



Royal Sundaram

General Insurance



GROUP HEALTH INSURANCE

Protect the future of your employees and their families

PROTECT THE FUTURE OF YOUR EMPLOYEES AND THEIR FAMILIES

A mutual relationship always exists between an employer and an employee. While employees contribute to your success, they and their families are dependent on you for their future. When your employees suffer misfortune in the form of any accident or any illness, it can disrupt the routine and also cause a serious dent, emotionally and financially.

As life follows no fixed patterns, taking care of your employee's financial security is your moral responsibility.

Royal Sundaram Introduces *Group Health Insurance* which offer financial support to your employees and their families during such times.

GROUP HEALTH INSURANCE

Accidents and illness are beyond one's control and can affect anyone unexpectedly. The cost of quality healthcare is rising everyday and it can weaken the concerned person physically, emotionally and financially. Hence, it is best to insulate such a situation of your employees with suitable insurance cover to tide over this difficult period.

Royal Sundaram offers an annual Group Health Insurance to cover your employees and their family members against hospitalization expenses following illness, disease or accident. In the event of a hospitalization, we provide cashless facility through our Third Party Administrators (TPAs) for

admissions happening in the network hospitals of the TPA. In case of admission in non-network hospital, then the expenses will be reimbursed within 15 days of receipt of all relevant documents.

Eligibility

This insurance is available to your employees and their family members, including spouse and dependent children, between the age of 91 days and 75 years. A minimum of 25 Insured Persons are required to be covered under this policy.

Key Benefits

- Employees and their family members are covered for all in-patient hospital expenses, in case their stay in hospital lasts for 24 hours or more
- 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
- Treatment taken for Cataract is subject to a limit of 30% the Sum Insured or Rs.30000/- whichever is lower
- All relevant medical expenses incurred 30 days prior to hospitalization and expenses incurred during 60 days after hospitalization are considered part of the admissible claim
- Treatments/ surgical operations that require hospitalization less than 24 hours such as kidney stone removal, tonsillectomy, eye surgery and D & Care also covered

Extra covers that are available for larger groups at additional premium

1. Maternity cover
2. Baby cover from day one
3. Ambulance charges
4. Waiver of 30 days / 1 year exclusion
5. Coverage of pre-existing diseases

Key Exclusions Group Health Insurance*

- Diseases contracted during the first 30 days of commencement of the policy
- All diseases/ illness/ injury existing at the time of proposing the insurance
- Certain diseases like hernia, cataract, piles, sinusitis etc are excluded during the first year
- Any claim arising out of or traceable to pregnancy
- Ayurvedic, Homeopathy, Naturopathy or any other form of local medication
- Alcoholism, drug abuse and AIDS
- Dental treatment or surgery, unless requiring hospitalization cost of spectacles, contact lenses and hearing aids

*The above list of exclusions is illustrative only and is not exhaustive. For detailed list, refer to the policy wordings, which will be made available upon request.

Our Service Standards - Accident & Health Claims

- Accident & Health claims processes are ISO 9001: 2008 certified
- Efficient claims management through pro-active co-ordination with hospitals and TPA for seamless administration of cashless facility

- Facility for online intimation of claims through our website
- SMS alert to customers updating the status of the claim at three stages - Receipt of initial documents, Process and Claim settlement
- TPA has a wide network of more than 3000 hospitals across India where cashless facility can be availed
- Robust Grievance Redressal Mechanism

Disclaimer

This policy is underwritten by Royal Sundaram General Insurance Co. Limited with its registered office at No.21 Patullos Road, Chennai 600 002. For more details on risk factors, terms and conditions, please read the policy terms and conditions carefully before concluding the sale.

All insurance applications are subject to the Insurance Company's underwriting and acceptance.

Section 41 of the Insurance Act, 1938 - Prohibition of rebates

- 1) 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
- 2) If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to ten lakh rupees.

Complaints/Grievances

In case of complaints/Grievances please call Royal Sundaram General Insurance Co. Limited

Toll No: 1860 425 0000 or E-Mail: customer.services@roysundaram.in

ABOUT ROYAL SUNDARAM

Royal Sundaram General Insurance Co. Limited is the first private non-life Insurance Company licensed to operate in India. Started in the year 2000, Royal Sundaram offers a range of innovative general Insurance products which includes Health, Personal Accident, Home and Travel Insurance for individual customers. The company's Accident and Health claims process received ISO 9001-2008 certification for its effective customer service delivery. For commercial clients, Royal Sundaram offers a wide range of specialised insurance covers in Fire, Marine, Engineering, Liability and Business Interruption risks.

The company also offers specially designed products to the Small and Medium Enterprises and rural customers. Royal Sundaram currently has over five million customers, 1700 employees and has its presence in over 180 cities across India.

REACH US

 Call: 1860 425 0000

 Email: customer.services@roysundaram.in

 Log on to: www.roysundaram.in

 Follow us on Facebook/Twitter



Royal Sundaram
General Insurance

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Corporate Office: Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097.

Registered Office: 21, Patullos Road, Chennai - 600 002.

IRDAI Registration Number - 102 | CIN-U67200TN2000PLC045611

Type of business option to be included in the first section as tick box:

New Business Renewal# _____

Endorsement# _____

Please provide your existing Policy Number in case of Renewals or Endorsement



Royal Sundaram
General Insurance

GROUP HEALTH PROPOSAL FORM

For Office Use Only

Proposal No.:	Agent Name: Citibank N.A.	Policy No.:
Quote No.:	Citibank Branch: _____	

PROPOSAL FORM FILLING INSTRUCTION

1. Kindly fill in the form in CAPITAL LETTERS only. 2. Please select the option by ticking the relevant box in the Proposal Form. 3. This proposal form is to be filled, dated, signed and sealed in by the Insured / authorised representative of the Insured only. 4. It is essential to provide all information / details asked in this proposal form. All questions are required to be answered fully and correctly. 5. Please use additional sheet in case the space in the proposal form is not sufficient to fill in the details. 6. Please seek advice and guidance from authorised representative of Royal Sundaram General Insurance Co. Limited in case there are any queries. 7. If the space is not sufficient for mentioning members to be covered, then please provide the list in a separate sheet. 8. Please strike off Coverages which are not opted.

CLIENT DETAILS

Name of the Corporate/ Association/Educational Institution			
Contact Person			
Communication Address			
City			
State		Pincode	
Daytime Phone(s)*	STD CODE	-	/
Mobile Number	/		
E-mail*			
PAN Number*			
No. of Employees			
No. of Dependants			
Is selection of coverage involved			
Is the premium paid by the Employee for the coverage of self or any of the dependants			
Are Foreign Nationals also covered?			

*Daytime Phone and Email is mandatory

*Mandatory if premium under this proposal is ₹50000 or more

INSURANCE HISTORY

Is this a fresh proposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Name of existing insurer	
Policy Number	
Expiry date of the existing Group Health Policy	
Corporate floater/Critical illness floater utilization in the expiring policy, if any	

INSURED DETAILS

Business / Occupation

Type of Industry Manufacturing Non-manufacturing

Period of Insurance From:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Premium and Claims incurred for the past 3 years

Year	Premium (exclusive of TPA and ST)	Claims Incurred	Loss Ratio

Details of Insured Person to be covered (New Business, Renewal, Endorsement)

Sl. No.	Employee ID	Name	Relationship	Date of Birth	Gender	Location	Floater Sum Insured	Individual Sum Insured	Nominee Name
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					

Details of Insured Person to be deleted (Endorsement)

Sl. No.	Employee ID	Name	Relationship	Date of Birth	Gender	Location	Floater Sum Insured	Individual Sum Insured	Nominee Name
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					
				D D M M Y Y Y Y					

TERMS OF COVERAGE

Terms of Coverage	Yes / No (with necessary details wherever required)	
	Existing Policy	Terms Required on Renewal
Employees only		
Employees and spouse		
Employees, spouse and dependant children		
Employees, spouse, dependant children and dependant parents		
Please give the total number of members (in case of expiring policy, please also give the number of members covered on inception of policy)		
Please give the total number of employees only (in case of expiring policy, please also give the number of employees covered on inception of policy)		
Standard terms		
PED Waiver for all		
PED Waiver for all excluding parents		
PED Waiver for all excluding Mid-term joiners		

PED Waiver for all excluding dependants of Mid-term joinees		
Deletion of 30 days waiting period for all		
Deletion of 30 days waiting period for all excluding Mid-term joinees		
Deletion of 1 year exclusions for all		
Deletion of 1 year exclusions for all excluding Mid-term Joinees		
Continuity of cover for all excluding Mid-term joinees please mention the inception date of cover to offer continuity or the number of years of continuity required		
Continuity of cover for all including new joinees please mention the Inception date of cover to offer continuity or the number of years of continuity required		
Restriction on room rent per day please mention the maximum room rent per day		
Restriction on claims towards specified ailments please mention the maximum amount payable for specific ailments		
Family Floater		
Co-payment please mention the terms of co-payment required		
Policy Excess please mention the policy excess amount per claim		
Maternity with waiver of waiting period for existing employees and dependents only please mention the maternity limit		
Maternity with waiver of waiting period for all please mention the maternity limit		
Maternity with 9 months waiting period for all please mention the maternity limit		
Sum Insured limits applicable		
Ailment cappings - please specify the limits		
Day one cover for new borns within Family Floater limit or Individual Sum Insured limit		
Day one cover for new borns within maternity limit		
Corporate Floater; please specify the limit		
any other coverage		
Ambulance Charges please mention the maximum amount required per claim		

Cheque Option : Yes No

Cheque Amount _____ Bank _____
(In Figures)

Total Amount : Rs. _____
(In Words)

DECLARATION

I/We hereby declare that the above statements, answers and / or particulars given by me / us are true and complete in all respects to the best of my /our knowledge and that I/We am /are authorized to propose on behalf of the proposer.

I/We understand that the information provided by me/us will form the basis of the insurance policy /contract and the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/We will notify in writing any change in the business occupation or business risk of the proposer after the proposal has been submitted but before the commencement of the risk acceptance by the Insurance Company and during the tenure of the policy.

This proposal shall form the basis of insurance contract. If any statements, answers, particulars are untrue or incorrect, the Insurance Company shall incur no liability under this insurance. I/We understand that the entire amount of the premium needs to be paid for the insurance policy to come into force.

The risk shall commence after the premium is remitted to the insurance company or as per the risk inception date stated by the client / insurance company, whichever is later.

The renewal premium is subject to change as per the relevant expiring claim/risk features and service tax rates, amended by Government of India, Ministry of Finance. I/We hereby authorize the bank to debit my/our bank account / credit card and pass on the proceeds to the insurance company. This debit authority will stay in force till such time that, I/We make written representation to cancel the said instruction.

I/We understand that Citibank N.A. will earn commission up to 15% as applicable on this policy in their capacity as the licensed Corporate Agent of Royal Sundaram General Insurance Co. Limited.

I/We confirm that I/We have understood all the terms, conditions, coverages, excess, deductibles and exclusions and I/We accept them.

I/We confirm that I/We have understood the premium amount payable by me/us for this policy to be issued by the insurance company and I/We agree to pay this amount.

I/We understand that the suppression of information at the time of application will make the contract void from inception. I/We also understand that the Insurance Company may terminate the policy immediately, from inception, on grounds of misrepresentation, false representation of a matter of fact or non disclosure of material fact by the proposer and in such case the Insurance Company shall not refund any portion of the premium to proposer.

All insurance applications are subject to the Insurance Company's under writing and acceptance.

Disclaimer: Citibank N.A is a licensed Corporate Agent of Royal Sundaram General Insurance Co. Limited under the Composite license number CA0086.

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- 2) If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to ten lakh rupees.

Date:

Signature : _____

Place: _____

Seal:

For detailed terms and conditions, please refer insurance policy document.

RECOMMENDATIONS / COMMENTS OF UNDERWRITER

Group demography : Enclosed

Claims MIS / Dump : Available & Enclosed / Not available

Quote Slip : Enclosed

Last date for submission of quote :

Place : _____ Date:

FOR INTERNAL USE

Citibank RM Name _____ Citibank RM Employee ID _____

Citibank RM Branch _____ RM/SP Code _____ Citibank RM Signature _____



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