

**Master Product - Total Health Plus**

**PROSPECTUS AND SALES LITERATURE**

**Master Product - Total Health Plus - Quality Health Insurance**

Your family is the most important part of your lives. You try to plan out the best for them. But life sets its own course. And at times, you do face misfortunes like a sudden illness, a serious accident or an unavoidable surgery. To provide them with suitable medical attention in such a scenario, you fall back on your hard earned savings. Is there a better way to keep your savings intact?

Royal Sundaram brings to you Master Product - Total Health Plus, a unique health insurance plan, providing optimum health coverage at an affordable price.

This Health Insurance Plan is offered for a period of one year. It offers coverage much larger than the ones offered by basic plans.

**What are the key benefits of Master Product - Total Health Plus?**

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

- **Hospitalisation Cover:** Any expenses incurred towards Inpatient Hospitalization for a period of more than 24 hours, for the illnesses / diseases contracted or injury sustained by the insured person during the period of Insurance.
- Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home subject to a limit of 2% of the Sum Insured. For Intensive Care Unit subject to a limit of 4% of the Sum Insured.
- Nursing Expenses incurred during In-Patient hospitalization.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees.
- Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and Cost of Organs.
- **Pre-hospitalization expenses** – Pre-Hospitalization medical expenses incurred 30 days (Gold plus plan)/60 days (Platinum plus plan) prior to hospitalisation.
- **Post-hospitalization expenses** - Post Hospitalization medical expenses incurred within 60 days (Gold plan)/90 days (Platinum plan) from date of discharge from the hospital.
- **Day Care Treatment** – We shall pay for medical expenses for day care procedures (as Annexure II ) requiring less than 24 hours of hospitalisation but not towards expenses incurred in the out patient department of any hospital.

Claim amount payable per person towards the treatment of following disease, illness, medical condition or in jury during the period of insurance is subject to a limit of:

| Treatment | Limit of claim   |
|-----------|--|
| Cataract  | 10% of the Sum Insured subject to a Maximum of Rs.50,000/- |

|   |                                  |
|---|----------------------------------|
| Dialysis, Chemotherapy and Radiotherapy | 10% of the Sum insured per month |
| Physiotherapy Charges                   | Rs.250 per day                   |

**Modern Treatments:** The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:

- i. Uterine Artery Embolization and HIFU
- i. Balloon Sinuplasty
- ii. Deep Brain stimulation
- iii. Oral chemotherapy
- iv. Immunotherapy- Monoclonal Antibody to be given as injection
- v. Intra vitreal injections
- vi. Robotic surgeries
- vii. Stereotactic radio surgeries
- viii. Bronchical Thermoplasty
- ix. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- x. IONM - (Intra Operative Neuro Monitoring)
- xi. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Hospitalization Expenses incurred beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance shall not be payable.

### **1. Additional Benefit**

**Accident Hospitalisation** - The Company shall reimburse the Insured Person, Reasonable and Customary charges incurred in a Hospital as an Inpatient towards medical expenses for treatment of injury arising out of an accident, up to 50% of the Sum Insured mentioned in the Policy Schedule as Hospitalisation Benefit.

Further, it is condition precedent that payment of any such claim under this benefit shall be payable after exhausting the available Sum Insured under the hospitalisation benefit.

**Ambulance Charges** - Emergency ambulance charges for transporting the patient to the hospital upto a sum of Rs 1500 per admissible hospitalization and overall policy limit of Rs.3000 will be reimbursed on producing the bills in original.

**Maternity Benefit** - a. The maximum amount payable under this Benefit is 10% of the Sum Insured subject to maximum of Rs.30,000/- (under Gold Plus Plan) irrespective of number of policies Any complication arising out of pregnancy will be deemed to be covered under this extension only, and the limits mentioned herein would apply.

b. This Benefit is admissible only if the expenses are incurred in Hospital/Nursing Home as In-Patient in India. Hospitalization expenses incurred up to 3 days after a normal delivery and 5 days after a cesarean delivery shall be covered. Any extended stay shall be covered only if medically necessary.

c. Expenses incurred towards Maternity Treatment shall not be payable during the first 36 months from the Commencement Date of the cover for the Insured person. The waiting period may be relaxed only in case of miscarriage / abortion induced by accident or other medical emergency.

d. Pre Hospitalization and Post Hospitalization expenses shall not be covered under this benefit.

e. This benefit shall be applicable only in respect of delivery of first two living children. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.

**Hospital Cash** - For each completed 24 hours of hospitalization the daily benefit of Rs. 500/- (under Gold Plus Plan) will be payable. This benefit follows admitted liability under hospitalization benefit.

This benefit is not applicable in case of an admitted liability under hospitalization benefit for day care procedures.

The daily benefit as mentioned is payable for a maximum period of 30 days per annum per person.

If more than one policy provides hospital cash benefit, the policy with highest benefit shall pay.

**Outpatient Treatment** ( Applicable for Platinum Plus Plan only):

The Company hereby agrees subject to the terms, conditions herein contained or otherwise expressed herein, that, if during the Period of Insurance stated in the Schedule of the policy, the Insured shall incur any medical charges related to medical treatment taken at a Hospital (or any clinic) the Company shall pay to the Insured, the amount of such Medical Charges as are reasonably and necessarily incurred thereof, but not exceeding Rs.2500/- for each Insured Person in case of Individual Sum Insured or for all Insured Persons in case of Floater Sum Insured.

**a) Basis of assessment of Claims**

The claim payable under this benefit shall be such Medical Charges incurred by the Insured for medical treatment of the Insured for any Illness or Bodily Injury but not exceeding the Limit of Indemnity as specified under this benefit.

**Who is providing coverage under Master Product - Total Health Plus?**

Your Coverage under Master Product - Total Health Plus is offered by Royal Sundaram General Insurance Co. 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:-

- **Cashless Hospitalisation:** Master Product - Total Health Plus also provides the benefit of a cashless cover for more than 4000 network hospitals.
- **Floater Cover:** A Floater Sum Insured is offered to Self, Spouse and dependent children indicating that either one / all together are eligible to Claim upto the Sum Insured.
- **Individual Cover:** Cover is also available on individual basis.
- **Indexation** - The Sum Insured under this Policy shall be progressively increased by slabs of 10% of the Sum Insured subject to a maximum accumulation of 5 slabs.  
Sum Insured for the purpose of calculation of indexation shall be the original Sum Insured i.e Sum Insured of the first policy with us or the revised sum insured whichever is lower. The indexation benefit shall not be applicable for any claim relating to pre existing diseases. The Indexation benefit shall be applicable only on the benefit-1 'Hospitalisation Benefit.'
- **No Claim Discount:** The renewal premium shall be reduced by 5% if there is no claim for that insured person under expiring policy and in floater policy if there is no claim for all members under expiring policy.
- **Health Checkup** - A maximum amount of Rs.1500/- (Gold Plus plan) and Rs.3000/- (Platinum Plus Plan) is reimbursed after each 4 consecutive claim free years. In respect of a floater policy, if a claim is reported/admitted/settled under the policy, no insured member shall be eligible for the above benefit.
- **Tax Benefit:** Premium eligible tax benefits under Section 80D of the Income Tax Act, up to Rs.35, 000/- per year (applicable only in respect of premium paid towards health insurance).

**What are the medical examinations to be done before taking Master Product - Total Health Plus?**

**Medical Examination:** Medical examination is required as per the table given below and the reports should not be more than 30 days from the date of proposal.

The same must be obtained from any of the hospitals / diagnostic centres in the list maintained by the Company

|                    |                 |              |
|--------------------|-----------------|--------------|
| <b>Sum Insured</b> | Upto Rs.500,000 | Above 500000 |
|--------------------|-----------------|--------------|

|            |           |           |
|------------|-----------|-----------|
| <b>Age</b> | >50 Years | >45 Years |
|------------|-----------|-----------|

The Company may alter / change the threshold age of medical examination on a later date based on the performance and market conditions.

- a. The following medical reports are required for Sum Insured less than or equal to Rs.500,000/-
- Blood Sugar Report – Fasting / PP
  - Routine Urine analysis report
  - ECG print out with report

The Company shall bear 50% of the cost of the medical examination in the event of the risk being accepted.

- b. The following medical reports are required for Sum Insured above Rs.500,000/-
- In addition to the above, mandatory MER, FBS,(HBA1C), Lipid Profile, Hb, S.Creatinine, Liver Function Tests,.

These reports should be dated not prior to 30 days from the date of application. For policy periods of up to 1 year & more than 1 year , we shall bear 50% & 100% respectively of the cost of medical examination in the event of risk being accepted

**What is the coverage amount under Master Product - Total Health Plus?**

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

| <b>Plan and Coverage</b>                      | <b>Gold Plus</b>   | <b>Platinum Plus</b>   |
|---|--|--|
| Indemnity Hospitalisation                     | 3 / 4.5/6  | 7.5/10   |
| Maternity Benefit (Waiting Period of 3 years) | 10% of the SI subject to a max of Rs.30000/-                                     | 10% of the SI subject to a max of Rs.50000/-                                     |
| Hospital Cash                                 | 500  | 1000   |
| Outpatient Charges                            | NA   | 2500   |
| Accident Hospitalisation                      | up to 50% of the Sum Insured   | up to 50% of the Sum Insured   |
| Ambulance Charges                             | upto Rs 1500 per admissible hospitalization with overall policy limit of Rs.3000 | upto Rs 1500 per admissible hospitalization with overall policy limit of Rs.3000 |
| Master Health Check Up-Reimbursement          | 1500   | 3000   |

**Who is eligible for the coverage?**

You must satisfy the following conditions:

| <b>Parameter</b>                          | <b>Eligibility</b>   |
|---|--|
| Age at entry                              | 91 days - 65 years   |
| Maximum cover ceasing age i.e renewal age | 21 years for children  |
| Coverage Term                             | 1 year   |
| Health Condition                          | You need to be in good health, have understood and signed the health declaration form. |

- This policy is renewable life long

**What do I need to pay?**

**Floater Policy:** Indicative Single Premium (In Rupees) for the no of persons to be covered for the coverage of stipulated Sum Insured shown in the table below. Premium for the family will depend upon Plan Selected, age of eldest family member and the size of the family.

**Individual Policy:** Indicative premium for single life for coverage of stipulated Sum Insured is shown in the table below.

The premiums are for a healthy life and are inclusive of applicable service tax/education cess as per the prevailing rates.

**Premium table**
**Individual Sum Insured - One year Premium including Service Tax @ 12.36%**

|             | GOLD PLUS    |              |              | PLATINUM PLUS |              |
|-------------|--------------|--------------|--------------|---------------|--------------|
| Sum Insured | 300000       | 450000       | 600000       | 750000        | 1000000      |
| Age Band    | 1Adult/Child | 1Adult/Child | 1Adult/Child | 1Adult/Child  | 1Adult/Child |
| Upto 35 yrs | 5646         | 7123         | 8485         | 15697         | 19179        |
| Upto 45 Yrs | 7296         | 9343         | 11233        | 19561         | 24403        |
| Upto 50 Yrs | 8032         | 10336        | 13086        | 21995         | 27446        |
| Upto 55 Yrs | 11449        | 14732        | 18269        | 28646         | 36215        |
| Upto 60 Yrs | 13388        | 17344        | 21499        | 33063         | 42190        |
| Upto 65 yrs | 16385        | 21383        | 26498        | 39896         | 51433        |

**Floater Sum Insured - One year Premium including Service Tax @ 12.36%**

| GOLD PLUS           |        |        |        |       |       |         |        |       |       |
|---------------------|--------|--------|--------|-------|-------|---------|--------|-------|-------|
| Sum Insured         | 300000 |        |        |       |       |         |        |       |       |
| Age Band            | 2A     | 2 A+1C | 2 A+2C | 2A+3C | 2A+4C | 1 A+1 C | 1 A+2C | 1A+3C | 1A+4C |
| Upto 35 yrs         | 8857   | 11161  | 13429  | 16032 | 18635 | 8714    | 9717   | 12398 | 15082 |
| Upto 45 Yrs         | 9942   | 12199  | 14436  | 17038 | 19642 | 9418    | 10285  | 12968 | 15650 |
| Upto 50 Yrs         | 13653  | 16856  | 19978  | 23302 | 26625 | 11432   | 13473  | 16836 | 20199 |
| Upto 55 Yrs         | 19464  | 22596  | 25652  | 28976 | 32297 | 14681   | 16344  | 19707 | 23071 |
| Upto 60 Yrs         | 22760  | 25855  | 28871  | 32194 | 35518 | 16523   | 17971  | 21337 | 24699 |
| Upto 65 yrs         | 27857  | 30892  | 33847  | 37171 | 40495 | 19371   | 20491  | 23854 | 27217 |
| Upto 70 yrs         | 40902  | 43785  | 46586  | 49909 | 53233 | 26660   | 26938  | 30301 | 33664 |
| Upto 75 yrs         | 59479  | 62143  | 64726  | 68050 | 71373 | 37043   | 36117  | 39479 | 42844 |
| From 80 yrs onwards | 66906  | 69481  | 71978  | 75300 | 78624 | 41192   | 39785  | 43148 | 46511 |
| Sum Insured         | 450000 |        |        |       |       |         |        |       |       |
| Age Band            | 2A     | 2 A+1C | 2 A+2C | 2A+3C | 2A+4C | 1 A+1 C | 1 A+2C | 1A+3C | 1A+4C |
| Upto 35 yrs         | 11253  | 14061  | 16833  | 20024 | 23215 | 10935   | 12117  | 15405 | 18696 |
| Upto 45 Yrs         | 12715  | 15459  | 18189  | 21380 | 24571 | 11883   | 12884  | 16173 | 19463 |
| Upto 50 Yrs         | 17570  | 21488  | 25306  | 29382 | 33456 | 14483   | 16929  | 21055 | 25179 |
| Upto 55 Yrs         | 25047  | 28876  | 32607  | 36683 | 40758 | 18661   | 20624  | 24749 | 28874 |

|                     |               |               |               |              |              |                |               |              |              |
|---------------------|---------------|---------------|---------------|--------------|--------------|----------------|---------------|--------------|--------------|
| Upto 60 Yrs         | 29485         | 33263         | 36941         | 41018        | 45092        | 21142          | 22818         | 26942        | 31066        |
| Upto 65 yrs         | 36351         | 40048         | 43646         | 47722        | 51797        | 24979          | 26211         | 30335        | 34460        |
| Upto 70 yrs         | 53826         | 57316         | 60710         | 64784        | 68860        | 34743          | 34844         | 38970        | 43093        |
| Upto 75 yrs         | 78847         | 82045         | 85143         | 89218        | 93295        | 48726          | 47209         | 51333        | 55457        |
| From 80 yrs onwards | 88849         | 91927         | 94909         | 98983        | 103060       | 54315          | 52150         | 56275        | 60400        |
| Sum Insured         | <b>600000</b> |               |               |              |              |                |               |              |              |
| Age Band            | <b>2A</b>     | <b>2 A+1C</b> | <b>2 A+2C</b> | <b>2A+3C</b> | <b>2A+4C</b> | <b>1 A+1 C</b> | <b>1 A+2C</b> | <b>1A+3C</b> | <b>1A+4C</b> |
| Upto 35 yrs         | 13467         | 16742         | 19978         | 23715        | 27453        | 12988          | 14335         | 18187        | 22040        |
| Upto 45 Yrs         | 15274         | 18471         | 21656         | 25394        | 29130        | 14161          | 15284         | 19136        | 22988        |
| Upto 50 Yrs         | 22247         | 26814         | 31266         | 36037        | 40809        | 17893          | 20650         | 25479        | 30309        |
| Upto 55 Yrs         | 31056         | 35522         | 39870         | 44642        | 49413        | 22817          | 25004         | 29834        | 34662        |
| Upto 60 Yrs         | 36549         | 40948         | 45233         | 50004        | 54777        | 25887          | 27718         | 32548        | 37378        |
| Upto 65 yrs         | 45044         | 49344         | 53528         | 58299        | 63072        | 30634          | 31916         | 36744        | 41573        |
| Upto 70 yrs         | 66669         | 70716         | 74645         | 79417        | 84189        | 42719          | 42602         | 47431        | 52260        |
| Upto 75 yrs         | 97629         | 101310        | 104876        | 109646       | 114419       | 60018          | 57898         | 62728        | 67557        |
| From 80 yrs onwards | 110001        | 113537        | 116958        | 121729       | 126500       | 66934          | 64013         | 68841        | 73671        |

**PLATINUM PLUS**

|                     |                |               |               |              |              |                |               |              |              |
|---------------------|----------------|---------------|---------------|--------------|--------------|----------------|---------------|--------------|--------------|
| Sum Insured         | <b>750000</b>  |               |               |              |              |                |               |              |              |
| Age Band            | <b>2A</b>      | <b>2 A+1C</b> | <b>2 A+2C</b> | <b>2A+3C</b> | <b>2A+4C</b> | <b>1 A+1 C</b> | <b>1 A+2C</b> | <b>1A+3C</b> | <b>1A+4C</b> |
| Upto 35 yrs         | 26190          | 34381         | 42511         | 51371        | 60231        | 25638          | 31000         | 40032        | 49064        |
| Upto 45 Yrs         | 28730          | 36813         | 44871         | 53730        | 62591        | 27290          | 32333         | 41365        | 50397        |
| Upto 50 Yrs         | 38382          | 48495         | 58435         | 68834        | 79233        | 32487          | 39974         | 50460        | 60945        |
| Upto 55 Yrs         | 49689          | 59667         | 69475         | 79875        | 90274        | 38804          | 45562         | 56046        | 66532        |
| Upto 60 Yrs         | 57198          | 67088         | 76808         | 87207        | 97606        | 43002          | 49271         | 59757        | 70243        |
| Upto 65 yrs         | 68812          | 78566         | 88148         | 98548        | 108948       | 49492          | 55011         | 65496        | 75981        |
| Upto 70 yrs         | 91545          | 101030        | 110346        | 120744       | 131144       | 62194          | 66244         | 76727        | 87213        |
| Upto 75 yrs         | 130699         | 139722        | 148578        | 158975       | 169376       | 84074          | 85589         | 96074        | 106559       |
| From 80 yrs onwards | 146347         | 155187        | 163858        | 174257       | 184656       | 92819          | 93321         | 103805       | 114292       |
| Sum Insured         | <b>1000000</b> |               |               |              |              |                |               |              |              |
| Age Band            | <b>2A</b>      | <b>2 A+1C</b> | <b>2 A+2C</b> | <b>2A+3C</b> | <b>2A+4C</b> | <b>1 A+1 C</b> | <b>1 A+2C</b> | <b>1A+3C</b> | <b>1A+4C</b> |
| Upto 35 yrs         | 31850          | 41223         | 50528         | 60772        | 71013        | 30873          | 36650         | 47104        | 57559        |
| Upto 45 Yrs         | 35287          | 44512         | 53721         | 63692        | 74204        | 33106          | 38452         | 48907        | 59362        |
| Upto 50 Yrs         | 47650          | 59436         | 71011         | 83174        | 95338        | 39683          | 48122         | 60394        | 72663        |
| Upto 55 Yrs         | 62557          | 74167         | 85568         | 97729        | 109894       | 48015          | 55490         | 67759        | 80029        |
| Upto 60 Yrs         | 72715          | 84206         | 95486         | 107649       | 119813       | 53690          | 60508         | 72778        | 85048        |
| Upto 65 yrs         | 88426          | 99733         | 110827        | 122990       | 135154       | 62470          | 68272         | 80542        | 92812        |
| Upto 70 yrs         | 119177         | 130122        | 140855        | 153018       | 165181       | 79655          | 83466         | 95737        | 108006       |
| Upto 75 yrs         | 172142         | 182465        | 192575        | 204737       | 216900       | 109253         | 109637        | 121907       | 134178       |
| From 80 yrs onwards | 193311         | 203384        | 213244        | 225407       | 237570       | 121083         | 120097        | 132367       | 144637       |

Tenure discount – 2years – 3.5% and 3 years – 7%

**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 Co. 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 Co. Limited.
- You can also pay your premium through your credit card.

**How do I Enroll?**

Quick and easy enrolment process. Medical examination is required for persons above 45 years depending on the plan and term chosen. All you need to do is to complete the enrolment cum health declaration 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 receipt of premium.

**How can my coverage end?**

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

| <b>Event</b>               | <b>Parameter</b>  |
|----------------------------|---|
| 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 |

**What document will I get as a proof of Insurance?**

A Certificate of Insurance (COI)/ Policy Copy 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 Health Cards and the policy terms and conditions towards the insurance policy along with the Health Kit.

**What is the claim process?**

**Claims Procedure**

Provided that the due observance and fulfillment of the terms and conditions of this Policy conditions and all Endorsements hereon are to be read as part of this Policy) shall, so far as they relate to anything to be done or not to be done by the Insured and / or Insured person, be a condition precedent to any liability of the Company under this Policy.

The Claims Procedure is as follows:

**For admission in network Hospital** - The Insured must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.

**For admission in non-network Hospital** - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/Hospital/Nursing Home should be given to Us within seven days from the date of hospitalization/injury/ death, failing which admission of claim is at insurer’s discretion.

Please ensure that You send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.

**• Mandatory documents**

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

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

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists notes, vitals chart).
2. Copy of extract of Inpatient Register.
3. Attendance records of employer/educational institution.
4. Complete medical records (including indoor case records and OP records) of past hospitalization/treatment if any.
5. Attending Physician's certificate clarifying.
  - reason for hospitalization and duration of hospitalization.
  - history of any self-inflicted injury.
  - history of alcoholism, smoking.
  - history of associated medical conditions, if any.

6. Previous master health check-up records/pre-employment medical records if any

7. Any other document necessary in support of the claim on case to case basis.

- In the event if the Insured having multiple insurance policies and prefers to lodge a partial claim with the Company, the Company shall accept photo copies of the documents duly certified by the first insurance company.
- Insured /Insured Person must give Us at his expense, all related information We ask for about the claim.
- Insured must help Us to take legal action against anyone if required.
- If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at our expense.
- If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.
- If required, insured should procure from the hospital or cooperate with the Insurer in procuring the Internal Case Papers (ICP) of the hospital relating to the treatment for which claim has been made.
- Insurers have the right to reject the claim if the documents are inadequate and if the requirements for additional documents by the Insurer are not complied with in reasonable time of not more than 45 days from the time of making such request.

**Claims Procedure for claiming Outpatient treatment charges**

**Claim Documents:**

The Insured shall be required to furnish the following documents in original for or in support of a claim:

- Duly completed claim form.



- Discharge Card (if applicable) or OPD card of the Hospital.
- Prescription of the treating Medical Practitioner, bills, receipts, etc.
- Bills from chemists supported by proper prescription.
- Test reports and payment receipts.
- Any other document as required by the Company

### **Hospital Cash Claims procedure**

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 30 days from the date of discharge.

- a) Photo copy of bills, receipt and discharge certificate/card from the Hospital.
- b) Photo copy 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 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 claim 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)  
Corporate office: Vishranthi Melaram Towers,  
No. 2 / 319, Rajiv Gandhi Salai (OMR)  
Karapakkam, Chennai – 600097.

Claim documents may also be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Toll Number 1860 425 0000.

### **Can I renew my policy after the stipulated period?**

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 Co. Limited.
- Provide your credit card no with expiry date.

### **What are the benefits of renewing the policy next year?**

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 etc. (First Year Exclusion) after the first renewal in case of one year policy. Similarly, even pre-existing ailments become claimable after the 3<sup>rd</sup> year of renewal.

### **What are the exclusions?**

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

#### **1. Pre-Existing Diseases - Code- Excl01**

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.



- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

Coverage under the policy after the expiry of 36 months for any pre-existing disease , u

**2. Specified disease/procedure waiting period- Code- Excl02**

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/24/36 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

**f) I) List of specific diseases/procedures is as under (12 months):**

- i. Congenital Internal Anomaly,
- ii. Any type of Migraine/Vascular head ache,
- iii. Stones in the Urinary and Biliary systems,
- iv. Surgery on Tonsils/Adenoids,
- v. Gastric and Duodenal Ulcer,
- vi) Any type of Cyst/Nodules/Polyps/Benign Tumours/Breast Lumps

**II) List of specific diseases/procedures is as under (24 months):**

- i. Spondylosis/Spondylitis.
- ii. Any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders.
- iii. Cataract,
- iv. Benign Prostatic Hypertrophy,
- v. Hysterectomy, Salphingo – Oophorectomy.
- vi. Fistula,
- vii. Fissure in Anus,
- viii. Piles,
- ix. Hernia,
- x. Hydrocele,
- xi. Sinusitis and Deviated Nasal Septum.
- xii. Any type of cancer including but not limited to Carcinoma/Sarcoma, Blood Cancer,
- xiii. Chronic Renal Failure or end stage Renal Failure,
- xiv. Organ Transplant.
- xv. Retinal detachment surgery with or without vitrectomy

**III) List of specific diseases/procedures is as under (36 months ):**

- i) Osteoarthritis of any joint ,
- ii) Treatment of Joint replacement Surgery (other than due to accidents)
- iii) Chronic Obstructive Pulmonary Disease (C.O.P.D).
- iv) Operations for chroidial neo vascular membrane (CNVM).

**3.30-day waiting period- Code- Excl03**

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

**4. Investigation & Evaluation- Code- Excl04**

Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

**5. Rest Cure, rehabilitation and respite care- Code- Excl05**

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**6. Obesity/ Weight Control: Code- Excl06**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

**7. Change-of-Gender treatments: Code- Excl07**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

**8. Cosmetic or plastic Surgery: Code- Excl08**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

**9. Hazardous or Adventure sports: Code- Excl09**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**10..Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

**11.Excluded Providers: Code- Excl11**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12.Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

13.Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

14.Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

**15.Refractive Error: Code- Excl15**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

**16.Unproven Treatments: Code- Excl16**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

**17.Sterility and Infertility: Code- Excl17**

Expenses related to Sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

18. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.(Excl18)

19.. Implantable electronic devices (such as replacement batteries or replacement devices) .(Excl19)

20. . Cost of cochlear implant(s) .(Excl20)

21. External durable devices - Cost of Commode, Spo2 Probe, Oxygen converte, Microshield, stockings (Excl21)
22. Claims directly or indirectly caused by or arising from or attributable to: (Excl22)
  - a. War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
  - b. Biological, nuclear or chemical terrorism.
  - c. Nuclear weapons/materials or Radioactive Contamination.
  - d. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or.
  - e. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
23. Any stay in Hospital not warranting inpatient treatment.(Excl23).
24. Any treatment received outside India. (Excl24)
25. Any other alternative medicine except Allopathy (Modern Medicine). (Excl25)
26. Any person whilst engaging inflying an aircraft other wise than as a passenger on a regular air carrier,(Excl26)
  - 27..Charges for Nurses/Attendants, etc. incurred during Pre- hospitalisation period and / or Post-hospitalisation period. (Excl27)
  28. Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor. (Excl28)
  29. The cost of spectacles, contact lenses and hearing aids, (Excl29)
  - 30.Dental treatment or dental surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury. (Excl30)
  31. Outpatient treatment charges except as otherwise included in additional benefit , subject to limits mentioned therein. (Excl31)
  32. Domiciliary Hospitalization. (Excl32)
  33. Hormone replacement therapy,(including hormone replacement treatment following any disease / surgery) Cytotron Therapy, Oxymed Therapy, Arterial Clearance Therapy and similar such therapies(Excl33)
  34. Treatment taken from persons not registered as Medical Practitioners under respective medical councils or acting outside the scope of licence or registration granted to him by any medical council(Excl34)
  - 35.Existing Diseases allowed to be permanently excluded. (Excl35)

| Sr. No. | Disease             | ICD Code   |
|---------|---------------------|--|
| 1       | Sarcoidosis         | D86.0-D86.9  |
| 2       | Malignant Neoplasms | C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms |

|   |   |  |
|---|---|--|
|   |   | <p>of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue • D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour</p>  |
| 3 | Epilepsy  | G40 Epilepsy   |
| 4 | Heart Ailment Congenital heart disease and valvular heart disease | <p>I49 Other cardiac arrhythmias, (I20-I25) Ischemic heart diseases, I50 Heart failure, I42 Cardiomyopathy; I05-I09 - Chronic rheumatic heart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system • Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0 Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1 to I34.9 - Valvular heart disease.</p> |
| 5 | Cerebrovascular disease (Stroke)                                  | I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases   |

|    |  |   |
|----|--|---|
| 6  | Inflammatory Diseases<br>Bowel             | K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis)<br>K50.0 - Crohn's disease of small intestine; K50.1 - Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.   |
| 7  | Chronic Liver diseases                     | K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)  |
| 8  | Pancreatic diseases                        | K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis   |
| 9  | Chronic Kidney disease                     | N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083 |
| 10 | Hepatitis B                                | B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 - Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 -Acute hepatitis B without delta-agent and without hepatic coma; B17.0 -Acute delta-(super)infection of hepatitis B carrier; B18.0 - Chronic viral hepatitis B with delta-agent; B18.1 - Chronic viral hepatitis B without delta-agent;   |
| 11 | Alzheimer's Disease, Parkinson's Disease - | G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.   |
| 12 | Demyelinating disease                      | G.35 to G 37  |
| 13 | HIV & AIDS                                 | B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 -  |

|     |                                     |   |
|-----|-------------------------------------|---|
|     |                                     | HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease  |
| 14  | Loss of Hearing                     | H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified |
| 15. | Papulosquamous disorder of the skin | L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus   |
| 16. | Avascular necrosis (osteonecrosis)  | M 87 to M 87.9  |

34. The expenses that are not covered in this policy are placed under List-I of Annexure-A.

The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively (Excl34)

### Exclusions for Hospital Cash

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

- 1.1 Pre-existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre-existing Disease.
- 1.2 All other exclusions flowing from base policy.

### Migration:

- The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:
- i. The waiting periods specified in Exclusion D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
  - ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the link - <https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf>

### Portability

- The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan



with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under: Page **133** of **155**

- i. The waiting periods specified in Exclusion D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the link .....

<https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Portability.pdf>

### **Change in sum insured**

Any change in the Sum Insured can be opted only at the time of renewal, subject to no claim under the expiring policy and the increase is restricted to 100% of the current Sum Insured and is at the discretion of 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 Sum Insured for that Insured Person in the policy during the first occurrence of such disease/illness/medical condition/burns or the available Sum Insured under the current Policy, whichever is less.

When the Company is admitting liability for pre existing disease the least sum insured opted in all years of insurance will be considered.

### **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.
- d. In case of payment of premium by Installments there will not be any refund of premium if the insured cancels the policy.

### **Policy Withdrawal:**

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.

### **Renewal**

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 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.

**Cancellation**

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the insured, by giving fourteen (14) days notice in writing by courier/registered post/acknowledgement due post to the Insured at address recorded / updated in the policy. In the event of such cancellation

on the grounds of mis representation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy.

In the event of cancellation on the grounds of non cooperation, the company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

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

**Short Period Scales – Annual Policies**

| <b>Period on Risk</b> | <b>Rate of Premium to be retained</b> |
|-----------------------|---------------------------------------|
| Up to 1 month         | 25% of annual premium                 |
| Up to 3 months        | 50% of annual premium                 |
| Up to 6 months        | 75% of annual premium                 |
| Exceeding 6 months    | Full annual premium                   |

For Multi year policies refund of premium shall be calculated as follows;

- a) Total premium shall be divided by the policy tenure to arrive annual premium.
- b) Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.
- c) Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above table shall be applied.
- d) For the remaining unexpired period the entire premium shall be refunded.

**Moratorium Period:** After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.

In case of non-disclosure of a condition which is other than list of Permanent exclusions under D, we can incorporate additional waiting period of not exceeding 48 months for the said undisclosed disease or condition from the date the un-disclosed condition was detected and continue with the policy subject to obtaining prior consent from you or Insured Person.

Where the non-disclosed condition allows us to continue the coverage by levying extra premium or loading based on the objective criteria laid down in the Board approved underwriting policy, we shall levy the same prospectively from the date

of noticing the non-disclosed condition. However, in respect of policy contracts for a duration exceeding one year, If the un-disclosed condition is surfaced before the expiry of the policy term, we may charge the extra premium or loading retrospectively from the first year of issuance of the policy or renewal, whichever is later

**Nominee**

You are mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims, under the Policy in the event of death.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

**Grievances Redressal**

In case the Insured Person is aggrieved in any way, the Insured Person may contact Us for following grievances:

- i. Any partial or total repudiation of claims by the Company.
- ii. Any dispute regard to premium paid or payable in terms of the policy.
- iii. Any dispute on the legal construction of the policies in *so far* as such disputes relate to claims.
- iv. Delay in settlement of claims.
- v. Non-issue of any insurance document to customer after receipt of the premium.
- vi. Any other grievance.

You / Insured Person may contact Us with the details of the grievance through:

Our website: [www.royalsundaram.in](http://www.royalsundaram.in)

Email: [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in)

Call us at : 18604250000

Fax: 91-44-7113 7114

Sr. Citizen can email us at : [seniorcitizengrievances@royalsundaram.in](mailto:seniorcitizengrievances@royalsundaram.in)

Courier: Any of Our Branch office or corporate office during business hours

In case You/Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You/Insured Person may contact the official for resolution on:

The Grievance Redressal Unit

Royal Sundaram General Insurance Co. Limited.

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai - 600097

Email: [grievance.redressal@royalsundaram.in](mailto:grievance.redressal@royalsundaram.in)

In case You/Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I. All Grievances will be handled in compliance with Insurance Ombudsman Rules, 2017.

The contact details of the Insurance Ombudsman offices are as below-

**Annexure I**

| Office Details | Jurisdiction of Office Union Territory, District) | Date Of Taking Charge |
|----------------|---|-----------------------|
|----------------|---|-----------------------|

|  |  |                   |
|--|--|-------------------|
| <p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001.<br/>Tel.: 079 - 25501201/02/05/06<br/>Email: bimalokpal.ahmedabad@ecoi.co.in</p>   | <p>Gujarat,<br/>Dadra &amp; Nagar Haveli,<br/>Daman and Diu.</p> | <p>03/10/2019</p> |
| <p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N- 19<br/>Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase,<br/>Bengaluru – 560 078.<br/>Tel.: 080 - 26652048 / 26652049<br/>Email: bimalokpal.bengaluru@ecoi.co.in</p>            | <p>Karnataka.</p>  | <p>23/04/2018</p> |
| <p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor,<br/>6, Malviya Nagar, Opp. Airtel Office, Near New Market,<br/>Bhopal – 462 003.<br/>Tel.: 0755 - 2769201 / 2769202<br/>Fax: 0755 - 2769203<br/>Email: bimalokpal.bhopal@ecoi.co.in</p> | <p>Madhya Pradesh Chattisgarh.</p>                               | <p>24/05/2018</p> |
| <p>BHUBANESHWAR - Shri Suresh Chandra Panda<br/>Office of the Insurance Ombudsman, 62, Forest park,<br/>Bhubneshwar – 751 009.<br/>Tel.: 0674 - 2596461 /2596455<br/>Fax: 0674 - 2596429<br/>Email: bimalokpal.bhubaneswar@ecoi.co.in</p>  | <p>Orissa.</p>   | <p>11/09/2019</p> |

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| <p>CHANDIGARH - Dr. Dinesh Kumar Verma<br/>Office of the Insurance Ombudsman,<br/>S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra<br/>Building, Sector 17 – D, Chandigarh – 160<br/>017.<br/>Tel.: 0172 - 2706196 / 2706468<br/>Fax: 0172 - 2708274<br/>Email: bimalokpal.chandigarh@ecoi.co.in</p> | <p>Punjab,<br/>Haryana,<br/>Himachal Pradesh,<br/>Jammu &amp; Kashmir,<br/>Chandigarh.</p>          | <p>16/04/2018</p> |
| <p>CHENNAI - Shri M. Vasantha Krishna Office of<br/>the Insurance Ombudsman, Fatima Akhtar Court,<br/>4th Floor, 453, Anna Salai, Teynampet,<br/>CHENNAI – 600 018.<br/>Tel.: 044 - 24333668 / 24335284<br/>Fax: 044 - 24333664<br/>Email: bimalokpal.chennai@ecoi.co.in</p>                        | <p>Tamil Nadu, Pondicherry<br/>Town and<br/>Karaikal (which are part<br/>of Pondicherry).</p>       | <p>03/05/2018</p> |
| <p>DELHI - Shri Sudhir Krishna Office of the<br/>Insurance Ombudsman, 2/2 A, Universal<br/>Insurance Building, Asaf Ali Road,<br/>New Delhi – 110 002.<br/>Tel.: 011 - 23232481/23213504<br/>Email: bimalokpal.delhi@ecoi.co.in</p>   | <p>Delhi.</p>   | <p>12/09/2019</p> |
| <p>GUWAHATI - Shri Kiriti .B. Saha Office<br/>of the Insurance Ombudsman, Jeevan<br/>Nivesh, 5th Floor,<br/>Nr. Panbazar over bridge, S.S. Road,<br/>Guwahati – 781001(ASSAM).<br/>Tel.: 0361 - 2632204 / 2602205<br/>Email: bimalokpal.guwahati@ecoi.co.in</p>                                     | <p>Assam, Meghalaya,<br/>Manipur, Mizoram,<br/>Arunachal Pradesh,<br/>Nagaland and<br/>Tripura.</p> | <p>02/05/2018</p> |

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| <p>HYDERABAD - Shri I. Suresh Babu<br/>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace,<br/>A. C. Guards, Lakdi-Ka-Pool,<br/>Hyderabad - 500 004.<br/>rTel.: 040 - 67504123 / 23312122<br/>Fax: 040 - 23376599<br/>Email: bimalokpal.hyderabad@ecoi.co.in</p> | <p>Andhra Pradesh,<br/>Telangana,<br/>Yanam and<br/>part of Territory of<br/>Pondicherry.</p> | <p>11/06/2018</p> |
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| <p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.<br/>Tel.: 0141 - 2740363<br/>Email: Bimalokpal.jaipur@ecoi.co.in</p>  | <p>Rajasthan.</p>  | <p>13/04/2018</p> |
| <p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg.,<br/>Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.<br/>Tel.: 0484 - 2358759 / 2359338<br/>Fax: 0484 - 2359336<br/>Email: bimalokpal.ernakulam@ecoi.co.in</p>                | <p>Kerala,<br/>Lakshadweep,<br/>Mahe-a part of Pondicherry.</p>  | <p>07/11/2018</p> |
| <p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.<br/>Tel.: 033 - 22124339 / 22124340<br/>Fax : 033 - 22124341<br/>Email: bimalokpal.kolkata@ecoi.co.in</p>                                  | <p>West Bengal,<br/>Sikkim,<br/>Andaman &amp; Nicobar Islands.</p>   | <p>30/09/2019</p> |
| <p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.<br/>Tel.: 0522 - 2231330 / 2231331<br/>Fax: 0522 - 2231310<br/>Email: bimalokpal.lucknow@ecoi.co.in</p> | <p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p> | <p>11/09/2019</p> |



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| <p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,<br/>S. V. Road, Santacruz (W),<br/>Mumbai - 400 054.<br/>Tel.: 022 - 26106552 / 26106960<br/>Fax: 022 - 26106052<br/>Email: bimalokpal.mumbai@ecoi.co.in</p>                         | <p>Goa,<br/>Mumbai Metropolitan Region<br/>excluding Navi Mumbai &amp; Thane.</p>   | <p>04/05/2018</p> |
| <p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace<br/>4th Floor, Main Road,<br/>Naya Bans, Sector 15,<br/>Distt: Gautam Buddh Nagar, U.P-<br/>201301.<br/>Tel.: 0120-2514250 / 2514252 / 2514253<br/>Email: bimalokpal.noida@ecoi.co.in</p> | <p>State of Uttaranchal and the following<br/>Districts of Uttar Pradesh:<br/>Agra, Aligarh, Bagpat, Bareilly, Bijnor,<br/>Budaun, Bulandshehar, Etah, Kanooj,<br/>Mainpuri, Mathura, Meerut, Moradabad,<br/>Muzaffarnagar, Oraiyya, Pilibhit,<br/>Etawah, Farrukhabad, Firozbad,<br/>Gautambodhanagar, Ghaziabad, Hardoi,<br/>Shahjahanpur, Hapur, Shamli, Rampur,<br/>Kashganj, Sambhal, Amroha, Hathras,<br/>Kanshiramnagar, Saharanpur.</p> | <p>17/09/2019</p> |
| <p>PATNA - Shri N. K. Singh<br/>Office of the Insurance Ombudsman, 1st<br/>Floor, Kalpana Arcade Building,<br/>Bazar Samiti Road,<br/>Bahadurpur,<br/>Patna 800 006.<br/>Tel.: 0612-2680952<br/>Email: bimalokpal.patna@ecoi.co.in</p>   | <p>Bihar, Jharkhand.</p>  | <p>09/10/2019</p> |
| <p>PUNE - Shri/Smt.....<br/>Office of the Insurance Ombudsman,<br/>Jeevan Darshan Bldg., 3rd Floor,<br/>C.T.S. No.s. 195 to 198,<br/>N.C. Kelkar Road, Narayan Peth,<br/>Pune – 411 030.<br/>Tel.: 020-41312555<br/>Email: bimalokpal.pune@ecoi.co.in</p>                                |   |                   |

**OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL**

EXECUTIVE COUNCIL OF INSURERS,  
 3rd Floor, Jeevan Seva Annexe,  
 S. V. Road, Santacruz (W), Mumbai - 400 054.  
 Tel.: 022 - 26106889 / 671 / 980  
 Fax: 022 - 26106949 Email: inscoun@ecoi.co.in

Shri M.M.L. Verma, Secretary General  
 Smt Moushumi Mukherji, Secretary

Annexure A
List I – Items for which coverage is not available in the policy

| SI No | Item   |
|-------|--|
| 1     | BABY FOOD  |
| 2     | BABY UTILITIES CHARGES   |
| 3     | BEAUTY SERVICES  |
| 4     | BELTS/ BRACES  |
| 5     | BUDS   |
| 6     | COLD PACK/HOT PACK   |
| 7     | CARRY BAGS   |
| 8     | EMAIL / INTERNET CHARGES   |
| 9     | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)          |
| 10    | LEGGINGS   |
| 11    | LAUNDRY CHARGES  |
| 12    | MINERAL WATER  |
| 13    | SANITARY PAD   |
| 14    | TELEPHONE CHARGES  |
| 15    | GUEST SERVICES   |
| 16    | CREPE BANDAGE  |
| 17    | DIAPER OF ANY TYPE   |
| 18    | EYELET COLLAR  |
| 19    | SLINGS   |
| 20    | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                    |
| 21    | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED                      |
| 22    | TELEVISION CHARGES   |
| 23    | SURCHARGES   |
| 24    | ATTENDANT CHARGES  |
| 25    | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26    | BIRTH CERTIFICATE  |
| 27    | CERTIFICATE CHARGES  |
| 28    | COURIER CHARGES  |
| 29    | CONVEYANCE CHARGES   |

|    |  |
|----|--|
| 30 | MEDICAL CERTIFICATE  |
| 31 | MEDICAL RECORDS  |
| 32 | PHOTOCOPIES CHARGES  |
| 33 | MORTUARY CHARGES   |
| 34 | WALKING AIDS CHARGES   |
| 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)   |
| 36 | SPACER   |
| 37 | SPIROMETRE   |
| 38 | NEBULIZER KIT  |
| 39 | STEAM INHALER  |
| 40 | ARMSLING   |
| 41 | THERMOMETER  |
| 42 | CERVICAL COLLAR  |
| 43 | SPLINT   |
| 44 | DIABETIC FOOT WEAR   |
| 45 | KNEE BRACES (LONG/ SHORT/ HINGED)  |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER  |
| 47 | LUMBO SACRAL BELT  |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES   |
| 49 | AMBULANCE COLLAR   |
| 50 | AMBULANCE EQUIPMENT  |
| 51 | ABDOMINAL BINDER   |
| 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES  |
| 53 | SUGAR FREE Tablets   |
| 54 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55 | ECG ELECTRODES   |
| 56 | GLOVES   |
| 57 | NEBULISATION KIT   |
| 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]                        |
| 59 | KIDNEY TRAY  |
| 60 | MASK   |
| 61 | OUNCE GLASS  |
| 62 | OXYGEN MASK  |
| 63 | PELVIC TRACTION BELT   |
| 64 | PAN CAN  |
| 65 | TROLLY COVER   |
| 66 | UROMETER, URINE JUG  |
| 67 | AMBULANCE  |
| 68 | VASOFIX SAFETY   |

List II — Items that are to be subsumed into Room Charges

| SI No | Item |
|-------|------|
|-------|------|

|    |   |
|----|---|
| 1  | BABY CHARGES (UNLESS SPECIFIED/INDICATED)           |
| 2  | HAND WASH   |
| 3  | SHOE COVER  |
| 4  | CAPS  |
| 5  | CRADLE CHARGES                                      |
| 6  | COMB  |
| 7  | EAU-DE-COLOGNE / ROOM FRESHNERS                     |
| 8  | FOOT COVER  |
| 9  | GOWN  |
| 10 | SLIPPERS  |
| 11 | TISSUE PAPER  |
| 12 | TOOTH PASTE   |
| 13 | TOOTH BRUSH   |
| 14 | BED PAN   |
| 15 | FACE MASK   |
| 16 | FLEX I MASK   |
| 17 | HAND HOLDER   |
| 18 | SPUTUM CUP  |
| 19 | DISINFECTANT LOTIONS                                |
| 20 | LUXURY TAX  |
| 21 | HVAC  |
| 22 | HOUSE KEEPING CHARGES                               |
| 23 | AIR CONDITIONER CHARGES                             |
| 24 | IM IV INJECTION CHARGES                             |
| 25 | CLEAN SHEET   |
| 26 | BLANKETS/VARMER BLANKET                             |
| 27 | ADMISSION KIT                                       |
| 28 | DIABETIC CHART CHARGES                              |
| 29 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES     |
| 30 | DISCHARGE PROCEDURE CHARGES                         |
| 31 | DAILY CHART CHARGES                                 |
| 32 | ENTRANCE PASS / VISITORS PASS CHARGES               |
| 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE       |
| 34 | FILE OPENING CHARGES                                |
| 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 36 | PATIENT IDENTIFICATION BAND / NAME TAG              |
| 37 | PULSEOXYMETER CHARGES                               |

List III — Items that are to be subsumed into Procedure Charges

| SI No | Item   |
|-------|--|
| 1     | HAIR REMOVAL CREAM                                 |
| 2     | DISPOSABLES RAZORS CHARGES (for site preparations) |
| 3     | EYE PAD  |

|    |   |
|----|---|
| 4  | EYE SHEILD                              |
| 5  | CAMERA COVER                            |
| 6  | DVD, CD CHARGES                         |
| 7  | GAUSE SOFT                              |
| 8  | GAUZE                                   |
| 9  | WARD AND THEATRE BOOKING CHARGES        |
| 10 | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS   |
| 11 | MICROSCOPE COVER                        |
| 12 | SURGICAL BLADES, HARMONICSCALPEL,SHAVER |
| 13 | SURGICAL DRILL                          |
| 14 | EYE KIT                                 |
| 15 | EYE DRAPE                               |
| 16 | X-RAY FILM                              |
| 17 | BOYLES APPARATUS CHARGES                |
| 18 | COTTON                                  |
| 19 | COTTON BANDAGE                          |
| 20 | SURGICAL TAPE                           |
| 21 | APRON                                   |
| 22 | TORNIQUET                               |
| 23 | ORTHOBUNDLE, GYNAEC BUNDLE              |

List IV — Items that are to be subsumed into costs of treatment

| SI No. | Item   |
|--------|--|
| 1      | ADMISSION/REGISTRATION CHARGES                               |
| 2      | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE           |
| 3      | URINE CONTAINER  |
| 4      | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES     |
| 5      | BIPAP MACHINE  |
| 6      | CPAP/ CAPD EQUIPMENTS  |
| 7      | INFUSION PUMP— COST  |
| 8      | HYDROGEN PEROXIDE\SPIRITS DISINFECTANTS ETC                  |
| 9      | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES |
| 10     | HIV KIT  |
| 11     | ANTISEPTIC MOUTHWASH   |
| 12     | LOZENGES   |
| 13     | MOUTH PAINT  |
| 14     | VACCINATION CHARGES  |
| 15     | ALCOHOL SWABES   |
| 16     | SCRUB SOLUTION/STERILLIUM                                    |
| 17     | Glucometer& Strips   |
| 18     | URINE BAG  |

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