, if any can be revived by paying the arrears of premiums under the riders with interest at the prevailing revival interest rate.

The prevailing interest shall be equal to 10 year benchmark G-sec effective annual yield as on last working day of previous financial year, round up to the next multiple of 25 Basis Points. The revival interest rate will be declared on 1st April and will be applicable for the financial year. The Company reserves the right to revise the applicable revival rate of interest at an interval less frequent than annual and change in basis of determination of revival interest rate subject to prior IRDAI approval. The Policyholder whose Policy is in Lapsed or Paid-up Status, in order to revive the Policy, may request the Company for the revival quote. The revival interest rate for FY 22-23 is 7.00% p.a. compounded yearly. Please contact Us to know the prevailing rate of interest for revival of policies.

The revival of the Policy and the Rider(s), if any, will be subject to Company's Board Approved Underwriting Policy. On revival, the Policy will be eligible for its complete Benefits as per the original contract; any due and unpaid benefit shall be paid immediately when the Policy is revived.

If a Lapsed Policy is not revived within the Revival Period, then the Policy will be terminated till the end of the Revival Period.

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5. Part E

Not applicable as this is not a unit linked insurance Policy.

SAMPLE

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6. Part F

6.1. Alterations

The premium payment frequency can be changed during the Premium Payment Term. No other alterations can be made under this Policy.

6.2. Claims

6.2.1. Death Claim, Survival Benefit Claim, Maturity Claim and Surrender Benefit Claim

The Company will pay the Death and Maturity Benefits to the Claimant(s) when it is satisfied of the identity of the Claimant(s) and all relevant provisions of the Policy have been met.

In the event of Assignment under this Policy, the Assignee would be entitled to the Benefits under the Policy, subject to Section 38 of Insurance Act, 1938, as amended from time to time, or any further amendments affected by the IRDAI or other appropriate government authorities from time to time.

Requirements for Maturity, Survival, Surrender and Death Benefit payout

To enable the Company to process the Maturity Benefit in a speedy manner, the Claimant shall endeavour to submit the primary documents at least 15 days before the Policy Maturity Date.

In the event of a claim for Death Benefit arising under this Policy, the Claimant shall endeavour to intimate the Company in writing of the claim and provide the following documents to the Company preferably within 90 days from the claim event. The Company may ask for additional explanations and documents, justifying the delay from the Claimants intimating the claim beyond the specified period of 90 days.

List of primary documents required in the event of a claim for Death Benefit

- a. Original Policy Document
- b. Death certificate in original issued by the competent authority
- c. Hospitalization documents (discharge summary along with all investigation reports) if the Life Assured has taken treatment for illness leading to his death
- d. Claim Forms duly filled in by the Claimant, by the last treating doctor (if applicable) and by a third person (who is not a relative of the Claimant)
- e. KYC documents of the Claimant as per the Anti Money Laundering (AML) Policy of the Company
- f. Personalized Cancelled cheque leaf/ Self-attested passbook copy of the Claimant/ Bank Statement with last 6 months transaction
- g. Bank Authorization Form
- h. Overseas Claims form (A), Copy of Passport, Embassy Document, Cremation certificate, Body transfer certificate from police officials (Only if Life Assured is non-resident of India)
- i. FATCA CRS Form, if applicable

List of additional documents required in the event of a claim for Death Benefit for un-natural deaths

- a. First Information Report
- b. Post Mortem Report
- c. Newspaper Clipping, where available
- d. Viscera Report/Chemical Analysis Report, where applicable
- e. Final Police Investigation Report, where applicable

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- f. Copy of Driving License if Life Assured was driving the vehicle at the time of the Accident (Applicable in case of Accidental Death)

List of primary documents required in case of a Maturity Benefit:

- a. Original Policy Document
- b. KYC documents of the Policyholder as per the Anti Money Laundering (AML) Policy of the Company
- c. Maturity Discharge Form along with Personalized Cancelled cheque leaf/ Self-attested passbook copy of the Claimant / Bank statement with last 6 months transaction
- d. FATCA CRS Form, if applicable
- e. NRI Self declaration (Only, If Policyholder is Non-resident of India)

List of primary documents required in case of a Survival Benefit:

- a. KYC documents of the Policyholder as per the Anti Money Laundering (AML) Policy of the Company
- b. Survival payout form with Personalized Cancelled cheque leaf/ Self-attested passbook copy of the Claimant/ Bank Statement with last 6 months transaction
- c. FATCA CRS Form, if applicable
- d. NRI Self-Declaration (Only if the Policyholder is Non-resident of India)

List of primary documents required in case of a Surrender Benefit:

- a. Original Policy Document
- b. Self -Attested KYC documents of the Policyholder as per the Anti Money Laundering (AML) Policy of the Company
- c. Duly filled and signed Surrender Payout form along with Personalized Cancelled cheque leaf/ Bank statement with last 6 months transaction
- d. FATCA CRS Form, if applicable
- e. NRI Self declaration (Only, If Policyholder is Non-resident of India)
- f. PAN card or No PAN declaration

<<

6.2.2. Accidental Death Benefit Claim

The Company will pay the Accidental Death Benefit to the Claimant(s) when it is satisfied with the identity of the Claimant(s) and all relevant provisions of the Policy have been met.

In the event of Assignment under this Policy, the Assignee would be entitled to the Benefits under the Policy, subject to Section 38 of Insurance Act, 1938 as amended from time to time or any further amendments affected by the IRDAI or other appropriate government authorities from time to time.

Requirements for Accidental Death claim

In the event of a claim for Rider Benefit arising under this Policy the Claimant shall endeavor to intimate the Company in writing of the claim and provide the following documents to the Company preferably within 180 days from the claim event. The Company may ask for additional explanations and documents, justifying the delay from the Claimants intimating the claim beyond specified period.

List of primary documents required in the event of a claim for Accidental Death Benefit

- a. Original Policy Document.
- b. Death certificate in original issued by the competent authority.

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- c. Hospitalization documents (Admission Notes, Discharge / Death summary along with all investigation / test reports) if the Life Assured has taken treatment for illness leading to his death.
- d. Copies of the First Information Report and the Final Investigation Report thereof, duly attested by the concerned police officials and Copy of the post-mortem report duly attested by the concerned officials, Newspaper cutting (where available), along with Copy of Driving License if the Life Assured was driving the vehicle at the time of the accident.
- e. Claim Forms to be duly filled in by the Claimant; the last treating doctor (if applicable); by a third person (who is not a relative of the Claimant).
- f. KYC documents of the Claimant as per the Anti Money Laundering (AML) Policy of the Company.
- g. Bank details of Claimant (Personalized cancelled Cheque or Completed Bank Authorization Form, attested by the Bank, along with self-attested copy of Passbook / Bank Statement with IFSC and Bank Account number mentioned thereon).

>> to be printed if Life Plus or Life & Health variant is chosen

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6.2.3. Critical Illness Benefit Claim

On Diagnosis of any one the covered 25 critical illnesses of the Life Insured, the Claimant should intimate the Company in writing within 60 days, from the date of Diagnosis. The claim shall be payable on survival of the life insured for 30 days after diagnosis of any of the covered critical illness with fulfilment of covered critical illness definition, subject to the policy benefits being In-force i.e. all due premiums under the policy have been paid.

We shall be provided the following necessary information and documents of all claims of such Diagnosis or Surgery or treatment, as applicable:

List of documents required in the event of a claim for Critical Illness Benefit

- a. Certificate from the attending Medical Practitioner of the Insured Person confirming, inter alia,
 - i. Name of the Life Insured;
 - ii. Name, date of occurrence and medical details confirming the event giving rise to the Claim.
 - iii. Written confirmation from the treating Medical Practitioner that the event giving rise to the claim does not relate to any Pre-existing Disease or any Illness or Injury which was diagnosed by physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or for which Medical Advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement.
- b. Original and copy of Policy Document;
- c. Duly completed claim form;
- d. Original Discharge Certificate/Death Summary/Discharge Card from the Hospital/Medical Practitioner/Indoor case papers;
 - i. Hospital Discharge Card photocopy
 - ii. Hospital Bills photocopy
 - iii. Pharmacy/Investigations Bills
 - iv. Investigations Reports
 - v. Details of the treatment received by the Insured Person from the inception of the ailment

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- vi. Letter from treating consultant stating presenting complaints with duration and past medical history
 - vii. Histopathology / Cytology / FNAC / Biopsy /Immuno- histochemistry reports
 - viii. X-Ray / CT scan / MRI scan / USG /Radioisotope / Bone scan Reports
 - ix. Blood Tests
 - x. Any other specific investigation done to support the Diagnosis like the PAP Smear / Mammography, etc.
- e. Photo ID Proof of Insured/ Nominee;
 - f. Address Proof of Insured / Nominee;
 - g. KYC documents and 2 recent coloured passport size photographs of Insured/ Nominee as per the Anti Money Laundering (AML) Guidelines of the Company
 - h. Signed NEFT mandate along cancelled cheque copy of Insured/Nominee
 - i. Any other documents as may be required by Us

In case of Diagnosis of any one the covered 25 critical illness in a jurisdiction outside India, We will honour the claim subject to providing satisfactory evidence of Diagnosis and treatment (if required) and submission of necessary information and documents of all claims of such Diagnosis or Surgery or treatment as applicable.

Company reserves the right to call for any additional / other document which may be relevant, including documents/ information concerning the title of the person claiming Benefits under this Policy, as may be required by the Company.

If the Claim is not notified to Us within the time period specified above, then We shall be provided the reasons for the delay in writing. We shall condone such delay on merits where the delay has been proved to be for reasons beyond the Claimant's control.

In the event of assignment under this Policy, the Assignee would be entitled to the Benefits under the Policy, subject to Section 38 of Insurance Act, 1938 as amended from time to time or any further amendments affected by the IRDAI or other appropriate government authorities from time to time.

The Company shall settle the claim within 30 days (45 days in case of claim warranting an investigation) from the date of receipt of last necessary document in accordance with the provisions of Regulation 16 of IRDAI (Protection of Policyholders' Interests) Regulations, 2017. In the case of delay in the payment of a claim, the Company shall pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

The Company reserves the right to call for any additional / other document which may be relevant, including documents/ information concerning the title of the person claiming Benefits under this Policy, as may be required by the Company. The Company, at its discretion/ judgement, may consider payment of the claims where the relevant documents are not submitted by the Policyholder / Claimant due to reasons beyond the control of The Policyholder/ Claimant provided there are valid reasons for the non-submission of the relevant documents and it is satisfied on the genuineness of the claim.

>> to be printed if Life & Health variant is chosen

<<

6.3. Accidental Death Benefit Exclusions

The Accidental Death Benefit is not payable if death occurs exceeding 180 days of the occurrence of the Accident within the Policy Term. The company will not pay any Accidental Death claim which results directly or indirectly from any one or more of the following:

- i. The Life Assured taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc., any underwater or subterranean operation or activity and racing of any kind other than on foot.

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- ii. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- iii. Intentional self-inflicted injury unless in self-defense or to save life, suicide or attempted suicide-whether sane or insane.
- iv. Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner.
- v. War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
- vi. The Life Assured taking part in any strike, industrial dispute or riot.
- vii. Participation by the insured person in a criminal or unlawful act with illegal or criminal intent.
- viii. Exposure to Nuclear reaction, Biological, radiation or nuclear or chemical contamination.

>> to be printed if Life Plus or Life & Health variant is chosen

<<

6.4. Critical Illness Benefit Exclusions

The company shall not be liable to make any payment under this Policy towards a covered Critical Illness resulting from or in respect of any of the following:

- i. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
- ii. Pre-existing Disease, unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later, and the Company has accepted the same.
Where, Pre-existing Disease means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
- iii. Any Critical Illness caused due to treatment for Alcoholism or any addictive condition and consequences thereof.
- iv. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, but excluding HIV / AIDs.
- v. Drugs or substances or narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
- vi. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
- vii. Any Critical Illness, caused by foreign invasion, act of foreign enemies hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- viii. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Congenital External Anomalies or any complications or conditions therefrom including any developmental conditions of the Insured.
- x. Any critical illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- xi. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- xii. Any Critical Illness, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- xiii. Any Critical Illness, caused by any unproven treatment, service and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

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- xiv. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
- xv. Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- xvi. Any Critical Illness, caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- xvii. Any Critical Illness, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a) Surgery to be conducted is upon the advice of the Doctor
 - b) The Surgery / Procedure conducted should be supported by clinical protocols
 - c) The member has to be 18 years of age or older and
 - d) Body Mass Index (BMI);
 - 1) greater than or equal to 40 or
 - 2) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i) Obesity related cardiomyopathy
 - ii) Coronary heart disease
 - iii) Severe Sleep Apnea
 - iv) Uncontrolled Type 2 Diabetes
- xviii. Any Critical Illness, caused due to treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
- xix. Any Critical Illness directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- xx. In the event of the death of the Insured Person within the stipulated survival period as set out above.
- xxi. Any Critical Illness, caused by treatment related to Birth Control, sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization

>> to be printed if Life & Health variant is chosen

6.5. Suicide

In case of death due to suicide within 12 months from the Date of Commencement of Risk under the Policy or from the date of Revival of the Policy, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the Total Premiums Paid till the date of death or the Surrender Value available as on the date of death whichever is higher, provided the Policy is In-force.

6.6. Tax Benefit

Premiums paid under the Base Policy and Rider(s) opted for, if any, may be eligible for Income tax exemptions, subject to applicable Income tax laws and conditions. Income tax Benefits under this Policy and rider Benefits, if opted for shall be as per the prevailing Income Tax Laws and are subject to amendments and interpretation from time to time. The Policyholder is recommended to consult a tax advisor.

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6.7. Taxes, duties and levies and disclosure of information

- a. In the event where RNLIC is obliged to disclose information concerning to the Policy and Benefits to the statutory authorities for any taxes, duties, levies or imposts including without limitation any sale, use, value added, Goods and Services Tax (GST) or other taxes, as may be imposed now or in future by any authority (collectively “Taxes”) applicable to this Policy or the Benefits payable under this Policy, RNLIC shall be entitled to disclose such information / deduct such Taxes / pay any amount under the policies and deposit the amount so deducted or directed, with the appropriate government or regulatory authorities without informing the Policyholder, if so directed by the authority.
- b. It shall be the responsibility of the Policyholder to satisfy himself and ensure that the payment of the Additional Premium does not adversely affect his entitlement or claim for tax Benefits, if any, available or admissible under this Policy.

6.8. Nomination

Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in Appendix – B for reference]

6.9. Assignment

Assignment should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Appendix - C for reference]

Assignment will not be permitted if the Policy is issued under Married Women’s Property Act, 1874.

6.10. Proof of Age

The age of the Life Assured has been admitted on the basis of the declaration made by the Policyholder/ Life Assured in the Proposal and/or in any statement based on which this Policy has been issued.

- If the age of the Life Assured as on the Date of Commencement of Policy is found to be higher than the maximum, or lower than the minimum entry age available under the Policy, basis declaration made by the Policyholder/Life Assured, that was permissible under this Policy, then the Company shall cancel the Policy immediately and shall refund all premiums paid.
- If the age of the Life Assured as on the Date of Commencement of Policy is found to be different from that declared basis declaration made by the Policyholder/Life Assured, but within the age limits of this Policy then:
 - In case the correct age at Policy inception is found to be lower, the Company shall refund the difference in premiums without interest or increase the Benefits which would have been due as per the correct age.
 - In case the correct age at Policy inception is found to be higher, the Company shall intimate the Policyholder to pay the difference in premiums along with the applicable interest from Date of Inception of Policy or shall reduce the Policy Benefits which would have been due as per the correct age.

6.11. Special provisions

Any special provisions subject to which this Policy has been entered into, whether endorsed in the Policy or in any separate instrument shall be deemed to be part of the Policy and shall have effect accordingly.

This product is approved by the Insurance Regulatory and Development Authority of India (IRDAI) and this Policy is subject to:

- The Insurance Act, 1938, as amended by the IRDAI Act, 1999.

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- Amendments, modifications (including re-enactment) as may be made from time to time, and
- Other such relevant Regulations, Rules, Laws, Guidelines, Circulars, Enactments etc. as may be introduced by Life Insurance Council, IRDAI or any other regulatory body with jurisdiction there under from time to time.

We reserve the right to require submission of such documents and proof at all life stages of the Policy as may be necessary to meet the requirements under Anti- money Laundering/Know Your Customer norms and as may be laid down by IRDAI and other regulators from time to time.

6.12. Recovery of additional expenses incurred on account of acts of Policyholders

RNLIC also reserves the right to recover "cheque bounce charges" or "electronic debit bounce charges", incurred by it from the Policyholders, on account of dishonour of cheque issued or bounce of electronic debit towards premium payment, by Policyholders. The Company may recover these additional costs by requisitioning additional payments from the Policyholders.

6.13. Mode of payment of Benefits

All Benefits (claims/ maturity payments/ any other sum due to the Policyholders or Nominees or Assignees) under this Policy shall be remitted only through Electronic Clearing System (ECS), National Electronic Fund Transfer (NEFT), Real Time Gross Settlement (RTGS), Interbank Mobile Payment Service (IMPS), National Automated Clearing House (NACH) or any other electronic mode as permitted by Reserve Bank of India/ RNLIC/IRDAI.

All Benefits under this Policy shall be payable in the manner and currency allowed / permitted under the Regulations. All amounts payable either to or by the Company shall be payable in Indian currency.

6.14. Valid discharge

Any discharge given by the Claimant, in writing, in respect of the Benefits payable under this Policy shall constitute a valid discharge to RNLIC in respect of such payment. The Company's liability under the Policy shall be discharged by such payment and the Company shall not bear any responsibility for the application of the monies so paid.

6.15. Limitation of liability

The maximum liability of the Company under this Policy shall not, in any circumstances, exceed the aggregate amount of the relevant Benefits payable hereunder.

6.16. Fraud, Misstatement of a Material Fact

In the event of a fraud the Policy shall be cancelled immediately and all the premiums paid till date shall be forfeited, subject to fraud being established as per Section 45 of the Insurance Act, 1938, as amended from time to time. In the event of a misstatement or suppression of a material fact, not amounting to fraud, by the insured, the Policy shall be declared "Null and Void" and premiums paid shall be refunded after deducting applicable charges, if any, subject to misstatement or suppression of fact being established, in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time. (Please refer to the simplified version of the provisions of Section 45 as mentioned in Appendix D for reference).

6.17. Loss of Policy Document

If the Policy Document is lost or misplaced, Policyholder should submit to Us a written request stating the fact and the reason for the loss. The Company reserves the right to undertake such investigations into and call for such evidence of the loss or destruction of the Policy Document at the expense of the Policyholder as it considers necessary before issuing a copy of the Policy Document. If We are satisfied that the Policy Document is lost or destroyed, then, We will issue a duplicate Policy Document duly endorsed to show that it is issued following the loss or destruction of the original Policy Document. Upon the issue of the duplicate Policy Document, the original Policy Document immediately and

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automatically ceases to have any validity. The Company may charge a fee, subject to a maximum of Rs. 200, for the issuance of a duplicate Policy Document.

Policyholder agree to indemnify Us and hold Us free and harmless from any costs, expenses, claims, awards, misuse or judgments arising out of or in relation to the original Policy Document. The Company may also require the Policyholder to issue a newspaper declaration for the same. The cost for the same will be borne by the Policyholder.

6.18. Waiver

Failure or neglect by either party to enforce at any time the provisions of this Policy shall not be construed or be deemed to be waiver of either party's right herein nor in anyway affect the validity of the whole or any part of this Policy nor prejudice either party's right to take subsequent action.

6.19. Electronic transaction

The Policyholder shall adhere to and comply with all such terms and conditions as prescribed by RNLIC from time to time and hereby agree and confirm that all transactions effected by or through facilities for effecting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of RNLIC, for and in respect of the Policy or its terms, or RNLIC's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with RNLIC's terms and conditions for such facilities, as may be prescribed from time to time.

6.20. Notice under the Policy

i. In case of the Policyholder

Any of the notices required to be issued by the Company in terms of this Policy may be issued, either by issuing individual notices to the Policyholder, including by electronic mail, SMS, telephonic conversation and/or facsimile, or by issuing a general notice, including, by publishing such notices in the newspapers and/or on the Company's website/ Company branch offices.

As per the details specified by the Policyholder in the Proposal Form/Change of address intimation submitted by him, notices and instructions are sent through various modes such as electronic mail and/or facsimile, or Company branch offices. It is very important that You immediately inform Us about any change in the address or contact details or the Nominee particulars.

ii. In case of the Company

To Reliance Nippon Life Customer Service

Address: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai– 400051

Reliance Nippon Life Insurance Company Limited, 7th Floor, Silver Metropolis, Off Western Express Highway, Goregaon East, Mumbai - 400 063

Reliance Nippon Life representatives may be contacted on Toll free number 18001021010

Email: rnlife.customerservice@relianceada.com

6.21. Entire Contract

This Policy comprises the terms and conditions set forth in this Policy document, Policy Schedule, and the Endorsements, if any, made on or applicable to this Policy, which shall form an integral part and the entire contract, evidenced by this Policy. The liability of RNLIC is at all times subject to the terms and conditions of this Policy and the Endorsements made from time to time.

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The Provision of this Policy cannot be changed or varied by anyone except by a Policy Endorsement signed by an officer of the Company authorized for the purpose. This Policy Document constitutes the complete contract of insurance.

The Policy is issued on the basis of the Proposal and Declaration from the Proposer and on the express understanding that the said Proposal and Declaration and any statements made or referred to therein shall be part and parcel of this Policy.

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<<Annexure A – Definitions & Exclusions of covered critical illnesses

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

3. Myocardial Infarction (First Heart Attack of Specific Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4. Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)

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- ii. Traumatic Injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

5. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. diagnosis has to be confirmed by a specialist medical practitioner.

6. Major Surgery of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

7. Open Heart replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

8. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of Langerhans are transplanted.

9. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of Illness or accident.

The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or Surgical Procedure.

11. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

12. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

13. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neurological damage due to SLE is excluded.

14. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

15. Motor Neuron disease with permanent symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

16. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest

17. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and

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iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

18. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- i. Blood product transfusion;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- i. Absolute neutrophil count of less than 500/mm³ or less
- ii. Platelets count less than 20,000/mm³ or less
- iii. Reticulocyte count of less than 20,000/mm³ or less

Temporary or reversible Aplastic Anaemia is excluded.

19. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a registered doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Messangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

20. Alzheimer's Disease (before age 61)

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

21. Parkinson's Disease (before age 61)

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently at least three of the activities of daily living as defined below.

- i. Transfer: Getting in and out of bed without requiring external physical assistance
- ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
- iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance

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- iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
- v. Eating: All tasks of getting food into the body once it has been prepared

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

22. Major Head Trauma

Accidental head Injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head Injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- i. Spinal cord Injury;

23. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of Injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

24. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catherization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

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25. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

>> to be printed if Life & Health variant is chosen

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<<Annexure A: Guaranteed Surrender Value Premium Factors

Policy Term →														
Policy Year ↓	20	21	22	23	24	25	26	27	28	29	30	31	32	33
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
9	53%	52%	52%	52%	52%	52%	52%	52%	52%	51%	51%	51%	51%	51%
10	54%	54%	53%	53%	53%	53%	53%	52%	52%	52%	52%	52%	52%	52%
11	55%	55%	54%	54%	54%	54%	53%	53%	53%	53%	53%	53%	53%	52%
12	57%	56%	56%	55%	55%	55%	54%	54%	54%	54%	53%	53%	53%	53%
13	58%	57%	57%	56%	56%	56%	55%	55%	55%	54%	54%	54%	54%	54%
14	62%	59%	58%	57%	57%	56%	56%	56%	55%	55%	55%	55%	55%	54%
15	67%	63%	62%	59%	58%	57%	57%	57%	56%	56%	56%	55%	55%	55%
16	72%	68%	66%	62%	61%	58%	58%	58%	57%	57%	56%	56%	56%	56%
17	78%	73%	70%	66%	65%	62%	61%	58%	58%	58%	57%	57%	57%	56%
18	84%	78%	75%	70%	68%	65%	64%	61%	61%	58%	58%	58%	57%	57%
19	90%	84%	79%	75%	72%	69%	67%	64%	63%	61%	60%	58%	58%	58%
20	90%	90%	85%	80%	76%	73%	70%	67%	66%	64%	63%	61%	60%	58%
21	-	90%	90%	85%	81%	77%	74%	71%	69%	66%	65%	63%	62%	60%
22	-	-	90%	90%	85%	81%	78%	74%	72%	69%	68%	66%	65%	63%
23	-	-	-	90%	90%	85%	82%	78%	75%	72%	71%	68%	67%	65%
24	-	-	-	-	90%	90%	86%	82%	79%	76%	74%	71%	70%	67%
25	-	-	-	-	-	90%	90%	86%	82%	79%	77%	74%	72%	70%
26	-	-	-	-	-	-	90%	90%	86%	83%	80%	77%	75%	72%
27	-	-	-	-	-	-	-	90%	90%	86%	83%	80%	78%	75%
28	-	-	-	-	-	-	-	-	90%	90%	86%	83%	81%	78%
29	-	-	-	-	-	-	-	-	-	90%	90%	87%	84%	81%
30	-	-	-	-	-	-	-	-	-	-	90%	90%	87%	84%
31	-	-	-	-	-	-	-	-	-	-	-	90%	90%	87%
32	-	-	-	-	-	-	-	-	-	-	-	-	90%	90%
33	-	-	-	-	-	-	-	-	-	-	-	-	-	90%
34	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	-	-	-	-	-	-	-	-	-	-	-	-	-	-
47	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	-	-	-	-	-	-	-	-	-	-	-	-	-	-
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	-	-	-	-	-	-	-	-	-	-	-	-	-	-
51	-	-	-	-	-	-	-	-	-	-	-	-	-	-
52	-	-	-	-	-	-	-	-	-	-	-	-	-	-
53	-	-	-	-	-	-	-	-	-	-	-	-	-	-
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Policy Document – Reliance Nippon Life Super Suraksha
A Non-Linked Non-Participating Individual Pure Risk Premium/Savings Life Insurance Plan

Policy Term →														
Policy Year ↓	34	35	36	37	38	39	40	41	42	43	44	45	46	47
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	51%	51%	51%	51%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
9	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
10	52%	52%	52%	52%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
11	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%
12	53%	53%	53%	53%	53%	52%	52%	52%	52%	52%	52%	52%	52%	52%
13	54%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	52%	52%	52%
14	54%	54%	54%	54%	54%	53%	53%	53%	53%	53%	53%	53%	53%	53%
15	55%	55%	54%	54%	54%	54%	54%	54%	54%	53%	53%	53%	53%	53%
16	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%	54%	54%	54%	54%
17	56%	56%	56%	55%	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%
18	57%	56%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%	54%	54%
19	57%	57%	57%	57%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%
20	58%	58%	57%	57%	57%	57%	56%	56%	56%	56%	56%	55%	55%	55%
21	60%	58%	58%	58%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%
22	62%	60%	60%	58%	58%	58%	57%	57%	57%	57%	57%	56%	56%	56%
23	64%	62%	62%	60%	60%	58%	58%	58%	57%	57%	57%	57%	57%	56%
24	66%	64%	64%	62%	61%	60%	60%	58%	58%	58%	57%	57%	57%	57%
25	69%	67%	66%	64%	63%	62%	61%	60%	59%	58%	58%	58%	57%	57%
26	71%	69%	68%	66%	65%	64%	63%	61%	61%	60%	59%	58%	58%	58%
27	73%	71%	70%	68%	67%	65%	65%	63%	63%	61%	61%	60%	59%	58%
28	76%	74%	72%	70%	69%	67%	66%	65%	64%	63%	62%	61%	61%	60%
29	79%	76%	75%	72%	71%	69%	68%	67%	66%	64%	64%	63%	62%	61%
30	81%	79%	77%	75%	73%	71%	70%	69%	68%	66%	65%	64%	64%	62%
31	84%	81%	79%	77%	75%	73%	72%	70%	69%	68%	67%	66%	65%	64%
32	87%	84%	82%	79%	78%	76%	74%	72%	71%	70%	69%	67%	67%	65%
33	90%	87%	85%	82%	80%	78%	76%	74%	73%	71%	70%	69%	68%	67%
34	90%	90%	87%	85%	82%	80%	78%	76%	75%	73%	72%	71%	70%	68%
35	-	90%	90%	87%	85%	82%	81%	79%	77%	75%	74%	72%	71%	70%
36	-	-	90%	90%	87%	85%	83%	81%	79%	77%	76%	74%	73%	72%
37	-	-	-	90%	90%	87%	85%	83%	81%	79%	78%	76%	75%	73%
38	-	-	-	-	90%	90%	88%	85%	83%	81%	80%	78%	77%	75%
39	-	-	-	-	-	90%	90%	88%	85%	83%	82%	80%	78%	77%
40	-	-	-	-	-	-	90%	90%	88%	85%	84%	82%	80%	78%
41	-	-	-	-	-	-	-	90%	90%	88%	86%	84%	82%	80%
42	-	-	-	-	-	-	-	-	90%	90%	88%	86%	84%	82%
43	-	-	-	-	-	-	-	-	-	90%	90%	88%	86%	84%
44	-	-	-	-	-	-	-	-	-	-	90%	90%	88%	86%
45	-	-	-	-	-	-	-	-	-	-	-	90%	90%	88%
46	-	-	-	-	-	-	-	-	-	-	-	-	90%	90%
47	-	-	-	-	-	-	-	-	-	-	-	-	-	90%
48	-	-	-	-	-	-	-	-	-	-	-	-	-	-
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	-	-	-	-	-	-	-	-	-	-	-	-	-	-
51	-	-	-	-	-	-	-	-	-	-	-	-	-	-
52	-	-	-	-	-	-	-	-	-	-	-	-	-	-
53	-	-	-	-	-	-	-	-	-	-	-	-	-	-
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Policy Document – Reliance Nippon Life Super Suraksha
A Non-Linked Non-Participating Individual Pure Risk Premium/Savings Life Insurance Plan

Policy Term →															
Policy Year ↓	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
9	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
10	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
11	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
12	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%
13	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%
14	53%	53%	53%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%
15	53%	53%	53%	53%	53%	53%	53%	53%	53%	52%	52%	52%	52%	52%	52%
16	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%
17	54%	54%	54%	54%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%
18	54%	54%	54%	54%	54%	54%	54%	54%	53%	53%	53%	53%	53%	53%	53%
19	55%	55%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	53%	53%
20	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%
21	55%	55%	55%	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%	54%	54%
22	56%	56%	56%	55%	55%	55%	55%	55%	55%	55%	55%	55%	54%	54%	54%
23	56%	56%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%	55%	55%	55%
24	57%	57%	56%	56%	56%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%
25	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%	56%	55%	55%	55%	55%
26	58%	57%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%	56%	56%	55%
27	58%	58%	58%	57%	57%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%
28	59%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%	56%	56%	56%	56%
29	61%	59%	59%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%	57%	56%
30	62%	61%	60%	59%	59%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%
31	63%	62%	62%	61%	60%	59%	59%	58%	58%	58%	58%	57%	57%	57%	57%
32	65%	63%	63%	62%	62%	60%	60%	59%	59%	58%	58%	58%	58%	57%	57%
33	66%	65%	64%	63%	63%	62%	61%	60%	60%	59%	59%	58%	58%	58%	58%
34	68%	66%	66%	65%	64%	63%	63%	62%	61%	60%	60%	59%	59%	58%	58%
35	69%	68%	67%	66%	65%	64%	64%	63%	62%	61%	61%	60%	60%	59%	59%
36	71%	69%	69%	67%	67%	65%	65%	64%	64%	63%	62%	61%	61%	60%	60%
37	72%	71%	70%	69%	68%	67%	66%	65%	65%	64%	63%	62%	62%	61%	61%
38	74%	72%	71%	70%	69%	68%	68%	66%	66%	65%	64%	63%	63%	62%	62%
39	75%	74%	73%	72%	71%	70%	69%	68%	67%	66%	66%	65%	64%	63%	63%
40	77%	76%	75%	73%	72%	71%	70%	69%	68%	67%	67%	66%	65%	64%	64%
41	79%	77%	76%	75%	74%	72%	72%	70%	70%	68%	68%	67%	66%	65%	65%
42	81%	79%	78%	76%	75%	74%	73%	72%	71%	70%	69%	68%	67%	66%	66%
43	82%	81%	79%	78%	77%	75%	74%	73%	72%	71%	70%	69%	69%	68%	67%
44	84%	82%	81%	79%	78%	77%	76%	74%	74%	72%	72%	70%	70%	69%	68%
45	86%	84%	83%	81%	80%	78%	77%	76%	75%	74%	73%	72%	71%	70%	69%
46	88%	86%	85%	83%	81%	80%	79%	77%	76%	75%	74%	73%	72%	71%	70%
47	90%	88%	86%	85%	83%	81%	80%	79%	78%	76%	75%	74%	73%	72%	72%
48	90%	90%	88%	86%	85%	83%	82%	80%	79%	78%	77%	76%	75%	74%	73%
49	-	90%	90%	88%	86%	85%	83%	82%	81%	79%	78%	77%	76%	75%	74%
50	-	-	90%	90%	88%	86%	85%	83%	82%	81%	80%	78%	77%	76%	75%
51	-	-	-	90%	90%	88%	87%	85%	84%	82%	81%	80%	79%	77%	76%
52	-	-	-	-	90%	90%	88%	87%	85%	84%	82%	81%	80%	79%	78%
53	-	-	-	-	-	90%	90%	88%	87%	85%	84%	82%	81%	80%	79%
54	-	-	-	-	-	-	90%	90%	88%	87%	85%	84%	83%	81%	80%
55	-	-	-	-	-	-	-	90%	90%	88%	87%	85%	84%	83%	82%
56	-	-	-	-	-	-	-	-	90%	90%	88%	87%	86%	84%	83%
57	-	-	-	-	-	-	-	-	-	90%	90%	88%	87%	86%	84%
58	-	-	-	-	-	-	-	-	-	-	90%	90%	88%	87%	86%
59	-	-	-	-	-	-	-	-	-	-	-	90%	90%	88%	87%
60	-	-	-	-	-	-	-	-	-	-	-	-	90%	90%	89%
61	-	-	-	-	-	-	-	-	-	-	-	-	-	90%	90%
62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	90%

>> to be printed if Return of Premium variant or Early Return of Premium variant or Income Benefit variant is chosen

Policy Document – Reliance Nippon Life Super Suraksha
A Non-Linked Non-Participating Individual Pure Risk Premium/Savings Life Insurance Plan

7. Part G

7.1. Governing laws and jurisdiction

This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the Indian courts of law within whose territorial jurisdiction the registered office of the Company is situated.

7.2. Primacy of the Policy Document

In the event of any inconsistency or conflict between the terms and conditions contained in the Policy Document and the terms and conditions contained in any other document such as marketing material or sales brochure, the terms and conditions contained in the Policy Document shall prevail over all other terms and conditions contained in various other documents.

7.3. Grievance Redressal

Step 1: If You are dissatisfied with any of Our services, please feel free to contact Us -

Step 1.1: Call Us at 1800 102 1010 (Toll free); Call centre timings: 9am to 6 pm Monday to Saturday or Email: rnlife.customerservice@relianceada.com **OR**

Step 1.2: Contact the Customer Service Executive at Your nearest branch of the Company **OR**

Step 1.3: Write to: Reliance Nippon Life Customer Care

Reliance Nippon Life Insurance Company Limited

Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC,

G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai– 400051

OR

Reliance Nippon Life Insurance Company Limited

7th Floor, Silver Metropolis, Off Western Express Highway, Goregaon East, Mumbai - 400 063

If Your complaint is unresolved for more than 10 days,

Step 2: Please contact Our Service Branch Manager, who is also the Local Grievance Redressal Officer at Your nearest branch.

If You are unhappy with the solution offered,

Step 3: Write to Head of Customer Care at rnlife.headcustomercare@relianceada.com or at the address mentioned above.

If You are still not happy with the solution offered,

Step 4: Write to Our Grievance Redressal Officer at rnlife.gro@relianceada.com or at the address mentioned above.

If the issues remain unresolved; a further reference may be made to the Insurance Ombudsman in terms of Rule 12 & 13 of the Redressal of Public Grievance Rules, 1998.

7.4. Procedure for registering complaint with IRDAI Grievance Call Centre (IGCC)

If You are not satisfied with the response or do not receive a response from Us within 15 days, You may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255

IRDAI TOLL FREE NO: 1800 4254 732

Email ID: complaints@irdai.gov.in

You can also register Your complaint online at <http://www.igms.irda.gov.in/>

Reliance Nippon Life Insurance Co. Ltd.

Policy Document - Reliance Nippon Life Super Suraksha

Filing Date: 27.09.2022

IRDAI Registration No. 121

UIN: 121N144V01

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Policy Document – Reliance Nippon Life Super Suraksha
A Non-Linked Non-Participating Individual Pure Risk Premium/Savings Life Insurance Plan

Address for communication for complaints by fax/paper:
Consumer Affairs Department,
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli,
Hyderabad - 500 032

7.5. Procedure for filing complaint with the Insurance Ombudsman

While We expect to satisfactorily resolve Your grievances, You may also at any time approach the Insurance Ombudsman. The Insurance Ombudsman may receive and consider any complaints under Rule 13 of the Insurance Ombudsman Rules 2017 as described below:

Duties and functions of Insurance Ombudsman (as per Rule 13 of Insurance Ombudsman Rules, 2017):

1. The Ombudsman shall receive and consider complaints or disputes relating to:
 - a) Delay in settlement of claims, beyond the time specified in the Regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999
 - b) Any partial or total repudiation of claims by the life insurer;
 - c) Disputes over premium paid or payable in terms of insurance policy;
 - d) Misrepresentation of policy terms and conditions at any time in the Policy Document or policy contract;
 - e) Legal construction of insurance policies insofar as the dispute relates to claim;
 - f) Policy servicing related grievances against insurers and their agents and intermediaries;
 - g) Issuance of life insurance policy which is not in conformity with the proposal form submitted by the Proposer;
 - h) Non-issuance of insurance policy after receipt of premium in life insurance and
 - i) Any other matter resulting from the violation of provisions of the Insurance Act, 1938, as amended from time to time, or the Regulations, circulars, guidelines or instructions issued by IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).
2. The Ombudsman shall act as counsellor and mediator relating to matters specified in sub-rule (1) provided there is written consent of the parties to the dispute.
3. The Ombudsman shall be precluded from handling any matter if he is an interested party or having conflict of interest.
4. The Central Government or as the case may be, the IRDAI may, at any time refer any complaint or dispute relating to insurance matters specified in sub-rule (1), to the Insurance Ombudsman and such complaint or dispute shall be entertained by the Insurance Ombudsman and be dealt with as if it is a complaint made under rule 14, as described below.

Manner in which complaint is to be made (as per Rule 14 of Insurance Ombudsman Rules, 2017)

1. Any person who has a grievance against an insurer, may himself or through his legal heirs, Nominee or Assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.
2. The complaint shall be in writing, duly signed by the complainant or through his legal heirs, Nominee or Assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.
3. No complaint to the Insurance Ombudsman shall lie unless

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- a. the complainant makes a written representation to the insurer named in the complaint and
 - i. either the insurer had rejected the complaint; or
 - ii. the complainant had not received any reply within a period of one month after the insurer received his representation; or
 - iii. the complainant is not satisfied with the reply given to him by the insurer;
- b. The complaint is made within one year—
 - i. after the order of the insurer rejecting the representation is received; or
 - ii. after receipt of decision of the insurer which is not to the satisfaction of the complainant;
 - iii. after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.
4. The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

The Insurance Ombudsman shall not entertain complaints where the loss suffered by the complainant exceeds rupees thirty lakhs.

The detailed list of the Ombudsmen is provided in Appendix A of this Policy Document.

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About Reliance Nippon Life Insurance Company Limited

Reliance Nippon Life Insurance Company Limited, is a licensed life insurance Company registered with the Insurance Regulatory & Development Authority of India (IRDAI) Registration No. 121. Reliance Nippon Life Insurance Company Limited offers You products that fulfil Your savings and protection needs. Our aim is to emerge as a transnational Life Insurer of global scale and standard.

CIN: U66010MH2001PLC167089

Registered and Corporate Office: Reliance Nippon Life Insurance Company Limited, Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai– 400051

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For more information or any grievance,

1. Call Us between 9am to 6pm, Monday to Saturday on Our Toll-Free Call Centre Number 1800 102 1010
2. Visit Us at www.reliancenipponlife.com or
3. Email Us at: rnlife.customerservice@relianceada.com

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

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Appendix A: Insurance Ombudsman

The detailed list of the Insurance Ombudsman is mentioned below for reference. (Please note that these details are subject to change. For the latest information regarding Ombudsman offices please visit <https://www.cioins.co.in/ombudsman.html>).

Address of Ombudsman:

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

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	Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana – Gurugram, Faridabad, Sonapat & Bahadurgarh
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur,

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	<p>Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p>
MUMBAI	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>
NOIDA	<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
PATNA	<p>Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar and Jharkhand</p>
PUNE	<p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>

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Appendix B: Section 39, Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
2. Where the Nominee is a Minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the Nominee. The manner of appointment to be laid down by the insurer.
3. Nomination can be made at any time before the maturity of the Policy.
4. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.
5. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the Nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case Nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them

the Nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the Nominee having regard to the nature of his title.

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14. If Nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such Nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after 26.12.2014 the date when insurance law was amended.
16. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his Nominee(s) shall be entitled to the proceeds and benefit of the Policy.
17. The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of all the subsections of section 39 of the Insurance Act, 1938 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Section 39 of the Insurance Act, 1938, as amended from time to time, for complete and accurate details.]

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Appendix C: Section 38, Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. This Policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the Policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance Policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the Policy shall become payable to Policyholder or Nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the Policy

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Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
- a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the Policy
 - c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before 26.12.2014, the date when insurance law was amended, shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of all the subsection of Section 38 of the Insurance Act, 1938 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Section 38 of the Insurance Act, 1938, as amended from time to time, for complete and accurate details.]

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Appendix D: Section 45, Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
 - a. the date of issuance of Policy or
 - b. the Date of Commencement of Risk or
 - c. the date of revival of Policy or
 - d. the date of rider to the Policywhichever is later.
2. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of Policy or
 - b. the Date of Commencement of Risk or
 - c. the date of revival of Policy or
 - d. the date of rider to the Policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or Nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak, or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or Nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or Nominee or assignees of insured, within a period of 90 days from the date of repudiation. However, the payment will be as per IRDAI direction/Regulation/Circular from time to time.

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8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.
9. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of all the subsection of the Section 45 of the Insurance Act, 1938, only a simplified version prepared for general information. Policy Holders are advised to refer to Original Section 45 of the Insurance Act, 1938, as amended from time to time, for complete and accurate details.]

SAMPLE