



Royal Sundaram
General Insurance

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Corp. Office : Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002.

HEALTH FOREVER

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.
- Please inform us immediately of any change in your address, occupation, state of health, or of any other changes affecting any Insured Person
- The Policy is an evidence of the contract between You and Royal Sundaram General Insurance Co. Limited.
- The information given to us in the proposal form and declaration signed by you/Proposer and/or over to our teleagent by you/Proposer, forms the basis of this contract.
- The Policy, 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 one of them shall bear such meaning throughout.
- Provided that you 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 insurance is available to persons between the age of 91 days and 75 years at the Commencement Date of the Policy. Dependents, who bear any legal relation to the Proposer, can also be insured.

B. DEFINITIONS

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 / Accidental

An 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.

Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- (1) Tumors showing the malignant changes of carcinoma in situ & tumors which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN - 1, CIN - 2 & CIN - 3.
- (2) Any skin cancer other than invasive malignant melanoma.
- (3) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- (4) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter.
- (5) Chronic lymphocytic leukaemia less than RAI stage 3.

(6) Microcarcinoma of the bladder.

(7) All tumors in the presence of HIV infection.

Cashless facility

"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs 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.

Commencement Date

Commencement date of this Policy shall be the inception date of first Health Insurance policy for that Insured Person, insured with Us, with out any break in period of cover.

Company/We/Our/Insurer/Us Royal Sundaram General Insurance Co. Limited. (Formerly known as Royal Sundaram Alliance Insurance Company Limited)

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.

a. Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly

Congenital anomaly 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 rateable proportion of sum insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Cumulative Bonus

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

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.

Day Care Treatment

Day care treatment refers to medical treatment, and/or surgical procedure which is:

- undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

- ii. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

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.

Emergency Care

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Endorsement

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

Excluded Hospital

An excluded hospital means any hospital which the company might discourage the insured to take treatment of any sickness or illness, due to fraud or moral hazard or misrepresentation indulged by the hospital.

Family members

Family members shall mean Spouse, Parents, Children and own siblings.

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 benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

Hazardous Sports/ Activities

Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, nuclear installations, handling hazardous chemicals, circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, caving, potholing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters and persons whilst engaged in occupation / activities of similar hazard.

Persons whilst engaged in the following occupations are also excluded.

Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Entertainment Industry, Explosives users, Fisherman (seagoing), Jockey, Marine salvager, Miner and other occupations underground, Off-shore oil or gas rig worker, Policeman, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Ship crew, Steeplejack, Stevedore, Structural steelworker, Tower crane operator, Tree feller.

Hospital

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 as under:

- 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.

Hospitalization

Hospitalization 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 24consecutive 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.

- a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
- b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it.
 - it continues indefinitely.
 - it comes back or is likely to come back.

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.

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.

Insured/You/Your/Insured Person

Anybody shown on the Schedule as Insured in this Policy.

Intensive Care Unit

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.

Major Organ Transplant;

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

Medical Advise

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

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.

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.

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. The registered practitioner should not be the insured or close family members.

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.

OPD treatment

OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Open Chest CABG (Coronary Artery Bypass Graft);

i. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- (i) Angioplasty and/or any other intra-arterial procedures
- (ii) any key-hole or laser surgery.

Period of Insurance

Period of Insurance means the period shown in the Schedule, for which You have paid and We have received and accepted Your premium

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-hospitalization Medical Expenses

Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. The inpatient 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 you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to your first policy issued by the insurer.

Pre-hospitalization Medical Expenses

Medical Expenses incurred immediately before the Insured Person is Hospitalized, provided that:

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

Proposer

Insured or the person who signs the Proposal form on behalf of the Insured.

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

Stroke resulting in permanent symptoms;

Any cerebro vascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient Ischemic Attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

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.

Surgery

Surgery or Surgical Procedure 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.

Unproven/Experimental Treatment

Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

C. BENEFITS

The Policy covers Reasonable and Customary Charges incurred towards hospitalization during the Period of Insurance for the disease, illness, medical condition or injury contracted or sustained by the Insured Person 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:

Cataract, Tonsilectomy, Eye Surgery, Lithotripsy (Kidney Stone removal) and D & C.

In the event of any claim becoming admissible under the Policy, the Company will pay to the Proposer, the Reasonable and Customary Charges, subject to the various limits mentioned hereunder, but not exceeding the Sum Insured and the Cumulative Bonus, if any, mentioned in the Schedule for all claims admitted during the Period of Insurance.

Expenses reimbursed under the Policy

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home, subject to a limit of 1.5% of Sum Insured per day and for intensive care unit 3% of Sum Insured per day.
2. Nursing Expenses during inpatient hospitalisation
3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
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 Medical Expenses incurred for a period of 30 days prior to hospitalization excluding nursing / attendant expenses.
6. Post - Hospitalisation Medical Expenses incurred for the period of 60 days after discharge from hospital excluding nursing / attendant expenses.
7. Treatment relating to Cataract are subject to a limit of Rs.7500/- per annum.

The following additional benefits are also payable in addition to the hospitalization expenses, subject to admissibility of a claim for hospitalization under this policy. The limits for the following benefits are applicable in respect of all claims preferred by each Insured Person for the Period of Insurance.

Hospital Cash Benefit

The Insured Person is eligible for benefit to the extent of Rs.150/- per completed day of hospitalisation subject to a maximum of 10 days per annum per person.

Convalescence Benefit

If the period of hospitalization exceeds consecutive 15 days, a lump sum Convalescence benefit of Rs.15,000/- is payable.

ICU Benefit

If the period of hospitalization exceeds 7 days in an ICU at a Hospital

/Nursing Home with a minimum of 300 beds, a lump sum recovery benefit of Rs.10,000/- is payable.

Critical Illness Benefit

A lump sum benefit of Rs.15,000/- is payable if the person is diagnosed and treated for Cancer or Stroke or undergoes CABG (Coronary Artery Bypass Graft) or Organ Transplant. This benefit is payable from the second year and is payable once during the lifetime of the Insured Person per illness.

Additional Features:

1. **Cashless Facility: (Through Third Party Administrators - TPA)**
 - a) In network hospitals, provided pre-admission authorisation in writing is taken from TPA appointed by Us, Insured need not pay for the eligible expenses at the hospital. The TPA will pay it directly.
 - b) TPAs will also provide 24 hour helpline and free ambulance referral facility.
 - c) TPAs will be guided by TPA regulations formed by IRDA.
 - d) In non-networked hospitals, hospitalisation expenses will only be reimbursed.

(The cashless facility can be availed subject to compliance of the procedure laid down in the information handbook issued along with this Policy.)

2. Income Tax Relief

This insurance scheme is approved by IRDA and the premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.

3. Cumulative Bonus

The Limits under this Policy shall be progressively increased by slabs of 15% of the Sum Insured in respect of each claim-free year of insurance with Us, subject to a maximum accumulation of 4 slabs of cumulative bonus. Once the maximum accumulation is reached, even if there is a subsequent increase in Sum Insured, no further Cumulative Bonus shall accrue. Sum Insured for the purpose of calculation of Cumulative Bonus shall be the expiring Sum Insured or the revised Sum Insured whichever is lower.

Where a claim has arisen under the expiring policy, the earned cumulative bonus, if any, in respect of such insured person shall be reduced by 1 slab of cumulative bonus last accumulated.

D. EXCLUSIONS

The Company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

1. Pre-Existing Conditions and its complication which shall however be covered after 4 years of continuous insurance from the commencement date of the first policy issued by Us or any Indian Insurer subject to Portability guidelines.

This exclusion will also apply to any complications arising from pre-existing condition. For example, if a person is suffering from pre existing diabetes or hypertension or both, then the policy would be subject to the following exclusions:

Diabetes	Hypertension/Diabetes
Diabetic Retinopathy	Coronary Artery Disease
Diabetic Nephropathy	Cerebro Vascular Accident
Diabetic Foot / wound	Hypertensive Nephropathy
Diabetic Angiopathy	Internal Bleeding/Haemorrhages
Diabetic Neuropathy	
Hyper / Hypoglycaemic shocks	

2. **30 Days Waiting Period:** Any claim during the first 30 days from the Commencement Date of the First Policy with us shall not be payable unless caused by an Accident.

3. **First Year Exclusions:** During the first year of the policy any expenses incurred towards the following disease/surgical procedures are not covered unless caused by accident.
Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Anomaly, Fistula in Anus, Piles, Sinusitis.
4. Treatment arising from or traceable to pregnancy/childbirth including voluntary termination of pregnancy. This exclusion shall however not apply in case of ectopic pregnancy.
5. The cost of spectacles, contact lenses and hearing aids. Injections for Age related Macular Degeneration/Choroidal Neovascularization membrane. And related disorders, Yag Laser/ Argon Laser and such other treatments.
6. Dental treatment
7.
 - a. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital external disease or defects or anomalies, Sterilization, Tubectomy, Vasectomy, Venereal disease, Intentional self injury or attempted suicide.
 - b. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
8. All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-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.
9. 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 and hospitalisation for evaluation/ diagnostic purpose.
10. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
11. Claims directly or indirectly caused by or arising from or attributable to:
 - a. War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not)
 - b. Nuclear weapons/materials or Radioactive Contamination.
 - c. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
 - d. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
 - e. Biological, Nuclear or chemical terrorism.
12. Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization and any Out-patient (OPD) treatment charges.
13. Sex change or treatment which results from, or is in any way related to, sex change.
14. Hormone replacement therapy (including hormone replacement treatment following any disease / surgery) Cytotron Therapy, Oxymed Therapy, Arterial Clearance Therapy and similar such therapies.
15. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
16. The treatment of psychiatric and psychosomatic disorders and mental or nervous conditions, insanity.
17. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, corrective surgery for refractive error and including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of cancer, accidents and burns.
18. Expenses incurred towards treatment of illness/disease/injury/ condition arising out of use/misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not).
19. Any stay or extended stay in Hospital for any domestic reason or where there is no active regular treatment by a Medical Practitioner. Any hospitalization which is not Medically Necessary.
20. Any treatment received outside India.
21. Any other Alternative Treatments except Allopathy (Modern Medicine).
22. 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.
23. Any fertility, sub-fertility or assisted conception operation.
24. Participation in Hazardous sports/activities of any kind.
25. Treatment provided by a Medical Practitioner which is outside of his discipline for which he is licensed.
26. Any claim in respect of stem cell implantation/surgery and storage except Bone Marrow Transplantation which is otherwise covered by policy.
27. Insured's/Proposer's involvement in any activities resulting in any breach of law with criminal intent.
28. Any claim in respect of Unproven/Experimental treatment.
29. Excluded Expenses as per Annexure 1.
30. Treatment taken at excluded hospitals as per Annexure 3. Note: For updated list of Excluded Hospitals please visit our website www.royalsundaram.in
31. Cost of Donors screening or treatment including surgery to remove organs in the event of the insured acting as a Donor.

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 admission in network hospital The Insured shall call the TPA helpline and furnish Membership Number, Policy Number and the Name of the Patient within 72 hours before admission to hospital for planned hospitalization and not later than 48 hours of admission in case of emergency hospitalization. The insured shall also provide to the TPA by fax or e-mail, the details of hospitalization like diagnosis, name of hospital, duration of stay in hospital, estimated expenses of hospitalization etc in the prescribed form available with the Insurance help desk at the Hospital, duly signed by the attending doctor and the insured person. The Insured shall also provide any additional information or medical record as may be required by the medical panel of the TPA. After establishing the admissibility of the claim under the policy, the TPA shall provide a pre-authorisation to the hospital guaranteeing payment of the hospitalization expenses subject to the sum insured, terms, conditions and limitations of the policy.

For admission in non-network hospital or into network hospital if cashless facility is not availed

- **Notice of claim:** Preliminary notice of claim with particulars relating to Policy number, Name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the hospital, should be given to the Insurer by email or phone within 72 hours before admission in case of planned hospitalization and not later than 48 hours in case of emergency hospitalization.
- **Submission of claim:** The insured shall submit the claim form along with attending physician's certificate duly filled and signed

in all respects with the following claim documents not later than 30 days from the date of discharge.

• **Mandatory documents**

1. Test reports and prescriptions relating to First/Previous consultations for the same or related illness
2. Case history/Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital
3. Death summary in case of death of the insured person at the hospital
4. Hospital Receipts / bills / cash memos in Original (including advance and final hospital settlement receipts)
5. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including doctor's prescription advising such tests/ investigations (CDs of angiogram, surgery etc need not be sent unless specifically sought)
6. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital
7. FIR/MLC. in the case of accidental injury and English translation of the same, if in any other language
8. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury
9. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us
10. For a) Cataract claims - IOL sticker b) PTCA claims - Stent sticker
11. Copies of health insurance policies held with any other insurer covering the insured persons
12. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them with attested copies of claim documents and that Original claim documents are retained at their end.

• **Documents to be submitted if specifically sought**

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart)
2. Copy of extract of Inpatient Register
3. Attendance records of employer/educational institution
4. Complete medical records (including indoor case records and OP records) of past hospitalization/treatment if any
5. Attending Physician's certificate clarifying
 - reason for hospitalization and duration of hospitalization
 - history of any self-inflicted injury
 - history of alcoholism, smoking
 - history of associated medical conditions, if any
6. Previous master health check-up records/pre-employment medical records if any
7. Any other document necessary in support of the claim on case to case basis.

Waiver: The above time limit for claim intimation and claim submission may be waived by the insurer in exceptional circumstances on a case to case basis subject to satisfactory reasons. This waiver cannot be claimed by the insured as a matter of right.

The claim documents should be sent to:

Health Claims Department

M/s Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers

No 2/319 Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai 600097.

- 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 or Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

2. **Payment of Claim**

- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- The Company shall be released from any obligation to pay insurance benefits if any of the obligations are breached by the insured.
- All claims under this Policy shall be payable in Indian Currency.
- The Company shall be liable to pay an 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 delay in payment beyond 7 days from the date of acceptance.
- No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance.
- No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.
- In the event of hospitalization falling within two policy periods, the Sum Insured considered for such claim shall be the available Sum Insured under both policy periods.

3. **Transfer**

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

4. **Cancellation**

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the Insured, by giving fourteen (14) days notice in writing by courier/registered post/acknowledgement due post to the Insured at address recorded/updated in the policy. In the event of such cancellation on the grounds of mis representation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy. In the event of cancellation on the grounds of non cooperation, the company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scale as mentioned below provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the insured.

Short period scales of rates:

Period on Risk	Rate of Premium to be retained	Rate of Premium to be retained	Rate of Premium to be retained
Tenure of the Policy	1 Year	2 Years	3 Years
Up to 1 month	25% of Premium	10% of premium	10% of premium

Up to 3 months	50% of Premium	25% of premium	20% of premium
Up to 6 months	75% of Premium	40% of premium	25% of premium
Up to 12 months	Full Premium	50% of premium	30% of premium
Up to 13 months		60% of premium	40% of premium
Up to 15 months		75% of premium	50% of premium
Up to 18 months		90% of premium	60% of premium
Up to 24 months		Full Premium	70% of premium
Up to 25 months			75% of premium
Up to 27 months			80% of premium
Up to 30 months			90% of premium
Exceeding 30 months			Full Premium

From the amount thus arrived the cost of medical expenses (if any) incurred by the company shall be deducted and the balance shall be refunded.

5. Notice

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or email to

In case of the Insured, at the address specified in the Policy Schedule.

In case of the Company:

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers

No 2/319 Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai 600097

Email: customer.services@royalsundaram.in

Toll No.: 1860 425 0000.

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, or e-mail.

6. 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.

7. Geographical Area

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

8. Contribution

If at the time of a claim under this Policy, there is any other insurance covering the same loss, the right of contribution apply.

9. Insurer's rights (Subrogation)

We have the right, to do the following, in Insured's name but at Our expense to:

- Take over the defence or settlement of any claim
- Start legal action to get compensation from anyone else
- Start legal action to get back from anyone else payments that have already been made by us.

10. Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured 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 to the Insured.

11. Renewals

This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. Policy must be renewed within the Grace Period of thirty 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 the discretion of Us. Any condition/diseases contracted during the break-in period shall not be covered and shall be treated as Pre-existing condition and waiting period for such disease will commence afresh.

In the event of mis-description, fraud, non co-operation by the Insured or non disclosure of material facts coming to our knowledge, policy shall not be considered for renewal.

At renewal, the coverages, terms and conditions & premium may change, in which case a three months notice shall be sent to the Proposer at his last known address as recorded in the policy. Any change in premium on account of change of age will not require any prior notice.

The product/plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer 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.

12. 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.

13. 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.

14. Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

15. Change of Address

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

16. Change in Sum Insured

Any change in Sum Insured can be considered only at the time of renewal. Eligibility for enhancement of Sum Insured is not automatic and is subject to the discretion of the Company. When the Company is admitting liability for any Medical Condition contracted by the Insured Person during the previous period of Insurance(s) with us then, we shall pay either the Sum Insured for that Insured Person during the first occurrence of such condition or the available Sum Insured under the current Policy, whichever is less. For the increased Sum Insured the waiting period shall commence afresh.

17. Inclusion/Deletion of Insured Persons

Inclusion of persons during midterm of the policy is not permitted. Deletion of insured persons during the currency of the policy shall not be permitted except during the renewal or due to the death of the insured person unless the entire policy is cancelled.

18. Compliance with Policy Provisions

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

19. Free Look in:

At the inception of the policy you will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If you have not made any claim during the free look period, you will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

- a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;
- b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;

- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

20. Portability

This policy is portable. If proposer desires to port to this policy, application in the appropriate form should be made before 45 days from the date of renewal. The company retains the rights to underwrite proposals falling under portability as per the company's underwriting guidelines. In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and Pre-existing Disease(s) shall be deemed from the first inception date of any Indemnity Health Insurance Policy and such rights shall be limited to the extent of the sum insured including CB, in each of the year, provided the Policy has been continuously renewed without any break.

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, Bhubaneswar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi. For Contact Details of Insurance Ombudsmen, please visit our website 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 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

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

IRDA Registration No.102. | CIN: U67200TN2000PLC045611