



HOSPITAL CASH ONLINE POLICY

IMPORTANT NOTES ABOUT THIS INSURANCE

- Please read and check the details of this Policy carefully to ensure its accuracy and see that it meets your requirements.
- Please inform us immediately of any change in your address, occupation, state of health, or of any other changes affecting any Insured Person.
- The Policy is an evidence of the contract between You and Royal Sundaram Alliance Insurance Company Limited.
- The information given to us in the Proposal form and Declaration electronically signed by you, forms the basis of this Contract.
- The Policy, Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Provided that You pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, We will provide the insurance described in the Policy.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

A. PERSONS WHO CAN BE INSURED

This insurance is available to persons between the age of 1 year and 60 years at the Commencement Date of the Policy. This insurance also provides cover for family comprising of the Insured and any one or more of the following

- Spouse
- Dependent Children
- Dependent Parents

B. DEFINITIONS & INTERPRETATIONS

In this Policy the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy

Accident

Accident means a sudden, unexpected, visible and fortuitous event.

Company/We/Our/Insurer/Us

Royal Sundaram Alliance Insurance Company Limited.

Commencement Date

Commencement date of this Policy shall be the inception date of first health Insurance policy under this Hospital Cash Plan for that Insured Person, insured with Us, with out any break in period of cover.

Endorsement

Endorsement means written evidence of change to Your Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

Hospital/Nursing Home

Hospital/Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which either:

- has been registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner

OR

should comply with minimum criteria as under:

- at least 15 in-patient beds.
- Fully equipped operation theatre of its own wherever Surgical Operations are carried out.

- Fully Qualified Nursing staff under its employment round the clock.

The term Hospital/Nursing Home shall not include an establishment, which is a place of rest, a place for the aged, a place for drug addicts or place for alcoholics, a hotel or a similar place.

In-Patient

An Insured Person who is admitted to Hospital and stays for a minimum period of 24 hours, for the sole purpose of receiving treatment.

Intensive Care Unit

The special hospital unit for critically ill patients whose health requires continuous intensive medical care and treatment

Insured/You/Your/Insured Person

Anybody shown on the Schedule as Insured in this Policy.

Medical Practitioner

Medical Practitioner means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of the respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.

Period of Insurance

Period of Insurance means the period shown in the Schedule, for which You have paid and We have received and accepted Your premium.

Pre Existing Disease

Pre Existing Disease shall mean any disease, illness, medical condition, injury for treatment of which claim is made under this policy, which existed prior to the Commencement Date of the Policy, or is found by the Insurer, to be of such nature that ought to have existed or begun to set in, prior to Commencement Date of the Policy, whether or not the Insured Person was aware of such disease, illness, medical condition or injury.

Proposer

Insured or the person who signs the Proposal form on behalf of the Insured

Qualified Nurse

Qualified Nurse means a person who holds a certificate of recognised Nursing Council and is employed on recommendation of the attending Medical Practitioner.

Surgical Operation

Surgical Operation means manual and/or operative procedures for correction of deformities and defects repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

C. BENEFITS

Hospital Confinement Benefit - Disease

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

Hospital Confinement Benefit - Accident

In the event of hospital confinement arising out accidental injury due to road, rail or air accident, double the daily benefit as shown in the schedule shall be payable upto 21 days during the entire policy period in excess of first 24 hours of confinement.

Intensive Care Unit Benefit

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

When Intensive Care Unit benefit is admissible under the policy, hospital confinement benefit for illness and accident, shall not be payable for those days in which insured person was in Intensive Care Unit.

When Intensive Care Unit confinement is due to accident, the triple daily benefit shall be payable in excess of first 24 hours of confinement.

In no case the maximum number of days under all the above benefits put together shall exceed 180 days

Convalescence Benefit

For Hospital Confinement beyond 21 consecutive days a fixed amount is payable towards convalescence, in addition to the Hospital Confinement benefit, in accordance with the plan chosen for that Insured Person. This benefit is payable only once per illness / accident / policy. This benefit is payable only if there is an admissible claim under any of the daily benefits.

Additional Features:

Income Tax Relief

This insurance scheme is approved by IRDA and the premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.

D. EXCLUSIONS

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

1. a) Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease.
b) Any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre-existing Hypertension / Diabetes.
2. **30 Days Waiting Period:** Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy.
3. **First Year Exclusions:**
Treatment of Congenital Internal Diseases, any type of Migraine /Vascular head ache, Stones in the Urinary and Biliary systems, Surgery on Tonsils / Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/ Nodules / Polyps, any type of Breast Lumps, Spondylosis / Spondylitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee / Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma / Sarcoma / Blood Cancer, Osteoarthritis of any joint during the first year of the operation of the Policy with us.
4. Treatment arising from or traceable to pregnancy / childbirth
5. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
6. Dental treatment or surgery of any kind unless requiring Hospitalisation.
7. 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.
8. Confinement in Hospital arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLV-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.

9. 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.
10. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.
11. 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).
12. Directly or indirectly caused by or arising from or attributable to:
 - 12.1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel
or
 - 12.2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
13. Any routine or preventative examinations, vaccinations, inoculation or screening.
14. Outpatient treatment charges
15. Sex change or treatment, which results from, or is in any way related to, sex change.
16. Hormone replacement therapy.
17. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
18. Treatment of psychiatric, mental or nervous conditions, insanity.
19. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
20. 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.
21. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
22. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
23. Any treatment received outside India.
24. Any Ayurvedic, Homeopathic, Naturopathy or any other system of medication except Allopathy.
25. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
26. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.
27. Any fertility, sub-fertility or assisted conception operation.
28. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, pot holing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.

E. CONDITIONS

1. Claims Procedure

1. 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 F.I.R. copy in case of an accident.
- c) Complete set of Hospital/medical records if specifically sought by Us.
- d) If required, the Insured / 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.

2. Payment of Claim

All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

The Company shall not be liable to pay any interest/penalty for sums paid or payable under the policy other than as provided by IRDA regulations

3. Transfer

Transferring of interest in this Policy to anyone else is not allowed.

4. Cancellation

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

The Policy of Insurance may also be cancelled at any time by the Proposer by giving notice in writing. Provided no claim has arisen under the within mentioned policy prior to the receipt of such notice by the Company, the Proposer would be entitled to a return of premium less premium at Company's Short period scales as mentioned below for the period, the Policy of Insurance had been in force. If any claim is lodged after cancellation of the Policy of Insurance for hospitalization during the period in which the policy was in force, then the premium refunded will be collected back prior to settlement of the admissible claim. But the policy will still be considered as cancelled.

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

5. Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone.

6. Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

7. Geographical Area

The cover granted under this insurance is valid for treatments taken in India only.

8. Continuation of terms and conditions

The Insured has to renew the Policy without any break to ensure continuity of cover from the Commencement.

However a grace period of 15 days may be allowed at the discretion of the Company.

Even if grace period is allowed, the company shall not be liable for Hospitalisation, if any, occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

9. Insurer's rights

We have the right to do the following, in Insured Person's name at Our expense:

- Take over the defense on settlement of any claim
- Start legal action to get compensation from anyone else
- Start legal action to get back from anyone else for payments that have already been made by Us.

10. Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such Insured Person.

11. Renewals

The Company shall not be bound to accept any renewal premium nor give notice that such is due. Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer. Nothing herein or otherwise shall oblige the Company to offer renewal terms or restrict any renewal terms as to premium or otherwise.

12. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to difference or, if they cannot agree upon a single Arbitrator within 30 days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/ Arbitrators of the amount of the loss or damage shall be first obtained

13. Disclaimer

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 3 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

14. Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

15. Change of address

The Insured must inform in writing of any change in his/her address.

16. Compliance with Policy provisions:

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

17. Grievances

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address, during normal business hours for the following grievances:

- a. Any partial or total repudiation of claims by the Company.
- b. Any dispute regard to premium paid or payable in terms of the policy.

- c. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- d. Delay in settlement of claims.
- e. Non-issue of any insurance document to customer after receipt of the premium.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram Alliance Insurance Company Limited is located. The Insurance Ombudsman's offices are located at Ahmedabad, Bhubaneshwar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi.

WHAT IF I EVER NEED TO COMPLAIN?

We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.

In all instances, call our Customer Services at 1800 345 8899(Tollfree) or 94444 48899(Mobile) or mail us at "Sundaram Towers" 45 & 46, Whites Road, Chennai 600 014 or e-mail at customer.services@in.royalsun.com