



## GROUP HEALTH POLICY

Customer Information Sheet			
Sl No	Title	Description	Policy Clause Number
1	Product Name	Group Health Policy	
2	What am I covered for	<p>The Policy covers Hospitalization expenses incurred for treatment of the disease, illness, medical condition or injury contracted or sustained by the Insured Person during the Period of Insurance.</p> <p>The Insured Person should be hospitalised as an In-Patient during the Period of Insurance for a minimum period of 24 hours. This time limit is not applicable to the specific Day care treatments:</p> <p>Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Cataract, Lithotripsy (kidney stone removal) Tonsillectomy, D&amp;C, Cardiac Catheterization, Hydrocele Surgery, Hernia repair surgery, Treatments for Fracture and such other Surgical Operation that necessitate Hospitalisation less than 24 hours due to medical/technological advancement /infrastructure facilities.</p> <p>Pre-hospitalisation expenses incurred 30 days prior to the hospitalisation and Posthospitalisation expenses incurred 60 days after the date of discharge from hospital.</p>	C. BENEFITS
3	What are the major exclusions in the Policy	<p>Treatment arising from or traceable to pregnancy/ childbirth including Caesarean Delivery and its complication.</p> <p>The cost of spectacles, contact lenses and hearing aids Exclusions as per the List of Generally Excluded in Hospitalisation Policy as given in the Annexure IV to the Guidelines on Standardization in Health Insurance-2013 issued by IRDA.</p> <p>Dental treatment or surgery of any kind unless requiring Hospitalisation.</p> <p>Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies Intentional self injury or attempted suicide AIDS/HIV Outpatient treatment charges Sex change</p> <p>Hormone replacement therapy Treatment of obesity</p> <p>The treatment of psychiatric, mental or nervous or insanity related conditions</p> <p>Any cosmetic, plastic surgery, aesthetic or related treatment of any description</p> <p>Use of intoxicating drugs alcohol and the treatment of alcoholism</p> <p>Treatment received in Convalescent homes Treatment received outside India</p> <p>Alternative treatments other than Allopathy Fertility, sub-fertility or assisted conception operation treatments Whilst engaging in activities of hazardous nature</p> <p>Claims directly or indirectly caused by or arising from or attributable to War and allied perils, Terrorism, Nuclear weapons and Radioactive contamination</p>	D. EXCLUSIONS
<b>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy documents/clauses for the full listing)</b>			
4	Waiting period	<p><b>Pre existing Diseases</b> - 48 months</p> <p><b>30 days waiting period</b> - Any disease contracted by the Insured Person during the first 30 days from the Inception Date of the Policy</p> <p><b>First Year Exclusions:</b> During the first 12 months from the Inception date, the expenses on treatment of Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders.</p>	D. EXCLUSIONS
5	Payment basis	Reimbursement of covered expenses upto specified limits	C. BENEFITS

6	Loss sharing	<p>In case of a claim, this policy requires you to share the following costs :</p> <p><b>Expenses exceeding the following sub limits :</b> Room/Boarding expenses upto 1% of the Sum Insured per day ICU, 2% of the Sum Insured per day.</p> <p>In case, the Insured person is admitted in a room with rent higher than the eligible room rent, the total hospitalisation claim shall be reduced in proportion of eligible room rent limit to the actual room rent paid.</p> <p><b>Specified Diseases :</b> Cataract - 30% of the Sum Insured or Rs.30000/- whichever is lower during the period of Insurance.</p>	C. BENEFITS
7	Renewal Conditions	<p>The Company shall not be bound to accept renewal premium nor give notice that such is due.</p> <p>Policy must be renewed within the Grace period of 30 days of expiry to maintain the continuity of coverage.</p> <p>No coverage shall be available during the period of such break.</p> <p>Policy sought to be renewed after the Grace period of 30 days will be underwritten as a fresh policy at our discretion.</p>	E. CONDITIONS
8	Renewal Benefits	Nil	
9	Cancellation	<p>The Company shall cancel the policy on the grounds of mis-representation, fraud, non-disclosure of material facts or non cooperation of the Insured and premium paid hereon shall be forfeited to the Company.</p> <p>Policy shall also be cancelled by Proposer by giving notice in writing.</p>	E. CONDITIONS
10	Claims	<p>For Cashless Service : The list of Network hospitals may be obtained from the website of our TPA. Please note that the network hospitals of the TPA are subject to change.</p> <p>For Reimbursement claims : Preliminary notice shall be given within 7 days from the date of hospitalisation, failing which admissibility of claim is at Insurer's discretion.</p> <p>The duly completed claim form with all the documents required should be submitted within 30 days from the date of discharge from the hospital.</p>	E. CONDITIONS
11	Policy Servicing / Grievances/ Complaints	<p>For Policy servicing and complaints, the Insured may contact the Company at the specified Policy servicing Office address during normal business hours.</p> <p>The Insured may approach the Ombudsman. Please visit our website <a href="http://www.royalsundaram.in">www.royalsundaram.in</a> for contact details of Ombudsman.</p>	E. CONDITIONS
<p>Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

*Royal Sundaram General Insurance Co. Limited*

*(Formerly known as Royal Sundaram Alliance Insurance Company Limited)*

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611

## GROUP HEALTH POLICY

### IMPORTANT NOTES ABOUT THIS INSURANCE

Please read and check the details of this Policy carefully to ensure its accuracy and see that it meets your requirements.

The Policy is an evidence of the contract between the Insured and Royal Sundaram General Insurance Co. Limited.

The information supplied by the Insured, including proposal form, if any supplied by the Insured shall be incorporated in and is the basis of this contract.

The Policy, the Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.

Provided that the Insured pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, We will provide the insurance described in the Policy.

Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

#### A. PERSONS WHO CAN BE INSURED

This Policy is available to Insured Person whose age group is between 91 days and 75 years. A minimum of 25 Insured Persons are required to be covered under this policy.

#### B. DEFINITIONS & INTERPRETATIONS

In this Policy the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy.

#### Accident

Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

#### Alternative treatments

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

#### Cashless Facility

A facility extended by the Insurer to the Insured where the payments of the cost of treatment undergone by the Insured in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization approved.

#### Company/We/Our/Insurer/Us

Royal Sundaram General Insurance Co. Limited.

#### CommencementDate

The "From" date shown in the Schedule or the date from which an Insured Person was included under this Policy, whichever is later.

#### Condition Precedent

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

#### Congenital Anomaly

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

1. Internal Congenital Anomaly is which is not in the visible and accessible parts of the body.
2. External Congenital Anomaly is which is in the visible and accessible parts of the body.

#### Contribution

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured.

This clause shall not apply to any Benefit offered on fixed benefit basis.

#### Day Care Treatment

Day Care Treatment refers to medical treatment and/or surgical procedure which is :

1. undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hours because of technological advancement and
2. which would have otherwise required a hospitalization of more than 24hours.

#### Day Care Centre

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

#### Dental Treatment

Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/ implants.

#### Endorsement

Endorsement means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

#### Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity of benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

#### Hospital/Nursing Home

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical

Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria asunder:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

#### **Hospitalisation**

Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

#### **Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

#### **In-Patient**

An Insured Person who is admitted to Hospital and stays for a minimum period of 24 hours, for the sole purpose of receiving treatment.

#### **Inpatient Care**

Inpatient care means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.

#### **Inception Date**

The Start date of cover shown in the Schedule or the date from which an Insured Person was included under this Group Health policy which ever is later.

#### **Injury**

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

#### **Insured Person**

Insured Person means the person(s) named in the Schedule for whom premium has been paid by the Insured and has been accepted by Us.

#### **Intensive Care**

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

#### **Medical expenses**

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

#### **Medical Practitioner**

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

#### **Medically Necessary**

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in Hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a Medical Practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

#### **Network Provider**

"Network Provider" means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

#### **Non- Network**

Any hospital, day care centre or other provider that is not part of the network.

#### **Notification of Claim**

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

#### **Period of Insurance**

Period of Insurance means the period shown in the Schedule. However in respect of the insured persons joining and/or leaving the organization after the "From" Date shown in the Schedule, the period of insurance refers to the period shown in the endorsement.

#### **Portability**

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

#### **Post - Hospitalisation**

Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, for a period of 60 days provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalization was required, and
- ii. The in-patient hospitalization claim for such hospitalization is admissible by the Insurance Company.

#### **Pre Existing Disease**

Any condition, ailment or injury or related condition(s) for which the insured person had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to first policy of the Insured with us.

#### **Pre - Hospitalisation**

Medical Expenses incurred immediately before the Insured Person is Hospitalised, for a period of 30 days, provided that:

- i. Such Medical expenses are incurred for the same condition for which the Insured Person's hospitalization was required, and
- ii. The in-patient hospitalization claim for such hospitalization is admissible by the Insurance Company.

**Qualified Nurse**

Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**Reasonable and Customary Charges**

Reasonable and Customary Charges, means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

**Renewal**

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

**Room Rent**

Room Rent means amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

**Subrogation**

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

**Surgical Operation**

Surgical Operation means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

**Third Party Administrator**

Third Party Administrator or TPA means any person who is licensed under the IRDA (Third Party Administrators – Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an insurance Company, for the purpose of providing healthservices.

**Unproven/Experimental treatment**

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

**C. BENEFITS**

The Policy covers Reasonable and Customary Charges incurred towards Hospitalization for treatment of the disease, illness, medical condition or injury contracted or sustained by the Insured Person during the Period of Insurance stated in the Schedule subject to terms, conditions, limitations and Exclusions mentioned in the Policy.

For a claim to be admitted under this Policy, the Insured Person should be hospitalised as an In-Patient during the Period of Insurance for a minimum period of 24 hours. However this time limit is not applicable to the following specific Day care treatments:

Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Cataract, Lithotripsy (kidney stone removal) Tonsillectomy, D&C, Cardiac Catheterization, Hydrocele Surgery, Hernia repair surgery, Treatments for Fracture and such other Surgical Operation that necessitate Hospitalisation less than 24 hours due to medical/ technological advancement / infrastructure facilities.

In the event of any claim becoming admissible under the Policy, the Company will pay to the Insured, the Reasonable and

Customary Charges, but not exceeding the Sum Insured mentioned in the Schedule against the Insured person for all claims admitted during the Period of Insurance.

Treatment taken for Cataract is subject to a limit of 30% of the Sum Insured or Rs.30,000/- whichever is lower during the period of insurance.

**Expenses covered under the Policy**

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home is subject to a maximum of 1% of the Sum Insured per day and for Intensive Care Unit, 2% of the Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rentpaid.
2. Nursing Expenses.
3. Surgeon, Anaesthetist, Medical Practitioner, Consultants & SpecialistFees
4. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Donors medical expenses towards Organ transplant, Cost of Pacemaker, Artificial Limbs, Cost of Organs.
5. Pre-Hospitalisation and Post-Hospitalisation expenses when the claim for hospitalization is admitted under the policy.

**D. EXCLUSIONS**

The Company shall not be liable under this Policy for any claim in connection with or in respect of:

1. a) Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease until 48 months of continuous coverage have elapsed, since inception of the first policy of the Insured with us.
  - b) Any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre-existing Hypertension / Diabetes.
2. 30 Days Waiting Period: Any disease contracted by the Insured Person during the first 30 days from the Inception Date of the Policy.
3. First Year Exclusions: During the first 12 months from the Inception date, the expenses on treatment of Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders.
4. Treatment arising from or traceable to pregnancy/ childbirth including Caesarean Delivery and its complication.
5. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
6. The cost of spectacles, contact lenses and hearing aids
7. Exclusions as per the List of Generally Excluded in Hospitalisation Policy as given in the Annexure IV to the Guidelines on Standardization in Health Insurance-2013 issued by IRDA.
8. Dental treatment or surgery of any kind unless requiring Hospitalisation.
9. Convalescence, general debility, 'Run-down' condition or rest cure
10. Congenital External Disease or defects or anomalies.
11. Tubectomy, Vasectomy, any treatment related to sterilization.
12. Venereal disease
13. Intentional self injury or attempted suicide.

14. All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS/HIV.
15. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
16. Expenses on vitamins and tonics unless forming part of treatment for injury or disease.
17. Claims directly or indirectly caused by or arising from or attributable to
  - a) War, Invasion, Act of Foreign Enemy, War-like Operations (whether war be declared or not)
  - b) Terrorism (including nuclear, chemical and biological terrorism)
  - c) Nuclear weapons/materials or Radioactive Contamination.
  - d) Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel
  - e) Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

“Nuclear, chemical, biological terrorism” shall mean the use of nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or put the public, or any section of the public, in fear.

“Chemical” agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological” agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

18. Any routine or preventative examinations, vaccinations, inoculation or screening.
19. Outpatient treatment charges
20. Sex change or treatment, which results from, or is in any way related to, sex change.
21. Hormone replacement therapy.
22. Treatment of obesity (including morbid obesity) and any other weight control programs, services, surgeries or supplies.
23. The treatment of psychiatric, mental or nervous or insanity related conditions.
24. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
25. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse or any addiction and

medical conditions resulting from, or related to, such abuse or addiction.

26. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
27. Any stay in Hospital not warranting inpatient treatment and any stay in Hospital for any domestic reason or where there is no active, regular treatment by a Medical Practitioner.
28. Any treatment received outside India.
29. Alternative treatments.
30. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
31. Any fertility, sub-fertility or assisted conception operation treatments
32. Any treatment arising out of Insured person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, pot holing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.

#### E. CONDITIONS

##### 1. Claims Procedure

Provided that the due observance and fulfillment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shall, so far as they relate to anything to be done or not to be done by the Insured and / or Insured person, be a condition precedent to any liability of the Company under this Policy.

The Claims Procedure is as follows:

- For opting Cashless Facility: (applicable where the Insured has opted for cashless facility and has paid the Third Party Administrator's fees) - The Insured Person must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.
- Reimbursement Claims - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us within seven days from the date of hospitalization injury/ death, failing which admission of claim is at Insurer's discretion.
- Please ensure that the insured/insured person send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.
  - Original Bills, Receipt and Discharge certificate / card from the Hospital.
  - Original Cash Memos from Hospital(s)/Chemist(s), supported by the proper prescriptions.
  - Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending

Medical Practitioner / Surgeon demanding such Pathological tests.

- Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
- Attending Doctor's / Consultant's / Specialist's.
- Anesthetist's original bill and receipt, and certificate regarding diagnosis.
- Medical Case History / Summary.
- Insured/Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
- If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured/Insured person must agree

## 2. Payment of Claim

All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

The Company shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is a delay in payment beyond 7 days the date of acceptance.

Any claim intimated after 90 days from the date of discharge from the Hospital/Nursing Home, shall not be entertained.

No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance.

Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.

At the time of claim settlement, Company may insist on KYC documents of the Insured/Insured Person as per the relevant AML guidelines in force.

## 3. Transfer

Transferring of interest in this Policy to anyone else is not allowed.

## 4. Portability

The Insured Person has portability rights in the event of exit of the Insured Person from the policy provided the Insurer has not terminated the Insured Person from being a part of the Group Health Policy due to fraudulent activities or misconduct.

## 5. Inclusion and deletion of Insured persons

- a. During the currency of the Policy, additions will be permitted for new joinees and their dependents, newly married spouse, newborn child subject to the age criteria under this policy. The deletions will be permitted for the employees (including their dependents) leaving the organization. No interchange of dependents is allowed under this policy.
- b. Inclusion of persons shall be done on collection of additional premium as decided by the company.
- c. Refunds in respect of any deletion of Insured Persons shall be made on prorata basis from the date of deletion until the expiry date of the Policy provided no claim has been made in respect of that Insured Person.
- d. Existing employees and dependents cannot be included during the currency of the Policy period.

## 6. Cancellation

The Company may at any time, by giving 7 days notice in writing, terminate this Policy, on the grounds of mis-representation, fraud, non-disclosure of material facts or noncooperation of the Insured and all the premium paid hereon shall be forfeited to the Company. Such notice shall be deemed sufficiently given, if communicated by e-mail or posted by Registered post and addressed to the Proposer at the address mentioned in the Policy or by any other reliable mode of communication.

The Policy may also be cancelled at any time by the Proposer by giving notice in writing, provided no claim has arisen under the within mentioned Policy prior to the receipt of such notice by the Company, the Proposer would be entitled to a return of premium less premium at Company's Short period scales as mentioned below for the period, the Policy had been in force.

## 7. Short periodscales:

For a period not exceeding	1 month	10% of the Annual Premium
-do-	2 months	20% of the Annual Premium
-do-	3 months	30% of the Annual Premium
-do-	4 months	40% of the Annual Premium
-do-	5 months	50% of the Annual Premium
-do-	6 months	60% of the Annual Premium
-do-	7 months	70% of the Annual Premium
-do-	8 months	80% of the Annual Premium
-do-	9 months	90% of the Annual Premium
For a period exceeding	9 months	Full Annual Premium

## 8. Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone.

## 9. Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

## 10. Geographical Area:

The cover granted under this insurance is valid only for treatments taken in India.

## 11. Contribution

If at the time of a claim under this Policy, there is any other insurance covering the same loss, We shall not be liable to pay more than Our ratable proportion of the loss / expenses.

## 12. Subrogation

The Insured under this Policy shall at the expense of the Company do and concur in doing, permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which the Company shall or would become entitled or subrogated, upon the Company paying the benefits provided under this Policy, whether such acts and things shall be or become necessary or required before or after the settlement of claim to the Insured or claimant by the Company.

**13. Insurer's rights**

We have the right to do the following, in the Insured and/or Insured Person's name at Our expense:

- Take over the defense on settlement of any claim
- Start legal action to get compensation from anyone else
- Start legal action to get back from anyone else for payments that have already been made by Us.

**14. Fraud**

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured and /or Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such Insured Person.

**15. Renewals**

The Company shall not be bound to accept any renewal premium nor give notice that such is due.

Policy must be renewed within the Grace Period of 30 days of expiry to maintain the continuity of coverage. However no coverage shall be available during the period of such break. A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy at Our discretion.

The product / plan may be withdrawn at any time, by giving a notice of 3 months to the Insured by Courier / Registered Post / Acknowledgement due post at the address recorded / updated in the policy. When the policy is withdrawn, the product / plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the schedule of the policy. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.

**16. Arbitration**

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to difference or, if they cannot agree upon a single Arbitrator within 30 days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/ difference and the third Arbitrator to be appointed by such two Arbitrators and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to Arbitration as hereinbefore

provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/ Arbitrators of the amount of the loss or damage shall be first obtained.

**17. Disclaimer**

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 3 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**18. Jurisdiction**

The Policy is subject to the laws of India and the jurisdiction of its Courts in Chennai city only.

**19. Change of address**

The Insured must inform in writing of any change in his/her address.

**20. Compliance with Policy provisions:**

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

**21. Grievances:**

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address, during normal business hours for the following grievances:

- a. Any partial or total repudiation of claims by the Company.
- b. Any dispute regard to premium paid or payable in terms of the policy.
- c. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- d. Delay in settlement of claims.
- e. Non-issue of any insurance document to customer after receipt of the premium.
- f. Any other grievance.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram General Insurance Co. Limited is located. The Insurance Ombudsman's offices are located at Ahmedabad, Bhubaneshwar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkata, Lucknow, Hyderabad, Mumbai and Delhi. For Contact Details of Insurance Ombudsman, please visit our website [www.royalsundaram.in](http://www.royalsundaram.in)

**WHAT IF I EVER NEED TO COMPLAIN?**

*We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.*

*In all instances, call our Customer Services at our Chennai office at 1860 425 0000 or e-mail at [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in) or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.*

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611