

### 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	Balaji Towers, 1st Floor, The Ashoknagar, B H Road, KARNATAKA
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Policyholder Details	
Policy Number: 141732328430000011	Proposal No: P092523101764
Name: M/S INTERNATIONAL SCHOOL OF MANAGEMENT EXCELLENCE	Policy Issue Date: 28/09/2023
Correspondence Address & Place of Supply: 88 CHEMBANAHALLI NEAR DOMMASANDRA CIRCLE SARJAPURA ROAD, DOMMASANDRA, ANEKAL KARNATAKA ANEKAL 562125	Email Id: administration@isme.in
Period of Insurance: From 21/09/2023 to mid night on 20/09/2024	Contact No: 8553101619
Tax Invoice No. & Date: P092523101764 & 28/09/2023	Date of proposal: 28/09/2023
GSTIN/UIN of Policyholder:	Policy Branch Office Code: 1417

Details of previous policy (in case of renewal)	
Previous policy No: 141732228430000003	Date of expiry: 16/09/2023

Co-Insurance Details			
Co-Insurance Company	Company Status	Company Branch and Branch Code	Company Share (%)
RELIANCE GENERAL INSURANCE CO LTD.	Own	Tumkur,1417	100.00

Risk details	
Total No of Employees Covered	68
Total No of Lives Covered	68
Basis of Sum Insured	Individual
Family Covered	As Per Annexure
Total Sum Insured (Rs)	13900000.00
Coverage Details and List of members covered as per Schedule attached.	

Premium Details	Amount (Rs)
Premium (Rs)	330534.74
CGST (@9.00%)	29748.13
SGST (@9.00 %)	29748.13
<b>Total Premium (Rs)</b>	<b>390031.00</b>

Branch GSTIN :29AABCR6747B1ZC;HSN Code :997133;Description Of Services :Accident and Health Insurance Service;  
Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/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			Covered
Pre Hospitalization			30 days
Post Hospitalization			60 days
Ambulance charges			Ambulance charges is covered in case of emergency hospitalization 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
Family Definition			Non Family Floater :- Only for Self
Member Addition and Deletion Process			1) Addition-deletion will be done on pro-rata premium basis for employees once in a month only, subject to all relevant details being forwarded to insurer before 7th day of succeeding month. 2) For cover wef from Date of Joining, sufficient CD balance to be maintained with us 3) Addition of existing employees will not be allowed after policy inception. 4) Mid-term increase in sum insured is not permitted
Room Rent			"1 % of SI maximum for Normal & 2% of SI maximum for ICU (inclusive of nursing charges & RMO Charges). Proportionate capping applicable. Room rent eligibility with rents including RMO and Nursing charges and other associated charges capped at Limits as defined above for normal and for ICU / ICCU / NICU hospitalisation. In the event of insured person getting admitted in a room/ICU/ICCU NICU where rent is higher than the capped amount or higher category, as mentioned above, the insured person shall bear proportion of the entire hospital Bill/ Medical Expenses in proportion of the [(Room Rent / ICU/ICCU actually incurred Room Rent / ICU/ICCU/NICU as per capping / type)]/ (Room Rent / ICU/ICCU actually incurred) This shall be applicable to all the Medical Expenses incurred during the stay in Hospital."
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 Companys 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) Modern Treatment - The Company will indemnify the Insured Person up to 50% of base Sum Insured for the Medical Expenses incurred during the Policy Period on Inpatient Treatment or Day Care Treatment or Domiciliary Treatment of below mentioned Modern Treatment Methods:

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

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

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

Warranted that the exclusions mentioned below stand deleted:

30 day Exclusion
First Year exclusion
Pre- existing illness

18BRG004	BHARAT REINSURANCE BROKERS PVT LTD	9821150550
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	E121	TANUJ GARG	SELF	NA	41 Yr 00 M	M	200000	21.09.2023		
2	E122	VIVEK GARG	SELF	NA	45 Yr 00 M	M	200000	21.09.2023		
3	D020001	NITIN GARG	SELF	NA	48 Yr 00 M	M	200000	21.09.2023		
4	D020002	PALLAVI JAIN	SELF	NA	47 Yr 00 M	F	200000	21.09.2023		
5	E020075	KRISHNAN R	SELF	NA	63 Yr 00 M	M	500000	21.09.2023		
6	E020108	SHYAM PRASAD	SELF	NA	66 Yr 00 M	M	200000	21.09.2023		
7	E020127	MANOJ KUMAR	SELF	NA	42 Yr 00 M	M	200000	21.09.2023		
8	E020131	SHAMPA NANDI	SELF	NA	51 Yr 00 M	F	200000	21.09.2023		
9	E020133	BALAKRISHNA P	SELF	NA	49 Yr 00 M	M	200000	21.09.2023		
10	E020134	SHURLLY TIWARI	SELF	NA	44 Yr 00 M	F	200000	21.09.2023		
11	E020140	MOHANA VENKATAPPA	SELF	NA	36 Yr 00 M	F	200000	21.09.2023		
12	E020157	PRAKASHA T M	SELF	NA	47 Yr 00 M	M	200000	21.09.2023		
13	E020168	VIJAYA KUMAR	SELF	NA	45 Yr 00 M	M	200000	21.09.2023		
14	E020173	RONY GEORGE KURIEN	SELF	NA	60 Yr 00 M	M	200000	21.09.2023		
15	E020192	SELVI C	SELF	NA	52 Yr 00 M	F	200000	21.09.2023		
16	E020193	UMMAI SALMA N	SELF	NA	44 Yr 00 M	F	200000	21.09.2023		
17	E020194	LANCE DARRYL FERNANDES	SELF	NA	30 Yr 00 M	M	200000	21.09.2023		
18	E020195	INDRESHA.G	SELF	NA	39 Yr 00 M	M	200000	21.09.2023		
19	E020197	SHRUTHI NANJAPPA	SELF	NA	51 Yr 00 M	F	200000	21.09.2023		
20	E020201	SHIBY NAIR M	SELF	NA	43 Yr 00 M	F	200000	21.09.2023		
21	E020205	NISHA MARY THOMAS	SELF	NA	39 Yr 00 M	F	200000	21.09.2023		
22	E020208	RATCHANA R	SELF	NA	38 Yr 00 M	F	200000	21.09.2023		

Schedule of Members										
Sr. No.	Emp Code	Name of the person	Emp Relation	Grade	AGE	Gender	Sum Insured	Date of Joining	Location	Remarks
23	E020212	MINI PILLAI	SELF	NA	41 Yr 00 M	F	200000	21.09.2023		
24	E020214	SUSANTH S PILLAI	SELF	NA	43 Yr 00 M	M	200000	21.09.2023		
25	E020215	NEETHUSHREE HN	SELF	NA	38 Yr 00 M	F	200000	21.09.2023		
26	E020220	RANI RUPAM	SELF	NA	41 Yr 00 M	F	200000	21.09.2023		
27	E020222	SANTOSH K PAWAR	SELF	NA	41 Yr 00 M	M	200000	21.09.2023		
28	E020223	SUSAN ROY	SELF	NA	35 Yr 00 M	F	200000	21.09.2023		
29	E020226	JINSY S GEORGE	SELF	NA	41 Yr 00 M	F	200000	21.09.2023		
30	E020227	RAMESH C P	SELF	NA	54 Yr 00 M	M	200000	21.09.2023		
31	E020228	VEDAVATHI D C	SELF	NA	34 Yr 00 M	F	200000	21.09.2023		
32	E020229	SAVITHA KUMARI B	SELF	NA	47 Yr 00 M	F	200000	21.09.2023		
33	E020230	RACHANA GAKKAR	SELF	NA	47 Yr 00 M	F	200000	21.09.2023		
34	E020231	SINDHU SHANTHA NAIR	SELF	NA	55 Yr 00 M	F	200000	21.09.2023		
35	E020234	SHASHI REKHA B V	SELF	NA	39 Yr 00 M	F	200000	21.09.2023		
36	E020235	SHASHIKALA PATIL	SELF	NA	45 Yr 00 M	F	200000	21.09.2023		
37	E020241	NAGARAJA	SELF	NA	53 Yr 00 M	M	200000	21.09.2023		
38	E020242	REMIYA MICHEL	SELF	NA	40 Yr 00 M	F	200000	21.09.2023		
39	E020244	SINDHU N	SELF	NA	25 Yr 00 M	F	200000	21.09.2023		
40	E020246	DR. POOJA NAGPAL	SELF	NA	46 Yr 00 M	F	200000	21.09.2023		
41	E020248	PRAKASHA K	SELF	NA	42 Yr 00 M	M	200000	21.09.2023		
42	E020249	SHASHI KUMAR	SELF	NA	31 Yr 00 M	M	200000	21.09.2023		
43	E020250	ARADHANA YADAV	SELF	NA	49 Yr 00 M	F	200000	21.09.2023		
44	E020251	SOWMYA PRASAD	SELF	NA	43 Yr 00 M	F	200000	21.09.2023		

Schedule of Members										
Sr. No.	Emp Code	Name of the person	Emp Relation	Grade	AGE	Gender	Sum Insured	Date of Joining	Location	Remarks
45	E020252	RAVEESH RAMDAS	SELF	NA	32 Yr 00 M	M	200000	21.09.2023		
46	E020253	BHARATI RAVISHANKAR	SELF	NA	47 Yr 00 M	F	200000	21.09.2023		
47	E020254	DR. RAMESH KUMAR	SELF	NA	37 Yr 00 M	M	200000	21.09.2023		
48	E020256	SINDHURI S	SELF	NA	36 Yr 00 M	F	200000	21.09.2023		
49	E020257	SUBANIKA PRADHAN	SELF	NA	32 Yr 00 M	F	200000	21.09.2023		
50	E020258	VINOD SREENIVASAN	SELF	NA	47 Yr 00 M	M	200000	21.09.2023		
51	E020259	V KUMAR REDDY	SELF	NA	50 Yr 00 M	M	200000	21.09.2023		
52	E020260	MONALISA	SELF	NA	37 Yr 00 M	F	200000	21.09.2023		
53	E020261	KONANKI SURENDRA	SELF	NA	46 Yr 00 M	M	200000	21.09.2023		
54	E020263	GEETA ASHOK	SELF	NA	55 Yr 00 M	F	200000	21.09.2023		
55	E020264	AKSHAY KUMAR	SELF	NA	38 Yr 00 M	M	200000	21.09.2023		
56	E020265	ARUNA AKULA	SELF	NA	47 Yr 00 M	F	200000	21.09.2023		
57	E020266	LALITH MISHRA	SELF	NA	45 Yr 00 M	M	200000	21.09.2023		
58	E020268	SWETHA BHASIN	SELF	NA	37 Yr 00 M	F	200000	21.09.2023		
59	E020269	AYYANAR	SELF	NA	26 Yr 00 M	M	200000	21.09.2023		
60	E020270	VIDYA SHREE	SELF	NA	34 Yr 00 M	F	200000	21.09.2023		
61	E020271	DEEPTI WILLIAM	SELF	NA	39 Yr 00 M	F	200000	21.09.2023		
62	E020272	SUDIPTO DAS	SELF	NA	45 Yr 00 M	M	200000	21.09.2023		
63	E020273	KAVITHA K N	SELF	NA	37 Yr 00 M	F	200000	21.09.2023		
64	E020274	PRASHANTHA K J	SELF	NA	37 Yr 00 M	M	200000	21.09.2023		
65	E020275	SUSHYANI KOTTHUR	SELF	NA	34 Yr 00 M	F	200000	21.09.2023		
66	E020276	AMRUTHA K P	SELF	NA	31 Yr 00 M	F	200000	21.09.2023		

Schedule of Members										
Sr. No.	Emp Code	Name of the person	Emp Relation	Grade	AGE	Gender	Sum Insured	Date of Joining	Location	Remarks
67	V020019	SRIRAM PRABHAKAR	SELF	NA	52 Yr 00 M	M	200000	21.09.2023		
68	V020032	SAMBATUR HARITHA	SELF	NA	36 Yr 00 M	F	200000	21.09.2023		

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](http://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](http://www.irda.gov.in) or on company website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) or on [www.gbic.co.in](http://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, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in

For Reliance General Insurance Co. Ltd.



Authorised Signatory