













Smart Cash Plan



A health insurance plan to cover
your **out of pocket expenses**

Smart Cash Plan

Get **Platinum, Gold or Silver** under Smart Cash Plan to cover your out of pocket expenses

-  Accident Hospitalisation Benefit
-  Convalescence Benefit
-  Critical Illness Benefit
-  Joint Hospitalisation
-  Child Birth Benefit
-  Emergency Family Member Visit
-  Guest Expenses
-  Food Expenses
-  Travel Expenses
-  Incidental & Miscellaneous Expenses

-  **Service & Claims Standards**
 - + ISO 9001-2008 Certified Health & Accident Claim Services
 - + Exclusive Customer Service Help Desk



WHY SMART CASH PLAN?

"Smart Cash Plan" is a product providing daily cash benefit for each completed and consecutive period of 24 hours stay in the hospital, due to sickness or accident. This is not a substitute for Health Insurance but a supplement to Health Insurance covering out of pocket expenses associated with sickness/accident hospitalization like special diet, conveyance expenses to the hospital and back, expenses incurred by a family member staying with the patient, and so on. This product can be renewed lifelong.

PRODUCT BENEFIT TABLE

| BENEFITS/PLANS | PLATINUM | GOLD | SILVER |
|--|---|---|---|
| Daily Benefit (in ₹) | 5000, 7500, 10000 | 3000, 4000, 5000 | 500, 1000, 1500, 2000, 2500, 3000 |
| Hospital Cash Benefit(A) | Cover for 180 days per policy year on every consecutive and completed period of 24 hours of hospitalization | Cover for 180 days per policy year on every consecutive and completed period of 24 hours of hospitalization | Cover for 180 days per policy year on every consecutive and completed period of 24 hours of hospitalization |
| Accident Hospitalization Benefit(B) ¹ | Double the daily benefit for a maximum of 15 days when hospitalized for more than 5 days. | Double the daily benefit for a maximum of 15 days when hospitalized for more than 5 days. | Double the daily benefit for a maximum of 15 days when hospitalized for more than 5 days. |
| Convalescence Benefit(C) ² | ₹10000/-payable for hospitalization beyond 15 days | ₹10000/-payable for hospitalization beyond 15 days | ₹10000/-payable for hospitalization beyond 15 days |
| Critical Illness Benefit(D) ³ | ₹20000/-payable on diagnosis of covered 7 listed critical illness | ₹15000/-payable on diagnosis of covered 7 listed critical illness | ₹10000/-payable on diagnosis of covered 7 listed critical illness |
| Joint Hospitalization due to an Accident(E) ⁴ | Double the daily benefit payable when two or more insured persons covered under the same policy are hospitalized concurrently for a maximum of 5 days | Double the daily benefit payable when two or more insured persons covered under the same policy are hospitalized concurrently for a maximum of 5 days | Double the daily benefit payable when two or more insured persons covered under the same policy are hospitalized concurrently for a maximum of 5 days |
| Child Birth Benefit(F) ⁵ | A lump sum of ₹20000/- | A lump sum of ₹10000/- | Not available |
| Pre-Existing Disease Benefit(G) ⁶ | A chosen daily benefit or ₹5000/- per day whichever is lower is payable up to a maximum of 5 days | A chosen daily benefit or ₹5000/- per day whichever is lower is payable up to a maximum of 5 days | Not available |
| Health Check up cost reimbursement(H) ⁷ | A maximum of 50% of the average daily benefit chosen is reimbursable | A maximum of 50% of the average daily benefit chosen is reimbursable | Not available |
| Intensive Care Benefit(I) ⁸ | Double the daily benefit is payable for maximum of 5 days per policy year | Not available | Not available |
| Parental Accommodation Benefit(J) ⁹ | A chosen daily benefit is payable up to a maximum of 5 days per policy year | Not available | Not available |
| Emergency Family Member Visit from abroad(K) ¹⁰ | Reimbursement of two way flight charges in economy class up to a maximum of ₹1 lac per insured person per policy year | Not available | Not available |
| Customer Level Option | ₹25 lakhs | ₹15 lakhs | ₹10 lakhs |
| Personal Accident Benefit ¹¹ | | | |

NOTE:

- 1. Accident Hospitalization Benefit (B):** This benefit is payable when hospitalization is due to road/rail/air accident. For such duration no benefit shall be payable under Benefit A.
- 2. Convalescence Benefit (C):** This benefit is payable in addition to Benefit A, payable only once per illness/accident/policy and is admissible only if there is an admissible claim under Hospital confinement Benefit (A).
- 3. Critical Illness Benefit (D):** This Benefit shall be admissible only if there is an admissible claim under Benefit (A). Only one lump sum payment is applicable during Insured's lifetime regardless of the number of Critical Illness.

List of Critical Illness covered:

- a) First Diagnosis of the below-mentioned Illnesses more specifically described below
 1. Cancer of specified severity
 2. Multiple Sclerosis with Persisting Symptoms
 3. Kidney failure requiring regular dialysis.
 - b) Undergoing for the first time of the following surgical procedures, more specifically described below.
 4. Open chest CABG,
 5. Open Heart Replacement or Repair of Heart Valves.
 - c) Occurrence for the first time of the following medical events more specifically described below
 6. Stroke resulting in permanent symptoms
 7. First Heart Attack – of specified Severity.
- 4. Joint Hospitalization due to an Accident (E):** This benefit is payable as per chosen benefit plan under benefit (A) and for such duration no benefit shall be payable under Benefit A.
 - 5. Child Birth Benefit (F):** This benefit is applicable only for female insured persons under Gold & Platinum plans and is payable maximum twice during the lifetime of the Insured Person.
 - 6. Pre-Existing Disease Benefit (G):** This benefit is paid after a waiting period of 48 months. On admissibility of pre-existing disease benefit under the policy, payment for any other benefit is not applicable. (Plans - Gold & Platinum).
 - 7. Health Check up cost reimbursement (H):** This benefit is applicable for insured person/s after a block of 4 consecutive claim free years. (Plans - Gold & Platinum).
 - 8. Intensive Care Benefit (I):** On admissibility of ICU benefit under the Policy, the Hospital Confinement Benefit (A) or Accident Hospitalization Benefit(B) for the period is not payable. (Plan - Platinum).
 - 9. Parental Accommodation Benefit (J):** This benefit is payable in addition to hospital confinement benefit (A) in case of hospitalization of insured person aged 12 years or less and exceeding the 72 hours of hospitalization provided the claim is admissible under Benefit A. (Plan - Platinum).
 - 10. Emergency Family Member Visit from abroad (K):** In the event of admissible claim under Critical Illness Benefit (Benefit D) for hospitalisation, of Insured Parents/Spouse/Children due to Critical Illness, Flight ticket charges incurred by the insured person for emergency travel to India from abroad within a period of 30 days from the date of diagnosis or surgery as applicable, will be payable. (Plan -Platinum).
 - 11. Personal Accident Benefit:** Death, Permanent Total Disablement & Permanent Partial Disablement. (Plan - Silver, Gold & Platinum).

ELIGIBILITY CRITERIA & POLICY TERMS:

Minimum Entry Age: The minimum entry age is 91 days for an insured person and 18 years for a proposer

Maximum Entry Age:

- Silver Plan - No age restriction
- Gold & Platinum Plans - 70 years

There is no exit age.

Policy Type: Individual

Change in Daily Benefit Plan: The daily benefit plan can be increased/decreased only at the time of renewal

Renewal: Lifelong renewal

Grace period for Renewal: 30 days from the date of expiry of the policy

Pre-Policy Medical Checkup: Required for a person aged above 60 years opting for Platinum Plan.

The following medical tests shall be required:

Mandatory Medical Examination Report, HBA1C, ECG Printout, Lipid Profile, Hemoglobin, S.Creatinine, Liver Function Tests.

Royal Sundaram shall bear 50% of the cost of medical examination if you have opted for an annual cover and 100% if you have opted for a 2/3 years cover, in the event of the risk being accepted.

Relationship Covered: All types of legal relationship are covered (for e.g. spouse, children, parents, parents-in-law, grand parents, grand children, uncle, aunt, nephew, niece).

PREMIUM CHART (Inclusive of 18% Goods and Services Tax. All rates in ₹)

| 1 YEAR | | SILVER | | | | | GOLD | | | PLATINUM | | | |
|-------------------|------------------|--------|-------|-------|-------|-------|-------|-------|-------|----------|--------|--------|--------|
| Daily Benefit (₹) | | 500 | 1,000 | 1,500 | 2,000 | 2,500 | 3,000 | 3,000 | 4,000 | 5,000 | 5,000 | 7,500 | 10,000 |
| Age Band | 91 days - 45 yrs | 752 | 1,506 | 2,067 | 2,625 | 3,186 | 3,747 | 4,158 | 5,545 | 6,932 | 7,247 | 10,870 | 14,492 |
| | 46 - 70 yrs | 837 | 1,674 | 2,295 | 2,919 | 3,540 | 4,161 | 4,623 | 6,163 | 7,705 | 8,390 | 12,585 | 16,780 |
| | 71 - 80 yrs** | 837 | 1,674 | 2,295 | 2,919 | 3,540 | 4,161 | 6,072 | 8,095 | 10,120 | 12,681 | 19,023 | 25,362 |
| | 81 yrs** + | 1,086 | 2,173 | 2,979 | 3,819 | 4,750 | 5,724 | 6,678 | 8,905 | 11,132 | 13,950 | 20,925 | 27,900 |

| 2 YEARS | | SILVER | | | | | GOLD | | | PLATINUM | | | |
|-------------------|------------------|--------|-------|-------|-------|-------|--------|--------|--------|----------|--------|--------|--------|
| Daily Benefit (₹) | | 500 | 1,000 | 1,500 | 2,000 | 2,500 | 3,000 | 3,000 | 4,000 | 5,000 | 5,000 | 7,500 | 10,000 |
| Age Band | 91 days - 45 yrs | 1,354 | 2,711 | 3,720 | 4,725 | 5,734 | 6,743 | 7,486 | 9,981 | 12,477 | 13,044 | 19,565 | 26,088 |
| | 46 - 70 yrs | 1,506 | 3,012 | 4,131 | 5,253 | 6,372 | 7,491 | 8,321 | 11,093 | 13,868 | 15,102 | 22,653 | 30,204 |
| | 71 - 80 yrs** | 1,506 | 3,012 | 4,131 | 5,253 | 6,372 | 7,491 | 10,930 | 14,574 | 18,215 | 22,827 | 34,241 | 45,654 |
| | 81 yrs** + | 1,955 | 3,909 | 5,362 | 6,875 | 8,551 | 10,301 | 12,022 | 16,031 | 20,037 | 25,109 | 37,665 | 50,219 |

| 3 YEARS | | SILVER | | | | | GOLD | | | PLATINUM | | | |
|-------------------|------------------|--------|-------|-------|--------|--------|--------|--------|--------|----------|--------|--------|--------|
| Daily Benefit (₹) | | 500 | 1,000 | 1,500 | 2,000 | 2,500 | 3,000 | 3,000 | 4,000 | 5,000 | 5,000 | 7,500 | 10,000 |
| Age Band | 91 days - 45 yrs | 1,977 | 3,954 | 5,424 | 6,893 | 8,364 | 9,834 | 10,918 | 14,555 | 18,195 | 19,022 | 28,532 | 38,044 |
| | 46 - 70 yrs | 2,195 | 4,392 | 6,026 | 7,660 | 9,293 | 10,924 | 12,133 | 16,178 | 20,222 | 22,023 | 33,035 | 44,045 |
| | 71 - 80 yrs** | 2,195 | 4,392 | 6,026 | 7,660 | 9,293 | 10,924 | 15,939 | 21,252 | 26,564 | 33,289 | 49,935 | 66,579 |
| | 81 yrs** + | 2,850 | 5,701 | 7,819 | 10,028 | 12,470 | 15,022 | 17,532 | 23,377 | 29,221 | 36,618 | 54,927 | 73,237 |

**Premium charges above the age of 70 years are applicable only for renewals under Gold and Platinum Plan
The above 2 & 3 year rates include a tenure discount of 10% and 12.5% respectively.

OPTIONAL

PERSONAL ACCIDENT BENEFIT (Inclusive of 18% Goods and Services Tax. All rates in ₹ per lac per policy year)

| PLANS | SILVER | GOLD | PLATINUM |
|----------------------|---------|---------|----------|
| Sum Insured (in ₹) | 10 Lacs | 15 Lacs | 25 Lacs |
| Premium Rate-1 Year | 1,062 | 1,594 | 2,656 |
| Premium Rate-2 Years | 1,912 | 2,868 | 4,780 |
| Premium Rate-3 Years | 2,784 | 4,178 | 6,962 |

The above 2 & 3 year rates include a tenure discount of 10% and 12.5% respectively.

FAMILY DISCOUNT:

10% for covering 3 or more members

TENURE DISCOUNT:

2years - 10% discount

3years - 12.5% discount

What tax benefit do I get?*

Any premium paid towards Smart Cash Plan (excluding premium paid for Personal Accident benefit) will be eligible for Income tax benefits under Section 80D in the assessment year in which the premium is paid. This is available on premium paid by you on behalf of yourself, your spouse and dependent children upto a maximum of ₹25,000* per year. In case of premium paid towards dependent parents you can avail an additional benefit of ₹25,000* and if they are senior citizens the benefit is extended to upto a maximum of ₹30,000*

*The above exemption is as per the income tax act 1961 and is subject to change as per amendments made thereto from time to time.

When is the insurance coverage effective?

Once you decide to apply for the plan, the applicable premium depending upon the plan chosen by you will be debited from your Credit Card or Bank Account. Your coverage begins from the date the premium is received by Royal Sundaram towards your Smart Cash Plan. Royal Sundaram will issue the policy and send it to your mailing address.

How do I make my Claims?

1. 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, address Hospital/Nursing Home etc. should be given to Royal Sundaram 24 hours prior to admission in case of planned hospitalisation and not later than 24 hours after admission in case of an emergency hospitalisation.
2. The claim form duly completed in all respects along with all documents listed below should be submitted to Royal Sundaram within 30 days from the date of discharge.
 - a) Photo copy of bills, receipt and discharge certificate/card from the Hospital.
 - b) Photocopy of F.I.R. copy in case of an accident.
 - c) Complete set of Hospital/medical records if specifically sought by Royal Sundaram.

All valid claims supported by the required evidence will be processed in accordance with the policy. However, if the documents submitted along with the claim are not in order or not complying with the requirements of the insurer, the claim could get rejected. Claims can also be rejected in case the declaration signed at the time of application can be proved to be false. In case the insurer rejects a claim, the bank will not be liable for any claims.

WAITING PERIOD & MAJOR EXCLUSIONS:

- 1. Initial waiting period of 30 days**
- 2. 12 Months Waiting Period:** Treatment of Congenital Internal Anomaly, Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis & related disorders and Knee/Hip replacement.
- 3. 24 Months Waiting Period:** Child birth benefit.
- 4. 48 Months Waiting Period:** Pre-existing disease benefit.
- 5. Permanent Exclusions:**
 - Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Venereal disease, intentional self injury or attempted suicide
 - Hospitalization for evaluation and / or diagnostic purposes.
 - Any routine or preventative examinations, vaccinations, inoculation or screening.
 - Pre Existing Disease and any illness, medical condition, injury, which is a complication of a Pre Existing Disease. For Gold & Platinum Plans, PED exclusion shall be waived after 4 years of continuous insurance from the commencement date of the first policy issued by Us as specified under Benefit G. This benefit is not applicable to Silver Plan.
 - Outpatient treatment charges.
 - Treatment of psychiatric and psychosomatic disorders, mental or nervous conditions, insanity.

Special Exclusion for Critical Illness Benefit Section:

Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease.

Critical Illness Benefit nos. 3, 4, 5, and 7 shall not be admissible in respect of Insured Persons suffering from preexisting Hypertension/ Diabetes

Special Condition for Critical Illness Benefit Section:

Only one lump sum payment shall be provided during the Insured's lifetime regardless of the number of Critical Illness, incapacities or treatments suffered by him/her. Critical Illness benefit under the Policy will be automatically terminated after payment under this Section and shall not be available even during subsequent renewals.

The above exclusions are indicative and not exhaustive. For detailed list refer to policy terms and conditions, which will be made available on request.

EXITING THE PLAN

Should you wish to cancel your Smart Cash Plan coverage, you can contact Royal Sundaram General Insurance Co. Limited through the contact details shared in this brochure.

FREE LOOK / REFUND DETAILS

This plan, at inception, has a free look period of 15 days from the date of receipt of policy. On review of the policy terms and conditions, If you are not satisfied with this plan, then you can cancel your plan within this 15 days free look period. You

shall be eligible for a refund of premium, after deducting applicable risk premium, less the cost of medical examination incurred by the Company and stamp duty charges, where applicable, provided your intimation of cancellation reach us within the free look period. Your policy documents will reach you within 15 days from the date of debit of your card / account.

In case you cancel your coverage after the free look period, refund of premium shall be as per the short period rates mentioned in the Policy.

RENEWAL DISCLOSURE

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 as per the underwriting guidelines of the company.

The coverages, terms & conditions and the premium are guaranteed till the expiry date shown in the policy. At renewal, the coverages, terms & 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.

On renewal the daily benefit can be increased up to a maximum of 100% of the existing Sum Insured. Eligibility for enhancement of sum insured shall be subject to the underwriting guidelines of the company. For those customers who have a pre existing disease or who have made a claim the increase in sum insured is not automatic and guaranteed. It shall be subjected to the underwriting guidelines of the company and restricted to a maximum daily benefit of ₹3000/- or existing daily benefit as per chosen plan whichever is higher.

A chosen sum insured cannot be increased after 70 years.

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.

At renewal, the coverages, terms & conditions & premium may change subject to IRDAI's approval, in which case a three months notice shall be sent to the Proposer at his last known address as recorded in the policy.

In the event of withdrawal of this product, company shall offer similar alternative product by giving a prior 90 days notice to policy holder.

This policy is portable and renewable lifelong. This product can be ported to another company before the renewal date. In case you wish to port, to ensure continuous coverage of the policy with out any break in insurance, please get in touch with the other insurance company 45 days before the renewal date to initiate the necessary porting formalities there.

Even in the event of the individual ceasing to be a customer of the bank / corporate agent, the existing policy shall be renewed under normal circumstances on the terms and conditions prevailing at the time of expiry of the policy.

SUMMARY

This brochure is only a brief summary of Smart Cash Plan. This is not an insurance contract or an offer of insurance. The coverage will be subject to the terms & conditions of the Smart Cash Plan issued by Royal Sundaram General Insurance Co. Limited.

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact relating to this insurance of the insured or non-cooperation by the Insured in which case the Company shall not refund to the insured any portion of the premium.

Disclaimer

Smart Cash Plan product is underwritten and issued by Royal Sundaram General Insurance Co. Limited. Claims will be settled by Royal Sundaram General Insurance Co. Limited as per the terms and conditions of the policy. This brochure is not a contract of Insurance. Please refer policy document for exact terms and conditions and specific details applicable to this Insurance. Your participation in this insurance product is purely on a voluntary basis. We advise you to take your own professional advice before you participate. The Smart Cash Plan product of Royal Sundaram is approved by IRDAI.

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 renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for penalty 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@royalsundaram.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 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.

Call **1860 425 0000**
royalsundaram.in

Royal Sundaram IRDAI Registration No.102

CIN: U67200TN2000PLC045611

UIN: IRDAI/HLT/RSAL/P-H/V/II/181/14-15

(Revision November 2015)

Proposal No.

SMART CASH PLAN HEALTH PROPOSAL FORM



Royal Sundaram

General Insurance

Campaign Code - C107

FOR INTERNAL USE

SP Name _____ SP Employee ID _____

SP Branch _____ SP Code _____ SP Signature _____

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.

Tenure Opted: 1 Year 2 Years 3 Years

Please select your suitable plan. If you opt for different plans for different insured persons please mention the chosen plan for each of the insured person in "Details of persons to be covered" section.

Silver Plan Gold Plan Platinum Plan

Optional Benefit Personal Accident

CUSTOMER INFORMATION

Mr. Mrs. Miss Others _____ Date of Birth

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

 PAN Number# _____

Name of the Proposer _____
First Name _____ Middle Name _____ Last Name _____

Marital Status Married Single

Annual Income (₹) < 50,000 50,000 - 1,50,000 1,50,001 - 3,00,000 3,00,001 - 5,00,000 > 5,00,000

Address for Correspondence _____

City _____ State _____

Landmark _____

Pincode _____ Telephone _____ - _____

Mobile _____ E-mail _____

Nominee Name _____ Nominee's relationship to proposer _____

Is your nominee also proposed for cover in this policy Yes No

PLEASE TICK AGAINST THE APPLICABLE DESCRIPTION, IF YOU FALL UNDER ANY OF THE BELOW LISTED CATEGORIES. IF YOU FALL UNDER MORE THAN ONE OF THE LISTED TITLES BELOW, PLEASE TICK AGAINST ALL THE APPLICABLE HEADS.

- Head of State or of Government Senior Politician Senior Government/Judicial/Military Officer
 Senior Executive of State-Owned Corporation Important Political Party Official

DETAILS OF PERSONS TO BE COVERED

| Sl. No | Name (First, Middle, Last) | Date of birth | Gender | Relation to proposer | Profession/trade/occupation | Smart Cash Sum Insured | Plan | Personal Accident Sum Insured | Smart Cash Premium | Personal Accident Premium |
|--------|----------------------------|---------------|--------|----------------------|-----------------------------|------------------------|------|-------------------------------|--------------------|---------------------------|
| 1. | | D D M M Y Y | | | | | | | | |
| 2. | | D D M M Y Y | | | | | | | | |
| 3. | | D D M M Y Y | | | | | | | | |
| 4. | | D D M M Y Y | | | | | | | | |
| 5. | | D D M M Y Y | | | | | | | | |
| 6. | | D D M M Y Y | | | | | | | | |

Total Premium

Family Discount (if applicable)

Final Premium

Please provide Nominee Details for members opting for a Personal Accident cover

| Sl. No | Name (First, Middle, Last) | Nominee Name | Nominee Relationship (with the insured person) | Sl. No | Name (First, Middle, Last) | Nominee Name | Nominee Relationship (with the insured person) |
|--------|----------------------------|--------------|--|--------|----------------------------|--------------|--|
| 1 | | | | 4 | | | |
| 2 | | | | 5 | | | |
| 3 | | | | 6 | | | |

MEDICAL HISTORY - DETAILS

Have you or other family members proposed, ever suffered or suffering from any symptom of physical or mental diseases/illnesses/infirmity or medical conditions or any congenital anomalies or developmental anomalies or any other medical complaints or sustained any accident and / or diagnosed with any disease / illness or have received any treatment or undergone any surgery for any diseases / illness? YES NO

If yes, give details for each person proposed

| Sl. No | Name of the Proposed Person | Nature of illness/disease/injury | Date first diagnosed | Treatment taken/now being taken/surgery done | Name of the attending medical practitioner with phone number |
|--------|-----------------------------|----------------------------------|----------------------|--|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Are there any additional facts affecting the proposed Insurance which should be disclosed to Insurers?:

Have you ever suffered from or currently suffering from or under treatment for the following?

| Details | Member 1 | Member 2 | Member 3 | Member 4 | Member 5 | Member 6 |
|---|--|--|--|--|--|--|
| High blood sugar / Diabetes | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Heart Disease | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Blood Pressure (Hypertension) / Stroke | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Chronic Obstructive Pulmonary disease | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Any type of Cancer | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Any type of Arthritis | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Seizure disorder/epilepsy | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Kidney / Liver problems / Any type of Hepatitis | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Do you have any other Health Insurance / Hospital Cash / Personal Accident Insurance Policies under any other schemes including credit cards, employee schemes etc. (from Royal Sundaram or any other company) If Yes, please give the following details YES NO

| Health / Hospital Cash / PA | Name of the Person covered | Name of the Company | Policy Number | Period of Insurance | Sum Insured |
|-----------------------------|----------------------------|---------------------|---------------|---------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

DECLARATION

I declare that persons proposed include my family members and they are not engaged in high - risk occupation. I also declare that I have explicitly given information of any pre - existing disease that they have and understand that such pre - existing medical conditions will not be covered under the policy (as per policy conditions). I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that 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 occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

This proposal shall form the basis of contract of Insurance. If any statements, answers, particulars are untrue or incorrect, the insurer shall incur no liability under this insurance. I hereby agree to apply on behalf of myself and / or my family members to the Smart Cash Plan product offered by Royal Sundaram General Insurance Co. Limited. I am also aware that the entire amount of the initial premium needs to be paid for the insurance policy to come into force and the renewal premia is subject to change as per the relevant age band and service tax rates, amended by Ministry of Finance, Govt. of India. I hereby authorize the bank to debit my bank account / credit card and pass on the proceeds to the insurance company.

I understand that the corporate agent will earn 15% as commission on this policy in their capacity as the licensed Corporate Agent of Royal Sundaram General Insurance Co. Limited.

I confirm that I have understood all the terms, conditions, coverages, and exclusions (related to: pre-existing diseases, first 30 days exclusions, first year exclusions) and I accept them.

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

I understand that the 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 applicant / insured and in such case the Company shall not refund any portion of the premium to the applicant.

I/We understand that acceptance of proposal shall be based purely on the underwriting guidelines of the company.

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, please read the policy terms and conditions, which can be made available on request, before concluding the sale.

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 renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Signature : _____

Date:

UIN-IRDAI/HLT/RSAL/P-H/V.II/181/14-15

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

(Revision November 2015)

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

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

Royal Sundaram IRDAI Registration No.102 | CIN-U67200TN2000PLC045611

☎ 1860 425 0000 | ✉ customer.services@royalsundaram.in | 🌐 www.royalsundaram.in