



HOSPITAL PLUS

Prospectus

Hospital Plus - Quality Health Insurance

Your Health is your biggest investment. What will happen to your family in case you have a medical emergency? Hospital Plus plan helps you to get quick and effective treatment in hospitals for yourself and your family without drawing on your savings or borrowing money from friends and relatives.

Presenting “Hospital Plus” from Royal Sundaram General Insurance Company Ltd, a two in one, one-year comprehensive insurance plan.

What are the key benefits of Hospital Plus?

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

1. **Hospital Cash Benefit:**This benefit entitles you to a daily Hospital Cash Benefit as mentioned in the schedule for each completed 24 hours hospitalisation up to a maximum of 180 days for the entire policy period.

Example :

Mr.Sankar who has got a policy with daily benefit of Rs.1200/-gets admitted in Hospital X due to Infective Hepatitis at 11 a.m on 1.11.2008. He gets discharged at 3 p.m on 5.11.2008. He will be getting a benefit as under:

From 11 a.m on 1.11.2008 to 11 a.m 5.11.2008 - 4 days X Rs.1200 = Rs.4800/-

From 11.01 a.m to 3 p.m (less than 24 hours) - No Benefit

Total Claim payable = Rs.4800/-

2. **Personal Accident Cover:** This cover provides a lump sum benefit for Accidental Death caused by External, Violent & Visible means. For Accidental Death, the entire Sum Insured would be paid to the Insured's nominee.

Who is providing coverage under Hospital Plus?

Your Coverage under Hospital Plus 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:** Premium eligible tax benefits under Section 80D of the Income Tax Act, up to Rs.15, 000/- per year.

What is the coverage amount under Hospital Plus?

You and your family would be covered under the following Sum Insured.

Coverages	Plan 1	Plan 2
Hospital Confinement - Illness	Rs.1200 per day	Rs. 2100 per day
Hospital Confinement - Accident	Rs.2400 per day	Rs. 4200 per day
Convalescence Benefit	Rs.12000 lump sum	Rs.15000 lump sum
PA(death Only)	Rs.300000	Rs.300000

The limits specified above are in Indian Rupees and is applicable for the stipulated policy period.

Who is eligible for the coverage?

You must satisfy the following conditions:

Parameter	Eligibility
Age at entry	91 - 65 years
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?

Indicative per person Premium (In Rupees) for self, spouse, dependent children and dependent parents for coverage of stipulated Sum Insured is shown in the table below. The premiums are inclusive of applicable service tax/education cess as per the prevailing rates. The limits specified below are in Indian rupees and is applicable for the policy period.

Premium Inclusive of Service Tax		
Age Band	Plan 1	Plan 2
91 days to 55 years	1500	2500
56 years to 60 years	1900	3200
61 years to 65 years	2000	3300
From 66 years onwards	2200	3500

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

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 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

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 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.

2. The claim form duly completed in all respects along with all documents listed below should be submitted within 10 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.

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's 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

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 enrollment is proved to be false.

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 benefits of renewing the policy next year?

Apart from the entitlement of Cumulative Bonus, you become eligible to claim for ailments, which have a waiting period. For example, you may claim expenses for ailments like Stones in



the Urinary and Biliary systems, Surgery on Tonsils, etc. (First Year Exclusion) after the first renewal.

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 Condition and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Condition.
- 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 charges.
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 and psychosomatic disorders, mental or nervous conditions, insanity.
18. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, corrective surgery for refractive error 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 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.

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.
- e) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- f) Any claim for Death 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 Immuno deficiency 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 detainments 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/traveling/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 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 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 & 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 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 rate able 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

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 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. For the increased Sum Insured the waiting period shall commence afresh.

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. 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.

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.

Disclaimer:

Hospital Plus: Insurance is the subject matter of solicitation. The Hospital Plus Plan 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)

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