Prospectus

1. Eligibility Criteria

<table>
<thead>
<tr>
<th>Sum Insured (in Rs)</th>
<th>50,000/1,00,000/2,50,000/5,00,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry Age – Minimum</td>
<td>Individual (Primary Insured Person): 14 Years Child: 91 days</td>
</tr>
<tr>
<td>Entry Age – Maximum</td>
<td>Adult: Life Long Child: 24 years</td>
</tr>
<tr>
<td>Exit Age</td>
<td>Life Long</td>
</tr>
<tr>
<td>Cover Type</td>
<td>Individual: Self Family Floater: (Up to 2 Children and 2 Adults)</td>
</tr>
<tr>
<td>Pre-policy Issuance Medical Check up</td>
<td>No Medications Required; Only Tele-Underwriting</td>
</tr>
<tr>
<td>Tenure in Years</td>
<td>1/2/3 (According to the Policy Tenure of the Base Policy)</td>
</tr>
<tr>
<td>Eligibility Criteria</td>
<td>1. Proposer must have a Retail Health Indemnity Policy bought for self/family from Religare Health Insurance Company Limited in order to buy this Add-On for Domestic Help</td>
</tr>
<tr>
<td></td>
<td>2. For the purpose of this policy, the “Domestic Help/Staff” means, a person who is employed against a remuneration in any household, part time or full time basis to do the household work, but does not include any member/Relative of the of the employer or his family</td>
</tr>
<tr>
<td></td>
<td>3. Proposer can buy the Insurance Policy in the name of the Domestic Help But Proposer must have an Employer-Employee relation with the Domestic Help on a declaration basis as captured in the Proposal Form</td>
</tr>
</tbody>
</table>

Note:
- All the Age calculations are as per “Age Last Birthday” as on the date of first issue of Policy and/or at the time of Renewal.
- Your Eligibility Criteria is Subject to Underwriting Criteria of the Company.

2. Scope of Cover

GENERAL CONDITIONS

1. It is agreed and understood that the Add on Policy can only be bought along with the Base Policy either on Policy Issuance, Renewal or mid-term through an endorsement and cannot be bought in isolation or as a separate product.
2. In case of mid-term addition of the Add on Policy, Premium will be charged on a pro-rata basis depending on the Cover Period. But Mid-term addition of Add-on Policy will not be allowed within last 3 months of the Base Policy Period End Date.
3. In all cases, the Cover End Date will always be same as that of the Add-on Policy End Date.
4. The Add on Policy is subject to Policy terms, conditions and applicable endorsements of the Base Policy.
5. The Add on Policy shall be available under Base policy only if the same is specifically opted.
   The Add on Policy Terms and Conditions will have an overriding effect on the Base Policy Terms and Condition to the extent covered under this Policy.
6. Admissibility of a Claim under this Policy is subject to purview of coverage/Benefits available under this Add on Policy only and has no relation to coverage/Benefits available under the Base Policy.
7. In case of Endorsement related to change of Domestic Help, there should be a gap of minimum 30 days between two Endorsements. The proposer needs to make an endorsement for such a change and Premium adjustment (if any) will be made In case of this Endorsement, all the Waiting Periods will be applicable from Cover Start Date of the new Domestic Help and he/she will be treated as the new Primary Insured Person.
8. Admissibility of a Claim under Benefit 1 (Hospitalization Expenses) is a pre-condition to the admission of a Claim under Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses) and Benefit 4 (Daily Allowance).
9. Coverage for Benefit 3 (Personal Accident) is over and above the sum Insured and available only on Individual Sum Insured basis. In case of Family Floater option Coverage for Benefit 3 (Personal Accident) will only be available to the Primary Insured Person on an Individual Sum Insured basis.
10. In case, any Claim is paid under the Benefit 3 (Personal Accident) and the coverage amount under this benefit gets exhausted, then coverage for that Insured Person under this benefit shall terminate for that Cover Period.
11. Option of Mid-term inclusion of an Insured Family Member is allowed under this Add-on Policy only in case of Marriage and Child Birth.

2.1 Benefit 1: Hospitalization Expenses

(i) In-patient Care: Hospitalization for at least 24 hours - If your Domestic help and/or Domestic Help’s family members covered in this policy are admitted to a hospital for in-patient care due to Illness or Injury, which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by Your Domestic help or his/her family members at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon’s fee, Doctor’s fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization. Please refer to the Schedule of Benefits for limits/sub-limits.

(ii) Day Care Treatment: Hospitalization involving less than 24 hours – Some surgeries don’t require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for Your Domestic help and/or Domestic Help’s family members convenience or it may happen that the surgery undergone is minor or of intermediate complexity. We will pay through Cashless or Reimbursement Facility for all such day care treatments as per Annexure to Prospectus of the Base Policy, maximum up to Sum Insured.
2.2 Benefit 2: Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

(i) Pre-Hospitalization Medical Expenses:
Examination, tests and medication - Sometimes the procedures that finally lead You to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses incurred by your Domestic help and/or Domestic Help’s family members covered in this policy up to the Sum Insured for a period of 15 days immediately before the Date of Your Admissible Hospitalization, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Cover Start Date.

(II) Post-Hospitalization Medical Expenses:
The expenses don’t end once your Domestic helpful and/or Domestic Help’s family members covered in this policy are discharged. There might be follow -up visits to medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses incurred by your Domestic help or his/her family members covered in this policy up to the Sum Insured for a period of 30 days immediately after the Date of Discharge of Your Admissible Hospitalization.

Note: Payment under this benefit will only be on re-imbursement basis.

2.3 Benefit 3: Personal Accident:
Accidents never tell and come but a little planning for such unforeseen events can protect the interests of your beneficiaries in a big way.
This includes two benefits namely Accidental Death and Permanent Total Disablement. Coverage amount under this benefit will be 3 times of Sum Insured for Accidental Death and up to 3 times of Sum Insured for Permanent Total Disablement (as per the PTD table).

(I) Accidental Death: If Your Domestic Help covered in the Policy suffers an Injury during the Cover Period, which directly results in the Insured Person’s death within 12 months from the date of Accident (including date of Accident), then We will pay to the Nominee or the legal heir of the insured, 3 times of the Sum Insured under this Benefit.

(ii) Permanent Total Disablement (PTD): If Your Domestic Help covered in the Policy suffers an Injury during the Cover Period, which directly results in his/her Permanent Total Disablement within 12 months from the date of Accident (including date of Accident), then We will pay the Insured an amount as specified in the table below.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Insured Events</th>
<th>Amount payable = % of the Coverage amount of that Insured Person as specified in the Add on Policy Schedule under this Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot</td>
<td>100%</td>
</tr>
<tr>
<td>ii</td>
<td>Total and irrecoverable loss of (a) use of two hands or two feet; or (b) one hand and one foot; or (c) sight of one eye and use of one hand or one foot</td>
<td>100%</td>
</tr>
<tr>
<td>iii</td>
<td>Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot</td>
<td>50%</td>
</tr>
<tr>
<td>iv</td>
<td>Total and irrecoverable loss of use of a hand or a foot without physical separation</td>
<td>50%</td>
</tr>
<tr>
<td>v</td>
<td>Paraplegia or Quadriplegia or Hemiplegia</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: For the purpose of Sr. No. I to IV above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

For the purpose of this Benefit only:

(i) “Hemiplegia” means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;

(ii) “Paraplegia” means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;

(iii) “Quadriplegia” means complete and irrecoverable paralysis of all four limbs.

2.4 Benefit 4: Daily Allowance
A trip to a hospital involves more than merely using the doctor’s services and hospital facilities. Your Domestic help and/or Domestic Help’s family members covered in the Policy are bound to run up numerous ‘non-medical’ expenses such as transportation, attendant’s cost and other daily expenses that they may not be able to foresee. We would pay Daily Allowance - a fixed lump sum amount to the Insured, for each completed day (24 hours) of hospitalization, payable for a maximum of 5 consecutive days per Hospitalization and maximum 30 days in an Add on Policy Year with a Deductible of 1 day, so that these expenses are met without a bother.
3. **EXCLUSIONS**

### 3.1 **Wait Period**

#### (i) **Initial Waiting Period**

a) Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days from the Cover Start Date shall not be admissible, except those Medical Expenses incurred as a result of an Injury within the Cover Period.

b) This exclusion shall not apply for subsequent Cover Years provided that there is no Break in Policy for that Insured Person and that the Policy has been renewed with the Company for that Insured Person within the Grace Period and for the same or lower Sum Insured.

#### (ii) **Specific Waiting Period**

Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 (twenty four) consecutive months of coverage of the Insured Person by the Company under this Add on Policy:

1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders (unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Menisical and Ligament Repair.
2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries for Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders and surgeries related to disorders of internal ear, middle ear, external ear disorders, and Upper airway disease.
4. Cataract.
5. Dilatation and Curettage.
6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers.
7. Surgery of Genito-urinary system unless necessitated by malignancy.
8. All types of Hernia & Hydrocele.
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy.
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant.
12. Myomectomy for fibroids.
13. Varicose veins and varicose ulcers.

#### (iii) **Wait Period for Pre-existing Diseases:** Claims will not be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease until 48 months of continuous coverage has elapsed, since the inception of the first Policy with the Company for that Insured Person.

#### (iv) If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods as defined above in Clauses 3.1(i), 3.1(ii) and 3.1(iii) shall be applicable afresh to the incremental amount of the Sum Insured only.

#### (v) If the Sum Insured is reduced on any renewal of this Policy, the credit for waiting periods as defined above in Clauses 3.1(i), 3.1(ii) and 3.1(iii) shall be restricted to the lowest Sum Insured under the previous Policy.

#### (vi) The Waiting Periods as defined in Clauses 3.1(i), 3.1(ii) and 3.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

### 3.2 **Permanent Exclusions:**

Any Claim in respect of any Insured Person for, arising out of or due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions.

a) The following list of permanent exclusions is applicable to all the Benefits:

1. Any item or condition or treatment specified in List of Non-Medical Items (same as per Annexure to Base Policy Terms & Conditions).
2. The Company shall not admit any Claim in respect of an Insured Person for which involves treatment/consultation in any of the hospitals as listed in Annexure to the Base Policy Terms & Conditions.
3. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person’s family.
4. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or HTLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
5. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these.
6. Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or assisted reproductive technology.
7. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is not licensed or any kind of self-medication.
8. Charges incurred for Treatment/Diagnosis in connection with eye, ear and dental and all other external appliances and/or devices whether for diagnosis or treatment.
9. Unproven/Experimental or investigational treatments which are not consistent with or incidental to the diagnosis and treatment of the positive
existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.


11. Any expenses related to instruments or Surgery used in treatment of sleep disorder or sleep apnea syndrome, oxygen concentrator for asthmatic condition, cost of cochlear implants.

12. Any treatment related to general debility convalescence, cure, rest cure, health hydro, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.

13. Treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.

14. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.

15. Cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns.

16. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.

17. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

18. All preventive care, Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment), vitamins and tonics.

19. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.

20. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.

21. War (whether declared or not) or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

22. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.

23. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol_tobacco(smoking/non-smoking)or hallucinogens or Impairment of an Insured Person’s intellectual faculties by abuse of stimulants or depressants.

24. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

   a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

   b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

   c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

25. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.

26. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.

27. Stem cell implantation/surgery and storage except for allogeneic bone marrow transplantation.

28. All the Hazardous Activities.

29. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature. With respect to this Exclusion only professional means a person for whom this activity is a full time occupation for living and semi-professional means a person for whom this activity is not a full time occupation for living.

30. Remicade, Avastin or similar injectable treatment not requiring 24 hour hospitalization.


32. Treatment sought for any medical condition, not covered under the benefit but arising during the Hospitalization for the condition covered under the benefit.

33. Treatment of Parkinson’s disease, Alzheimer’s disease and Dementia.

b) Additional Exclusions applicable to any Claim under Personal Accident:

   Any Claim in respect of any Insured Person for, arising out of or due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

   1. Any pre-existing injury or disability;

   2. An Insured Person operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline or any airline personal;

   3. An Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;

   4. Sexually transmitted conditions.
5. Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor;
6. A complication of infection with Human Immune Deficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC) or venereal disease;
7. Training for or participating in professional sport of any kind;
8. The Insured Person serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces;
9. The Primary Insured Person working in or with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs or ship crew services or as jockeys or circus personnel or aerial photography or engaged in any Hazardous Activities.
10. Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover period.
11. Persons whilst working in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
12. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
13. As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person’s body.

Note to ‘Permanent Exclusions’: In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

4. CLAIMS PROCEDURE AND MANAGEMENT

Claim Procedure and Management under this Add on Policy Will be same as the Base Policy except for Claim settlement under reimbursement, the Company will pay the Insured Person (or the Nominee or legal heir if the Insured Person is deceased).

In case of, age of the Insured at the time of Claim is less than 18 years then the Claim settlement under reimbursement will be made to Nominee of the Insured.

4.1 Documents to be submitted for filing a valid Claim

a) The following information and documentation shall be submitted in accordance with the procedures and within the same timeframes as specified under the Base Policy
   1. Duly filled and signed Claim form by the Insured Person;
   2. Copy of Photo ID of Insured Person;
   3. Medical Practitioner's referral letter advising Hospitalization;
   4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
   5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
   6. Original bills from pharmacy/chemists;
   7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
   8. Operation Theatre Notes;
   9. Indoor case papers (if applicable)
   10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
   11. Ambulance Receipt;
   12. Any other document as required by the Company to assess the Claim, in case fraud is suspected.

b) Additional Documents required for a Claim under Personal Accident (Benefit 3):

   It is a condition precedent to the Company’s liability under these Benefits that the following information and documentation shall be submitted to the Company immediately and in any event within 30 days of the event giving rise to the Claim under these Benefits:
   1. Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided, Admission and Death Summary, Accident Report.
   2. Original Death Certificate; if applicable.
   3. Disability Certificate issued by CMO (Chief Medical Officer) as appointed by the Hospital Authorities; if applicable.
   4. A newspaper cutting about accident (if available).

Notes:
- The Company may give a waiver to one or few of the above mentioned documents depending upon the case.
- Additional documents as specified against any benefit shall be submitted to the company.
- The Company will accept bills/invoices which are made in the Insured Person’s name only.
- The company may seek any other document as required to assess the Claim.
- Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, the company will accept properly verified photocopies of such documents attested by such other insurance company.
However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

5. Cancellation / Termination
   a) The Company may at any time, cancel this Add on Policy independently and irrespective of the Base Policy as per disclosure to information norm by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address and the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited and no refund of premium shall be effected by the Company.
   b) The Policyholder may also give 15 days' notice in writing independently and irrespective of the Base Policy, to the Company, for the cancellation of this Add on Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the balance period of this Policy at the short period scales as mentioned in the Base Policy, provided no Claim has been made under the Policy.
   c) Short Period Scales to be applied on premium received will be same as that of the percentages mentioned in the Base Policy but for the purpose of Refund only Policy Start Date will be replaced with Add on Policy Start Date.
   d) In-case of Cancellation of the Base Policy by the Policy Holder, then this Add on Policy will get cancelled automatically and the premium would be refunded for the balance period of this Policy at the short period scales as mentioned in the Base Policy.
   e) In case of Termination of the Base Policy as per disclosure to information norm or any other Terms and Conditions of the Policy, this Add on Policy shall stand null and void from the date and time of termination of the Base Policy and the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited and no refund of premium shall be effected by the Company.
   f) In case of demise of the Primary Insured Person or the Proposer,
      I. Where the Policy covers only the Primary Insured Person, this Policy shall stand null and void from the date and time of demise of the Primary Insured Member. The premium would be refunded for the balance period of this Policy at the short period scales as mentioned in the Base Policy.
      II. Where the Policy covers other Insured Persons, this Policy shall continue till the end of Cover Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a Primary Insured Person provided that:
         i. Written notice in this regard is given to the Company before the Cover End Date; and
         ii. A Person who satisfies the Company's eligibility criteria to become a Primary Insured Person.

6. Salient Features
   6.1 Underwriting Loading:
   There will be no Underwriting Loading in this Add on
   6.2 Pre-Policy Medical Check-up
   There are no pre medical tests irrespective of age.
   6.3 Tax Benefit
   The Insured person can avail tax benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult tax advisor for more details).

7. Portability and Multiple Policies
   a) Portability
   This policy is portable. If the insured is desirous of porting this policy to any other policy offered by the Company, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due
   b) Multiple Policies
   a. In case any Insured Person is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder/Insured Person shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the Sum Insured of such Policy.
   b. In case the Claim amount under a single policy exceeds the Sum Insured, then Policyholder/Insured Person shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder/Insured Person shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.
   c. Policyholder/Insured Persons shall also have the right to prefer claims from other policy / policies for the amounts disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted.
   d. In case of multiple policies which provide fixed benefits, each insurer shall make the claim payments independent of payments received under other similar polices.

8. Renewal Terms and Free-Look Period
   Renewal Terms and Free-Look Period under this Add on Policy will be similar to the Base Policy.
9. Endorsements

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.

Any request for addition or deletion of a Member shall always be reviewed by the underwriter prior to the execution. The underwriter shall have sole discretion whether or not to approve such request based on any additional information as sought for.

This Add on Policy has a feature where the Proposer in case of change of the Domestic Help can replace the previous Domestic Help with the new Domestic Help even before the Renewal is due after adjusting of the Premium (if any) subject to, there must be a gap of at least 30 days between two endorsements related to this replacement and the new Person(s) must satisfy the eligibility criteria as set out in the Policy Terms and Conditions.

10. Grievances

We have developed proper procedures and effective mechanism to address Your complaints. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

(a) If You / Insured Person has a grievance that You / Insured Person wishes Us to redress, You / Insured Person may contact Us with the details of the grievance through:
   - Website: www.religarehealthinsurance.com
   - Email: customerfirst@religarehealthinsurance.com
   - Contact No.: 1800-102-4488
   - Courier: Any of Our Branch Office or corporate office

You / Insured person may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

Exclusively for Senior Citizens, We have a separate extension on the Customer Service Toll Free Number. This separate customer service channel prioritizes and routes any kind of request / grievance raised by Senior Citizens through various fast track internal escalations leading to lesser Turn -Around-Time (TAT) for request / grievance addressal.

(b) If You / Insured Person is not satisfied with Our redressal of the Your / Insured person’s grievance through one of the above methods, You / Insured person may contact Our Head of Customer Service at:
   - Head – Customer Services,
   - Religare Health Insurance Company Limited,
   - Unit No. 604 - 607, 6th Floor, Tower C,
   - Unitech Cyber Park, Sector-39,
   - Gurugram-122001 (Haryana).

You / Insured person may approach the nearest Insurance Ombudsman for resolution of the grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdaindia.org, or on the Company's website at www.religarehealthinsurance.com

11. Schedule of Discounts / Loading

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Description</th>
<th>Parameters</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Discount for Employees and / or their dependents of</td>
<td>As per the Base Policy</td>
<td>As per the Base Policy</td>
</tr>
<tr>
<td>2</td>
<td>Tenure Discount</td>
<td>As per the Base Policy</td>
<td>As per the Base Policy</td>
</tr>
</tbody>
</table>

Note: All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (Maximum cap on all discounts will be the cumulative discounts of the base product pertaining to the discounts applicable to this Add on.)
**Schedule of Benefits:**

**Plan Details**

<table>
<thead>
<tr>
<th>Sum Insured (in Rs)</th>
<th>50,000</th>
<th>1,00,000</th>
<th>2,50,000</th>
<th>5,00,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entry Age – Minimum</strong></td>
<td>Individual (Primary Insured Person): 14 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child: 91 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exit age</strong></td>
<td>Life Long</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cover Type</strong></td>
<td>Individual: Self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Floater: (Up to 2 Children and 2 Adults)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pre-policy Issuance Medical Check up</strong></td>
<td>No Medicals Required; Only Tele-Underwriting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tenure in Years</strong></td>
<td>1/2/3 (According to the Policy Tenure of the Base Policy)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Eligibility Criteria**
- Proposer must have a Retail Health Indemnity Policy bought for self/family from Religare Health Insurance Company Limited in order to buy this Add-On for Domestic Help
- For the purpose of this policy, the "Domestic Help/Staff" means, a person who is employed against a remuneration in any household, part time or full time basis to do the household work, but does not include any member/Relative of the employer or his family
- Proposer can buy the Insurance Policy in the name of the Domestic Help But Proposer must have an Employer -Employee relation with the Domestic Help on a declaration basis as captured in the Proposal Form

<table>
<thead>
<tr>
<th>Sum Insured in Rs(SI)</th>
<th>50,000</th>
<th>1,00,000</th>
<th>2,50,000</th>
<th>5,00,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitalization Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Patient Hospitalization</td>
<td>Up to Sum Insured</td>
<td>Up to Sum Insured</td>
<td>Up to Sum Insured</td>
<td>Up to Sum Insured</td>
</tr>
<tr>
<td>Day Care Treatment</td>
<td>Up to Sum Insured</td>
<td>Up to Sum Insured</td>
<td>Up to Sum Insured</td>
<td>Up to Sum Insured</td>
</tr>
<tr>
<td>Pre/Post Hospitalization</td>
<td>Pre-Hospitalization for 15 days &amp; Post-Hospitalization for 30 days; Maximum up to SI</td>
<td>Pre-Hospitalization for 15 days &amp; Post-Hospitalization for 30 days; Maximum up to SI</td>
<td>Pre-Hospitalization for 15 days &amp; Post-Hospitalization for 30 days; Maximum up to SI</td>
<td>Pre-Hospitalization for 15 days &amp; Post-Hospitalization for 30 days; Maximum up to SI</td>
</tr>
<tr>
<td>Personal Accident</td>
<td>~ Accidental Death – 3 times of Sum Insured</td>
<td>~ Accidental Death – 3 times of Sum Insured</td>
<td>~ Accidental Death – 3 times of Sum Insured</td>
<td>~ Accidental Death – 3 times of Sum Insured</td>
</tr>
<tr>
<td></td>
<td>~ Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I)</td>
<td>~ Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I)</td>
<td>~ Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I)</td>
<td>~ Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I)</td>
</tr>
<tr>
<td>Daily Allowance</td>
<td>Rs. 100 per day; Max. 5 days per hospitalization covered after 1 day</td>
<td>Rs. 100 per day; Max. 5 days per hospitalization covered after 1 day</td>
<td>Rs. 250 per day; Max. 5 days per hospitalization covered after 1 day</td>
<td>Rs. 500 per day; Max. 5 days per hospitalization covered after 1 day</td>
</tr>
</tbody>
</table>

**Wait Periods**
- Initial Wait Period | 30 days | 30 days | 30 days | 30 days |
- Named ailments | 24 Months | 24 Months | 24 Months | 24 Months |
- Pre-existing Diseases | 48 Months | 48 Months | 48 Months | 48 Months |
Sub-limits

<table>
<thead>
<tr>
<th>Room Rent / Room Category</th>
<th>Lower of 1% of SI or ‘General Ward’</th>
<th>Lower of 1% of SI or ‘General Ward’</th>
<th>Lower of 1% of SI or ‘General Ward’</th>
<th>Lower of 1% of SI or ‘General Ward’</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU Charges</td>
<td>Lower of 2% of SI or Up to Rs 2000 per day</td>
<td>Lower of 2% of SI or Up to Rs 2000 per day</td>
<td>Lower of 2% of SI Up to Rs 5000 per day</td>
<td>Lower of 2% of SI Up to Rs 5000 per day</td>
</tr>
<tr>
<td>Treatment of Cataract</td>
<td>Up to 10,000 per eye</td>
<td>Up to 10,000 per eye</td>
<td>Up to 10,000 per eye</td>
<td>Up to 12,500 per eye</td>
</tr>
<tr>
<td>Treatment of Total Knee Replacement</td>
<td>Up to Rs 50,000 per Knee</td>
<td>Up to Rs 50,000 per Knee</td>
<td>Up to Rs 50,000 per Knee</td>
<td>Up to Rs 62,500 per Knee</td>
</tr>
</tbody>
</table>

Treatment for each and every Ailment / Procedure mentioned below:-

i. Surgery for treatment of all types of Hernia
ii. Hysterectomy
iii. Surgeries for Benign Prostate Hypertrophy (BPH)
iv. Surgical treatment of stones of renal system

<table>
<thead>
<tr>
<th>Treatment for each and every Ailment / Procedure mentioned below:</th>
<th>Amount payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Surgery for treatment of all types of Hernia</td>
<td>Up to Rs 20,000</td>
</tr>
<tr>
<td>ii. Hysterectomy</td>
<td>Up to Rs 20,000</td>
</tr>
<tr>
<td>iii. Surgeries for Benign Prostate Hypertrophy (BPH)</td>
<td>Up to Rs 20,000</td>
</tr>
<tr>
<td>iv. Surgical treatment of stones of renal system</td>
<td>Up to Rs 25,000</td>
</tr>
</tbody>
</table>

Appendix-I (PTD Table):

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Insured Events</th>
<th>Amount payable = % of the coverage amount of that Insured Person under this Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot</td>
<td>100%</td>
</tr>
<tr>
<td>II</td>
<td>Total and irrecoverable loss of (d) use of two hands or two feet; or (e) one hand and one foot; or (f) sight of one eye and use of one hand or one foot</td>
<td>100%</td>
</tr>
<tr>
<td>III</td>
<td>Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot</td>
<td>50%</td>
</tr>
<tr>
<td>IV</td>
<td>Total and irrecoverable loss of use of a hand or a foot without physical separation</td>
<td>50%</td>
</tr>
<tr>
<td>V</td>
<td>Paraplegia or Quadriplegia or Hemiplégia</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: For the purpose of Sr. No. 1 to IV above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

For the purpose of this Benefit only:

(iv) “Hemiplegia” means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
(v) “Paraplegia” means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
(vi) “Quadriplegia” means complete and irrecoverable paralysis of all four limbs.
About Us

Religare Health Insurance Company Limited

Religare Health Insurance (RHI), the health insurance arm of Religare Enterprises Limited (REL), is a specialized Health Insurer offering health insurance services to employees of corporates, individual customers and for financial inclusion as well. With RHI’s operating philosophy being based on the principal tenet of ‘consumer-centricity’, the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Religare Health Insurance currently offers products in the retail segment for Health Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates. The organization has been adjudged the ‘Best Health Insurance Company’ at the ABP News-BFSI Awards & ‘Best Claims Service Leader of the Year’ – Insurance India Summit & Awards. Religare Health Insurance has also received the ‘Editor’s Choice Award for Best Product Innovation’ at Finnoviti and was conferred the ‘Best Medical Insurance Product Award’ at The FICCI Healthcare Awards.


Religare Enterprises Limited

Religare Enterprises Limited (REL), a leading emerging markets financial services group anchored in India, offers a wide array of services including broking, insurance, asset management, lending solutions, investment banking and wealth management. With a network that spans across over 1650 locations, and more than a million clients, REL enjoys a dominant presence in the Indian financial services space.

We have also built an Asia and emerging markets-focused Institutional Equities & Investment Banking business and a multi-boutique global asset management platform to tap the broader opportunities offered by the most promising emerging markets around the world.

Union Bank of India

Union Bank of India, a key player in India’s public sector banking domain, operates out of over 3500 branches across the country and has a clientele base of more than 24 million. Over the past 90 years, the bank has played a proactive role in infusing cross-sector economic growth in India and has sustained a robust income mechanism from a well-diversified portfolio of assets.

Corporation Bank

Corporation Bank, a leading public sector bank, delivers its core objectives of sustainable maintaining the highest standards of service to its customers with innovative product & process solutions, through its formidable network of 1707 branches. The Bank has committedly worked towards empowering the rural and urban population alike, and has resultanty been a significant contributor to the economic growth impetus of the nation.

Religare Health Insurance Company Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurgaon-122001 (Haryana)
Website: www.religarehealthinsurance.com    E-mail: customerfirst@religarehealthinsurance.com    Call: 1800-102-4488 | 1860-500-4488

Disclaimer: This is only a summary of product Domestic Staff Insurance Add-On. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.

Statutory Warning: Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is a subject matter of solicitation. UAN: 19073067    UIN: RHIHLIP19103V011819    CIN: U66000DL2007PLC161503    IRDA Registration Number - 148

Note:
1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.religarehealthinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.