



HOSPITAL BENEFIT PLUS INSURANCE

PROSPECTUS

Eligibility

Hospital Benefit Plus Insurance is available to persons between the age of One year and 70 years at the commencement date of the Policy. (For the purpose of this insurance, "age" shall mean completed years of age). Proposer should be within 18 years to 70 years and can cover his family members i.e., Spouse, Dependant children and Dependant Parents who are financially dependant upon the proposer.

What are the key benefits of Hospital Plus?

This policy is specially designed to offer complete protection to you and your family for

Hospital Confinement Benefit -

In the event of hospitalization of the Insured Person due to any illness/disease for a consecutive period of more than 24 hrs, a daily benefit as mentioned in the Schedule of the Policy is payable for every 24 hours upto a maximum period of 180 days per illness/policy period.

2. Hospital Confinement Benefit - Accident

Any hospital confinement benefit payable will be increased to double the daily benefit shown on the schedule for each 24 hour period of a hospital confinement resulting from an insured person sustaining bodily injury due to road, rail or air accident.

3. ICU Benefit

For each 24 hour period of Hospital Confinement in an Intensive Care Unit, triple the Daily Benefit shown on the Schedule for that Insured Person is payable for a maximum of 21 days per illness/Accident.

4. Convalescence Benefit

For Hospital Confinement beyond 21 consecutive days a fixed amount is payable towards convalescence, in addition to the Hospital Confinement benefit, in accordance with the plan chosen for that Insured Person. This benefit is payable only once per illness/accident/policy.

Reduction of Benefits:

Benefits payable are reduced by half for first 10 days of hospital confinement for dependent Children up to 18 years and Insured persons who are above 60 years of age.

Accidental Death and Dismemberment:

This is a worldwide Personal Accident Cover that is specially designed to cover the following happening within 12 months from the date of accident (caused by external, violent and visible means):

within 12 Calendar months of occurrence be the sole and direct cause of Death/Disablement

- **Death:** In unfortunate event of the Insured Person sustaining any bodily injury resulting solely and directly from Accident caused by external, violent and visible means which results in death, the Sum stated in the Schedule/Certificate of Insurance will be paid to the nominee of Insured Person.

- **Permanent Total Disablement:** In unfortunate event of an accident resulting in Permanent Total Disablement the Insured Person will be paid the Sum stated in the Schedule/Certificate.

Who is providing coverage under Hospital Benefit Plus Insurance?

Your Coverage under Hospital Benefit Plus Insurance is offered by Royal Sundaram General Insurance Company Limited (first private non-life Insurance Company licensed to operate in India).

What additional benefits do I get?

Along with the above benefits, you are also entitled to avail of the following benefits:-

- **No Medical Examination:** No medical examination required for any age.
- **No Claim Bonus:** Sum Insured under the Personal Accident benefit shall be increased by 5% for every claim free year, subject to a maximum of 25%.
- **Tax Benefit:** This insurance scheme is approved by IRDA and the premium towards hospital confinement benefit is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.

Who is eligible for the coverage?

You must satisfy the following conditions:

Parameter	Eligibility
Age at entry	1yr - 70 yrs
Coverage Term	1 year
Health Condition	You need to be in good health, have understood and signed the proposal form.

What do I need to pay?

Premium table (including ST)

One Year Premium

PLAN	SILVER	GOLD	PLATINUM	DIAMOND
DAILY BENEFIT SI	500	1000	1500	2000
PA SI	500000	500000	750000	1000000
AGE BAND				
Upto 45 yrs	2036	3055	4583	6110
From 46 yrs	2546	4074	6112	8148



Renewal premium for above 70 years with 20% loading on premium

Family Discount: 10% for covering 3 or more Insured in a single Policy

How can my coverage end?

Event	Parameter
End of coverage term	After 1 year of policy inception unless renewed
If you cancel the coverage	Premium would be refunded as per the grid short period scales
Non receipt of renewal premium	If the renewal premium is not paid within the due date and within the Grace Period of 30 days.
Fraudulent event/non-cooperation	The policy when not renewed on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you.

How do I pay my Premium?

You will get the choice of easy payment option as follows:

- If you prefer, you can choose to pay the premium in full by a cheque or demand draft in favour of “Royal Sundaram General Insurance Company Limited”
- In case you wish to continue the policy after the stipulated period of one year, you have the option of making the premium payment by providing an ECS mandate against your bank account or by issuing a cheque in favour of Royal Sundaram General Insurance Company Ltd.

How do I Enroll?

Quick and easy enrolment process. No medical examination is required. All you need to do is to complete the proposal form. Kindly ensure all details are captured accurately and completely filled in before signing.

When does the coverage start?

Coverage in respect of all customers starts from:

- The date of Issuance of the Policy Document
- The company has received the coverage premium with respect to the lives of the insured.

How can my coverage end?

The coverage shall end on occurrence of any one of the instances as mentioned in the table below.



Event	Parameter
End of coverage term	After 1 year of policy inception
If you cancel the coverage	Premium would be refunded as per the grid short period scales
PA Cover	Upon payment of Accidental Death /Disablement claim

What document will I get as a proof of Insurance?

A Certificate of Insurance (COI) issued to you by the company, can be used as a proof of payment of premium to claim a benefit under the prevailing taxation laws. You would also get the policy terms and conditions towards the insurance policy.

What is the claim process?

Claims Procedure - for Hospital Confinement Benefit

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 of the Hospital/Nursing Home etc. should be given to Us 24 hours prior to admission in case of planned hospitalisation and not later than 24 hours after admission in case of an emergency hospitalisation.

The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge.

- a) Photo copy of bills, receipt and discharge certificate/ card from the Hospital.
- b) Photocopy of FIR copy in case of an accident.
- c) Complete set of Hospital/medical records if specifically sought by Us.
- d) If required, the Insured/Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
- e) If required, the Insured/Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

Claim Procedure for Personal Accident Benefit:

Death Claim (Submit the duly filled in claim form with the following documents).

- Original Death Certificate.
- Post Mortem Report.
- Inquest report.
- Accident report.
- FIR/MLC copy.
- Hospital records.
- News Paper cuttings if any and any other relevant records.
- Chemical Analysis Report if available.
- English Translation of vernacular documents.
- Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy.
- Any other document as may be required by the Company.



Permanent Total Disablement (Submit the duly filled in Claim form with the following documents).

- Disability Certificate issued by attending physician.
- Accident report.
- FIR/MLC copy.
- Hospital Records.
- News Paper cuttings if any and any other relevant records.
- English Translation of vernacular documents.
- Latest IT return to show Proof of annual income.
- Any other document as may be required by the Company.

If the bills/vouchers/reports are in a language, other than English /Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person/ his/her legal heir(s).

The claim documents should be sent to:

M/s. 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
Phone: 044-7117 - 7117

Can I renew my policy after the stipulated period of one year?

Yes, for subsequent renewals post the expiry of your policy period, you have the following options:

- Provide ECS (Electronic Clearing System) instructions against your bank account.
- Provide a cheque in favor of Royal Sundaram General Insurance Company Limited.

In addition to the above Royal Sundaram would also send you a renewal notice for your policy which would have the confirmation of the payment details.

What are the exclusions?

Hospital Cash Exclusions

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

1. a) Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease.
b) Any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre-existing Hypertension/ Diabetes.



2. 30 Days Waiting Period-Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy.

3. First Year Exclusions

Treatment of Congenital Internal Anomaly, any type of Migraine /Vascular head ache, Stones in the Urinary and Biliary systems, Surgery on Tonsils/Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/Nodules/Polyps, any type of Breast Lumps, Spondylosis/Spondylitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee/Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma/Sarcoma/Blood Cancer, Osteoarthritis of any joint during the first year of the operation of the Policy with us.

4. Treatment arising from or traceable to pregnancy/childbirth.

5. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.

6. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.

7. Confinement in Hospital 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.

8. Confinement 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.

9. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.

10. Directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).

11. Directly or indirectly caused by or arising from or attributable to:

11.1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or.

11.2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

12. Any routine or preventative examinations, vaccinations, inoculation or screening.

13. Outpatient treatment.



14. Sex change or treatment, which results from, or is in any way related to, sex change.
15. Hormone replacement therapy.
16. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
17. Treatment of psychiatric, mental or nervous conditions, insanity.
18. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
19. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse or any addiction and medical conditions resulting from, or related to, such abuse or addiction.
20. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
21. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
22. Any treatment received outside India.
23. Any other Alternative Treatments except Allopathy (Modern Medicine).
24. 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.
25. Any fertility, sub-fertility or assisted conception operation.
26. Participation in Hazardous Sport/Hazardous Activities.
27. Any claim in respect of Unproven/Experimental treatment.

Personal Accident Exclusions

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

- a) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- b) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an Accident.



- c) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the sum insured under this section.
- d) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement, as mentioned in Table of benefits.
- e) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- f) Any claim for Death or Disablement of the Insured Person from (i) intentional self-injury, suicide or attempted suicide (ii) whilst under the influence of intoxicating liquor or drugs (iii) self-endangerment unless in self-defense or to save life.
- g) In the event the insured is a victim of culpable homicide, i.e. where the insured dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing bodily injury as is likely to cause death, or with the knowledge that such act is likely to cause death.
- h) Any exclusion mentioned in the 'General Exclusions' of this Policy.

General Exclusions (applicable to all Benefits):

The Company shall not be liable to make any payments in respect of

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim in respect of Pre-existing conditions.
3. Any claim if the insured acts against the advice of a physician.
4. Any claim arising out of Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs/alcohol).
5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome), insanity and or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike Occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or



amounting to an uprising, military or usurped power, seizure, capture arrest restraints detentions of all kings, princes and people of whatever nation, condition, or quality whatsoever.

8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.

b) Nuclear weapons material.

c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

11. Participation in Hazardous Sport/Hazardous Activities.

12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.

13. Self exposure to needless peril (except in an attempt to save human life).

14. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

15. Payment of compensation in the event of a rail accident except if the accident is directly caused/occurring while Boarding/ travelling/alighting from a train within the railway area to which a public has got right of access.

16. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Certificate shall not extend to cover Death or disablement resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this clause "Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or



ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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

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

If the Company alleges that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.

Renewal Process

This policy is portable. 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.

At renewal, the coverage, terms & conditions and 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.

Cancellation Process

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 14 days notice in writing, provided that the Company shall in that case return to the Proposer, premium less a pro-rata part there- of for the portion of the current insurance period, which shall have expired. Such notice shall be deemed sufficiently given, if posted by Registered post and addressed to the Proposer at the address mentioned in the Policy.

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

Short period scales

For a period not exceeding	15 days	10% of the Annual Premium
-do-	1 month	15% of the Annual Premium
-do-	2 months	30% of the Annual Premium
-do-	3 months	40% of the Annual Premium
-do-	4 months	50% of the Annual Premium
-do-	5 months	60% of the Annual Premium
-do-	6 months	70% of the Annual Premium
-do-	7 months	75% of the Annual Premium
-do-	8 months	80% of the Annual Premium
-do-	9 months	85% of the Annual Premium
For a period exceeding	9 months	Full Annual Premium

Change in Daily Benefit

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 disease/illnesses /medical condition/injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Daily Benefit for that Insured Person during the first occurrence of such disease/ illness/medical condition/burns or the available daily benefit under the current Policy, whichever is less.

Free Look-in

At the inception of the policy you will be allowed a period of 15days 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.

Is my Hospital Benefit Plus Insurance portable?

Your Hospital Benefit Plus Insurance 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 Health Insurance Policy and such



rights shall be limited to the extent of the sum insured in each of the year, provided the Policy has been continuously renewed without any break. . If insured desires to port this policy with other insurers, he shall approach them well before the renewal date (at least 45 days prior to renewal date) to avoid break in the policy coverage due to possible acceptance delays.

Disclaimer:

Hospital Benefit Plus Insurance: Insurance is the subject matter of solicitation. The Hospital Benefit Plus Insurance is issued by Royal Sundaram General Insurance Company Limited. Claims will be settled by Royal Sundaram General Insurance Company 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. This plan is underwritten by Royal Sundaram General Insurance Company Limited. Your participation in this insurance product is purely on a voluntary basis.

Prohibition of rebates:

Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, 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 prospectuses or table of the insurer Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

For any Complaint / Grievance / Refund / Cancellation / Claim, please contact:

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

Phone: 044-7117 - 7117

Toll No.- 1-860-425-0000

Email: customer.services@royalsundaram.in

Visit us at www.royalsundaram.in