

**HOSPITAL CASH PLAN FOR STANDARD CHARTERED BANK CUSTOMERS****PROSPECTUS****1. Eligibility**

Hospital Cash Plan is available to persons between the age of 01 year and 70 years at the commencement date of the Policy (Renewable lifelong). (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.

**2. Benefits**

Hospitalization is expensive. In addition to hospital bills and medicines, incidental expenses like special diet, commuting to the hospital and back, hospital stay with the patient become an additional burden on the family's financial resources.

**This Hospital Cash Plan provides****Hospital Confinement Benefit**

In the event of hospitalization of the Insured Person for a consecutive period of more than 24 hrs, a daily benefit as mentioned in the Schedule of the Policy is payable for a maximum period of 180 days per illness/ Accident/ Policy. However for those who have opted for two years coverage the maximum period for daily benefit is 180 days for each year.

**Convalescence Benefit**

For Hospital Confinement beyond 21 consecutive days a fixed amount which is ten times that of the daily benefit 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. However for those who have opted for two years coverage the benefit is payable once in each year.

**Parental Benefit**

For each 24 hour period of Hospital Confinement of children covered under the policy, half the Daily Benefit shown on the Schedule for that Insured Person is payable in addition to the Hospital Confinement Benefit, for a maximum of 21 days per illness/accident/policy. However for those who have opted for two years coverage the benefit is payable for a maximum of 21 days per illness/accident/each year.

**3. Rates Grid: (excluding service tax)****ONE YEAR POLICY**

SI/AGE	1000	1500	2000	2500	3000	5000
1 YR - 45 YRS	1782	2313	3008	3620	4233	6685
From 46 Yrs onwards	1943	2568	3332	4025	4720	7496

**TWO YEAR POLICY**

SI/AGE	1000	1500	2000	2500	3000	5000
1 YR - 45 YRS	3207	4163	5414	6517	7620	12034
From 46 Yrs onwards	3498	4622	5997	7246	8495	13492

**FAMILY DISCOUNT**

A discount of 10% is allowed on the premium payable if two or more persons are covered under the same policy.



**How can my coverage end?**

<b>Event</b>	<b>Parameter</b>
End of coverage term	Depending upon tenure, after 1/2 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.

**4. Exclusions**

The Company shall not be liable under this contract for every first 24 hours of hospitalization and any claim in connection with or in respect of hospitalization for and due to:

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/Spondilitis 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. The 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. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.

27. Any Claim in respect of Unproven / Experimental Treatment.

**Claim Procedure:**

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) Photo copy of F.I.R. copy in case of an Accident.
- c) Complete set of Hospital/medical records if specifically sought by Us.
- d) If required, the Insured Person must give consent to obtain Medical Report from any Medical Practitioner at our expense.
- e) If required, the Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.

The documents should be sent to:

**Health Claims Department**

M/s. 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

**Policy Renewal:**

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. For persons above 70 years, the Daily Benefit Sum Insured shall be restricted to a maximum of Rs.2500/- unless otherwise stated in the schedule of the Policy.

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 coverages, terms & conditions and premium may change, in which case a three months notice shall be sent to the Insured Person 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.

**Policy Cancellation:**



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 by sending seven days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall not refund to the insured any portion of the premium.

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 : One year Policy**

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

**Short Period Scales : Two year Policy**

For a period not exceeding	30 days	10% of the Premium Paid
-do-	2 months	15% of the Premium Paid
-do-	4 months	30% of the Premium Paid
-do-	6 months	40% of the Premium Paid
-do-	8 months	50% of the Premium Paid
-do-	10 months	60% of the Premium Paid
-do-	12 months	70% of the Premium Paid
-do-	14 months	75% of the Premium Paid
-do-	16 months	80% of the Premium Paid
-do-	18 months	85% of the Premium Paid
For a period exceeding	18 months	Full Premium Paid

No refund will be made for such Insured for whom a claim has been paid or admitted.

**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 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.

**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.

**Is my Hospital Cash Plan portable?**

Your Hospital Cash Plan 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 Hospital Cash 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:**

Insurance is the subject matter of solicitation. Hospital Cash Plan for Standard Chartered Bank Customers 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 Prospectus 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 Prospectus 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](mailto:customer.services@royalsundaram.in)

Visit us at [www.royalsundaram.in](http://www.royalsundaram.in)

