

GROUP MEDICLAIM SCHEDULE

Address of Issuing Office : Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063. Issuing Branch Code: 9201	Unit no- 202, 2nd Floor, Lotus IT Park, Road no- 16, Wagle Industrial Estate, Thane (west)MAHARASHTRA
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Policyholder Details	
Policy Number: 110332328120000010	Proposal No: P072823100247
Name: M/S VISION ENTERPRISES	Policy Issue Date: 29/07/2023
Correspondence Address & Place of Supply: GROWELS 101, 3RD FLOOR, SHOP NO 311, GUNDECHA INDUSTRIAL ESTATE, AKURLI ROAD, MUMBAI, MUMBAI SUBURBAN MAHARASHTRA MUMBAI 400101	Email Id: hr@vision-services.co.in
Period of Insurance: From 27/07/2023 to mid night on 26/07/2024	Contact No: 7208857032
Tax Invoice No. & Date: P072823100247 & 29/07/2023	Date of proposal: 29/07/2023
GSTIN/UIN of Policyholder: 27ALLPA5025B1ZO	Policy Branch Office Code: 1103

Details of previous policy (in case of renewal)	
Previous policy No:	Date of expiry:

Co-Insurance Details			
Co-Insurance Company	Company Status	Company Branch and Branch Code	Company Share (%)
RELIANCE GENERAL INSURANCE CO LTD.	Own	Thane Lotus,1103	100.00

Risk details	
Total No of Employees Covered	63
Total No of Lives Covered	63
Basis of Sum Insured	Individual
Family Covered	As Per Annexure
Total Sum Insured (Rs)	18900000.00
Coverage Details and List of members covered as per Schedule attached.	

Premium Details	Amount (Rs)
Premium (Rs)	145650.00
CGST (@9.00%)	13108.50
SGST (@9.00 %)	13108.50
Total Premium (Rs)	171867.00

Branch GSTIN :27AABCR6747B1ZG;HSN Code :997133;Description Of Services :Accident and Health Insurance Service;
Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/78/2023/(Validity Period Dt.01/07/2023 to Dt.01/01/2024)/3029 DT.26 JUN 2023" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

Coverage Details			
Cover Name	Sum insured	Co-pay	Special Conditions
Hospitalization			-
Pre Hospitalization			30 days
Post Hospitalization			60 days
Ambulance charges			Ambulance charges is covered in case of emergency hospitalization 1% of SI upto INR 1500
Domiciliary hospitalization			Domiciliary hospitalisation not covered
Pre-existing illness cover			Pre-existing diseases to be covered
Cover for first year excluded diseases			Waiver of 1st and 2nd yr exclusions
Cover for first 30 days Exclusion			Waiver of 30 day waiting period
Cover for congenital diseases			Internal Congenital disease covered
Family Definition			1) Self 2) Sum Insured Family Floater as per annexure
Additional Details on family definition			Dependents to be declared at inception of policy only. Mid-term change/addition not allowed except spouse by marriage and child by birth. Data of newly married Spouse and New born child with 30 days from date of occurrence
Member Addition and Deletion Process			1) Addition-deletion will be done on per lives pro-rata premium basis for employees along with dependants once in a month only, subject to all relevant details being forwarded to insurer before 7th day of succeeding month.2) Addition of existing employees will not be allowed after policy inception. 3) For cover wef from Date of Joining, sufficient CD balance to be maintained with us 4) Mid-term increase in sum insured is not permitted
Room Rent			Room Rent including nursing & RMO charges capped at 2% of Sum Insured or upto Rs.3500 whichever is lower for normal room and 4% of Sum Insured or upto Rs.7000 whichever is lower for ICU per day and all other related charges in accordance with room rent restriction or actual whichever is lower. In the event of a person getting admitted in higher category all hospital related charges will be pro-rated to the eligibility limit as per the room rent restriction.
Day care procedure			Day care treatment covered as per RGICL policy terms and conditions

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

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

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

4) ORAL CHEMOTHERAPY : Covered for the policy period subject to below conditions-

The oral chemotherapy claims are admissible, provided it is an accepted and effective substitute for traditional chemotherapy and the cost of treatment is not exceeding the conventional chemotherapy.

Following conditions will be applicable.

1. The age and medical condition of the patient is such that he/she cannot be subjected to normal/conventional treatment of Chemotherapy.

2. There has to be a Doctor's certificate specially recommending 'Oral Chemotherapy' instead of conventional Chemotherapy.

5) Modern Treatment - Modern Treatment Methods & Advancement in Technology at 50% SI subject to Hospitalisation

The Company will indemnify the Insured Person up to 50% of Base Sum Insured for the Medical Expenses incurred during the Policy period on Inpatient Treatment or Day Care Treatment or Domiciliary Treatment of below mentioned Modern Treatment Methods

Uterine Artery Embolization and HIFU

Balloon Sinuplasty

Deep Brain Stimulation

Oral Chemotherapy

Immunotherapy-Monoclonal Antibody to be given as injection

Intra Vitreal injections

Robot surgeries

Stereotactic radio surgeries

Bronchial Thermoplasty

Vaporization of the prostate (Green laser treatment or holmium laser treatment)

IONM- (Intra Operative Neuro Monitoring)

Stem Cell therapy: Including Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered

6) Ailment/ Conditions not covered - Septoplasty, RFQMR - Rotational Field Quantum Magnetic Resonance Device - Cytotron, C3R, Ozone Therapy, Enhanced External Counter Pulsation Therapy (EECP), Rejuvenation therapy.

7) TPA - R care

8) This quote is subject to the given demography of 63 Employees and lives 63 . The quote is provided basis of the age demography / lives of the population to be insured, if the age demographic / lives distribution of the insurable population changes, the quote will have to be revised.

9) The duly signed and completed proposal form to be submitted by Insured at the time of placement of policy with us confirming no of lives and no/amount of paid and OS claims.

10) This quote is subject to the given demography of Employees and lives. . The quote is provided basis of the age demography / lives of the population to be insured, if the age demographic / lives distribution of the insurable population changes, the quote will have to be revised.

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

Ailment Capping: Diseases Wise Sublimits Appendix Metro- 24,000 Non-Metro- 19,200 ;Eye related Metro- 30,000 Non-Metro- 25,200 ;Gall Bladder Metro-30,000 Non-Metro-25,200 ;Hernia Metro- 24,000 Non-Metro-19,200 ;Hydrocele Metro-18,000 Non-Metro-14,400 ;Hysterectomy Metro- 33,600 Non-Metro-28,800; Piles Metro-19,200 Non-Metro15,600 ;Kidney Stone (incl DJ stent removal for same stone) Metro- 40,000 Non-Metro- 35,000 ;Joint Replacement including Vertebral joints Metro-102,000, Non- Metro- 90,000

Warranted that the exclusions mentioned below stand deleted:

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

17B37706	YES BANK LIMITED	
Intermediary Code	Intermediary Name	Intermediary Contact No.

Schedule of Members										
Sr. No.	Emp Code	Name of the person	Emp Relation	Grade	AGE	Gender	Sum Insured	Date of Joining	Location	Remarks
1	2601	VAIBHAV DARADE	SELF	NA	29 Yr 00 M	M	300000	27.07.2023		
2	VG-03	BALIRAM KAMTE	SELF	NA	53 Yr 00 M	M	300000	27.07.2023		
3	VG-04	ASHOK DATTARAM KUDKAR	SELF	NA	35 Yr 00 M	M	300000	27.07.2023		
4	VG-09	NITIN YASHWANT SALVI	SELF	NA	30 Yr 00 M	M	300000	27.07.2023		
5	VG-17	PRAMAY SUDHAKAR WARANG	SELF	NA	23 Yr 00 M	M	300000	27.07.2023		
6	VG-30	SAGAR BHOR	SELF	NA	32 Yr 00 M	M	300000	27.07.2023		
7	VG-39	SUDESH RENUSE	SELF	NA	25 Yr 00 M	M	300000	27.07.2023		
8	VG-44	PANKAJ MASURKAR	SELF	NA	34 Yr 00 M	M	300000	27.07.2023		
9	VG-51	INAMDAR JAKIR JANMAHAMAD	SELF	NA	25 Yr 00 M	M	300000	27.07.2023		
10	VG-62	AJINKAY CHAVAN	SELF	NA	29 Yr 00 M	M	300000	27.07.2023		
11	VG-63	LAHU UTEKAR	SELF	NA	23 Yr 00 M	M	300000	27.07.2023		
12	VG-65	KRISHNA JHA	SELF	NA	25 Yr 00 M	M	300000	27.07.2023		
13	VG-76	PRABHANJAN PRABHAKAR GAIKWAD	SELF	NA	29 Yr 00 M	M	300000	27.07.2023		
14	VG-84	RAVI YADAV	SELF	NA	35 Yr 00 M	M	300000	27.07.2023		
15	VG-85	SHEETAL THORAT	SELF	NA	41 Yr 00 M	F	300000	27.07.2023		
16	VG-86	AKSHARA SALVI	SELF	NA	32 Yr 00 M	F	300000	27.07.2023		
17	VG-87	OM MORE	SELF	NA	20 Yr 00 M	M	300000	27.07.2023		
18	VG-89	RITESH BHOSALE	SELF	NA	19 Yr 00 M	M	300000	27.07.2023		
19	VG-90	ATIKSHA RAUT	SELF	NA	34 Yr 00 M	F	300000	27.07.2023		
20	VG-91	VISHNAVI PAWER	SELF	NA	19 Yr 00 M	F	300000	27.07.2023		
21	VG-93	ANANT YASHWANT AMBURLE	SELF	NA	35 Yr 00 M	M	300000	27.07.2023		
22	VG-98	SAURABH DRIVER	SELF	NA	30 Yr 00 M	M	300000	27.07.2023		

Schedule of Members										
Sr. No.	Emp Code	Name of the person	Emp Relation	Grade	AGE	Gender	Sum Insured	Date of Joining	Location	Remarks
23	VG-101	GANESH NAIK	SELF	NA	35 Yr 00 M	M	300000	27.07.2023		
24	VG-103	OM GANESH JADHAV	SELF	NA	20 Yr 00 M	M	300000	27.07.2023		
25	VG-104	PRATIKSHA MALSHETE	SELF	NA	24 Yr 00 M	F	300000	27.07.2023		
26	VG-85A	JYOTI DALVI	SELF	NA	36 Yr 00 M	F	300000	27.07.2023		
27	VG-89A	PRAMILA MAHENDRA MHATRE	SELF	NA	41 Yr 00 M	F	300000	27.07.2023		
28	8002613	ARVIND BALKRISHNAN PILLAI	SELF	NA	26 Yr 00 M	M	300000	27.07.2023		
29	8003017	ARUN ARBINDA BHUYAN	SELF	NA	26 Yr 00 M	M	300000	27.07.2023		
30	8003311	MAHESH SHIVAJI YERKAL	SELF	NA	26 Yr 00 M	M	300000	27.07.2023		
31	8003707	RAKESH KUMAR MANDAL	SELF	NA	33 Yr 00 M	M	300000	27.07.2023		
32	8003791	VICKY MANIKRAO SHIMBRE	SELF	NA	30 Yr 00 M	M	300000	27.07.2023		
33	8004018	SACHIN BALIRAM PAWAR	SELF	NA	32 Yr 00 M	M	300000	27.07.2023		
34	8004019	SUMIT SHIVAJI GAIKWAD	SELF	NA	31 Yr 00 M	M	300000	27.07.2023		
35	8004043	BHUPENDRA SINGH JAYPAL SINGH GUSAIN	SELF	NA	42 Yr 00 M	M	300000	27.07.2023		
36	8004161	MAHESH DADASO GARUD	SELF	NA	30 Yr 00 M	M	300000	27.07.2023		
37	8004785	SATISH MORKHANDE	SELF	NA	45 Yr 00 M	M	300000	27.07.2023		
38	8004832	OMKAR VISHNU JADHAV	SELF	NA	27 Yr 00 M	M	300000	27.07.2023		
39	8004901	PRADIP DASHRATH BAHERA	SELF	NA	34 Yr 00 M	M	300000	27.07.2023		
40	8004946	CHAITANYA DATTATRAY WADEKAR	SELF	NA	23 Yr 00 M	M	300000	27.07.2023		
41	8004965	AMOL BANDU KATHOKE	SELF	NA	32 Yr 00 M	M	300000	27.07.2023		
42	8005053	SHUBHAM BHAUSAHEB TRIBHUVAN	SELF	NA	24 Yr 00 M	M	300000	27.07.2023		
43	8005253	SATYAWAN BALU SHINDE	SELF	NA	25 Yr 00 M	M	300000	27.07.2023		
44	8005394	SANDIP EKHANDE	SELF	NA	22 Yr 00 M	M	300000	27.07.2023		

Schedule of Members										
Sr. No.	Emp Code	Name of the person	Emp Relation	Grade	AGE	Gender	Sum Insured	Date of Joining	Location	Remarks
45	8005472	SALMAN ISLAM KHAN	SELF	NA	23 Yr 00 M	M	300000	27.07.2023		
46	8005473	MANABENDRA BAIDYA	SELF	NA	23 Yr 00 M	M	300000	27.07.2023		
47	8005498	RANJEET GAUTAM	SELF	NA	23 Yr 00 M	M	300000	27.07.2023		
48	8005564	BHUSHAN BHADANE	SELF	NA	26 Yr 00 M	M	300000	27.07.2023		
49	8005565	VIVEK KARALE	SELF	NA	19 Yr 00 M	M	300000	27.07.2023		
50	8005641	MAULI RATILAL SHELAKHE	SELF	NA	26 Yr 00 M	M	300000	27.07.2023		
51	8005656	ROHIT RAMCHANDRA SHINDE	SELF	NA	30 Yr 00 M	M	300000	27.07.2023		
52	8005657	MANISH RAMESH TALELE	SELF	NA	35 Yr 00 M	M	300000	27.07.2023		
53	8005677	VISHAL SHRIMANT JADHAV	SELF	NA	27 Yr 00 M	M	300000	27.07.2023		
54	8005748	ABHISHEKH RAJU ALKUNTE	SELF	NA	23 Yr 00 M	M	300000	27.07.2023		
55	8005749	YOGESH SURESH CHAVAN	SELF	NA	26 Yr 00 M	M	300000	27.07.2023		
56	8005771	MD WASIM AKRAM	SELF	NA	28 Yr 00 M	M	300000	27.07.2023		
57	8005948	RUSHIKESH DAHAKE	SELF	NA	22 Yr 00 M	M	300000	27.07.2023		
58	8005963	DEVENDRA CHITTE	SELF	NA	26 Yr 00 M	M	300000	27.07.2023		
59	8006079	GAURAV RAVINDRA SALUNKE	SELF	NA	25 Yr 00 M	M	300000	27.07.2023		
60	8006094	SANDEEP SAHANI	SELF	NA	30 Yr 00 M	M	300000	27.07.2023		
61	8006284	VAIBAV DUPONDE	SELF	NA	29 Yr 00 M	M	300000	27.07.2023		
62	8006415	UMESH CHANDRA	SELF	NA	22 Yr 00 M	M	300000	27.07.2023		
63	8006416	UDAY SHANKAR ROY	SELF	NA	27 Yr 00 M	M	300000	27.07.2023		

Notice of communication to be given in respect of claim to :	
Name:	Reliance HCMT
Address:	Reliance General Insurance Company .Ltd. HCMT HUB 1-89/3/B/40 to 42/ks/301 3rd floor, Krishe block, Krishe Sapphire Madhapur, Hyderabad Pincode: 500081
City:	Hyderabad
Website Address:	
Customer care No	+91 22 4890 3009
Email id:	rcarehealth@rcap.co.in

Note :

- In case of renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change
- For detailed terms, conditions and exclusions please refer the policy wordings.
- In the event of non-realization of premium, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not
- In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Application No. as mentioned in the policy.
- In the event of incorrect representation of this declaration, the liability shall be upon the Policyholder
- Only the benefits which are mentioned in this Policy Schedule shall be available under the Policy.
- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017
- In case of any assistance with claims, please contact us on +91 22 4890 3009 (Paid) or email us at rgicl.services@relianceada.com
- The Policy Wording with detailed terms, conditions and exclusions along with other documents are available on our website www.reliancegeneral.co.in.
- (Policy wordings link : <https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx>)

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in | Shri. A. K. Sahoo 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@gbic.co.in

For Reliance General Insurance Co. Ltd.



Authorised Signatory