

HEALTH SHIELD STANDARD POLICY (FAMILY FLOATER PLAN)

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 signed by you/Proposer and/or over telephone to our teleagent by You / proposer, 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 91 days and 50 years at the Commencement Date of the Policy. Dependents, who bear any legal relation to the Proposer, can also be insured

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 Health Shield Standard Policy 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.

Insured/You/Your/Insured Person

Anybody shown on the Schedule as Insured in this Policy.

Intensive Care

Intensive care means a specially designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are critically ill or injured.

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.

Post - Hospitalisation

Reasonable and Customary expenses incurred towards treatment of disease/illness/injury for the period of 60 days after discharge from hospital.

Pre existing Condition

Pre-Existing Condition means any condition, ailment or injury or related condition(s) for which you had signs or symptoms and/or were diagnosed and/or received medical advice/ treatment, within 48 months prior to your first Health Shield Standard Policy with us.

Pre - Hospitalisation

Reasonable and Customary expenses incurred towards treatment of disease/illness/injury for a period of 30 days prior to hospitalization.

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.

Reasonable and Customary expenses

Reasonable and Customary expenses means a charge for medical care which shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease, illness, medical condition or injury.

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

The Policy covers Reasonable and Customary expenses incurred towards hospitalization for the disease, illness, medical condition or injury contracted or sustained by the Insured Person during the Period of Insurance stated in the Schedule subject to terms, conditions, limitations and exclusions mentioned in the Policy.

For a claim to be admitted under this Policy, the Insured Person should be hospitalised as an In-Patient during the Period of Insurance for a minimum period of 24 hours. However this time limit is not applicable to the following specific treatments:

Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Cataract, Lithotripsy (kidney stone removal) Tonsillectomy, D&C, Cardiac Catheterization, Hydrocele Surgery, Hernia repair surgery and such other Surgical Operation that necessitate hospitalisation less than 24 hours due to medical/technological advancement / infrastructure facilities.

In the event of any claim becoming admissible under the Policy, the Company will pay to the Proposer, the Reasonable and Customary expenses, subject to the various limits mentioned hereunder, but not

exceeding the Sum Insured and the Cumulative Bonus, if any, mentioned in the Schedule for all claims admitted during the Period of Insurance.

Expenses covered under the Policy

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home subject to a limit of 1.5% of the Sum Insured per day and for Intensive Care Unit 3% of the Sum Insured per day.
2. Nursing Expenses incurred during In-Patient hospitalization.
3. Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees are subject to a limit of 40% of the Sum Insured.
4. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy Radiotherapy, Donors medical expenses towards Organ transplant, Cost of Pacemaker, Artificial Limbs, Cost of Organs.
5. Pre-Hospitalisation and Post-Hospitalisation expenses when the claim for hospitalization is admitted under the policy.
6. Hospital Cash Allowance, a lump sum of 2% of the Sum insured per claim, in case of continuous hospitalization for a period of more than 15 days.
7. Ambulance charges in an emergency, subject to a limit of Rs.1000/- per claim
8. Reimbursement of expenses, subject to a maximum of Rs.750/- per Insured Person, towards Master Health Check up for the Insured Person, after each 5 consecutive claim free years, provided the Sum Insured (excluding Cumulative Bonus) for each of those 5 years is equal to or more than Rs.1,00,000/- per person.

The Claim amount payable towards the treatment of following disease, illness, medical condition or injury is subject to a limit of:

Treatment	Limit per claim
Cataract	7.5% of the Sum Insured subject to maximum of Rs.20000/-
Piles, Fistula, Fissure, Tonsillitis, Sinusitis	10% of the Sum Insured subject to maximum of Rs.30000/-
Benign Prostatic Hypertrophy, Hernia	20% of the Sum Insured subject to maximum of Rs.50000/-
Knee/Hip Joint Replacement, all Cancer, Renal Failure	50% of the Sum Insured subject to maximum of Rs.1.5 lakhs
Appendicitis, Gall bladder stones and Gynaec disorders	25% of the Sum Insured subject to maximum of Rs.40000/-
Dialysis, Chemotherapy and Radiotherapy	
	10% of the Sum insured per month

Additional Features:

1. **Cashless Facility:** (Through Third Party Administrators - TPA)
 - a) In network hospitals, provided pre-admission authorisation in writing is taken from TPA appointed by Us, Insured need not pay for the eligible expenses at the hospital. The TPA will pay it directly.
 - b) TPAs will also provide 24 hour helpline and free ambulance referral facility.
 - c) TPAs will be guided by TPA regulations formed by IRDA.
 - d) In non-network hospitals, hospitalisation expenses will only be reimbursed.

(The cashless facility can be availed subject to compliance of the procedure laid down in the information handbook issued along with this Policy.)
2. **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.
3. **Cumulative Bonus**
The Limits under this Policy shall be progressively increased by slabs of 5% each of the Sum Insured in respect of each claim-free year of insurance with Us, subject to a maximum accumulation of 10 slabs of cumulative bonus.
Sum Insured for the purpose of calculation of Cumulative Bonus

shall be the expiring Sum Insured or the revised Sum Insured whichever is lower.

Where a claim has arisen under the expiring policy, the earned cumulative bonus, if any, in respect of such insured person shall be reduced by 2 slabs of cumulative bonus .However under no circumstances shall the Sum insured under the policy be reduced on account of reduction of cumulative bonus.

Transfer of Cumulative Bonus shall not mean continuity of benefits from any expiring Health Insurance Policy.

D. EXCLUSION

1. Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/treatment, within 48 months prior to your first Health Shield Standard policy with us would not be payable until 48 months of continuous coverage have elapsed, since inception of the Health Shield Standard Policy with us.
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. **(a) 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 for all Insured Persons for one year from the Commencement Date of the cover with Us under this Health Shield Standard policy.
However if these diseases are Pre Existing at the time of proposal then they will be considered as falling under Exclusion 1(a)
- (b) Two Year Exclusions:**
Treatment of Spondylosis / Spondilitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders. Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee / Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma / Sarcoma / Blood Cancer, Osteoarthritis of any joint for all Insured Persons for two years from the Commencement Date of the cover with Us under this Health Shield Standard policy.
However if these diseases are Pre Existing at the time of proposal then they will be considered as falling under Exclusion 1.

Note:

For Insured Persons up to the age of 40 years holding a Health Insurance Policy

- a) for a period of one year and renewed with Us without any break, 30 Days Waiting Period Exclusion and First Year Exclusions shall be waived and Two Year Exclusion shall become the First Year Exclusions, provided it is not a Pre Existing Disease
- b) for a period of two continuous years and above and renewed with Us without any break, 30 Days Waiting Period Exclusion, First Year Exclusions and Two Year Exclusions shall be waived, provided it is not a Pre Existing Disease

Notwithstanding the foregoing, the exclusions mentioned below shall not be covered under this policy in any case.

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. The cost of spectacles, contact lenses and hearing aids.
7. Dental treatment or surgery of any kind unless requiring Hospitalisation.
8. 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.
9. All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
10. Charges incurred 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.
11. Expenses on vitamins and tonics unless forming part of treatment for injury or disease.
 12. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.
 13. 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).
 14. Directly or indirectly caused by or arising from or attributable to:
 - 14.1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
 - 14.2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
 15. Any routine or preventative examinations, vaccinations, inoculation or screening.
 16. Outpatient treatment charges.
 17. Sex change or treatment, which results from, or is in any way related to, sex change.
 18. Hormone replacement therapy.
 19. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
 20. The treatment of psychiatric, mental or nervous conditions, insanity.
 21. 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.
 22. 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.
 23. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
 24. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
 25. Any treatment received outside India.
 26. Any Ayurvedic, Homeopathic, Naturopathy or any other system of medication except Allopathy.
 27. 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.
 28. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.
 29. Any fertility, sub-fertility or assisted conception operation.
 30. 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.

- ! 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.
 - Original Bills, Receipt and Discharge certificate / card from the Hospital.
 - Original Cash Memos from Hospital(s)/Chemist(s), supported by the proper prescriptions.
 - Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
 - Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
 - Attending Doctor's / Consultant's / Specialist's / Anesthetist's original bill and receipt, and certificate regarding diagnosis.
 - Medical Case History / Summary.
 Insured /Insured Person must give Us at his expense, all the information We ask for about the claim and he 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.

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

Any claim intimated after 90 days from the date of discharge from the Hospital/Nursing Home, shall not be entertained

No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance

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

Short period scales:

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

E. CONDITIONS

1. 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.

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. Contribution

If at the time of a claim under this Policy, there is any other insurance covering the same loss, We shall not be liable to pay more than Our rateable proportion of the loss / expenses.

9. 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.

10. 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.

11. 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.

12. 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. In the event of a claim under the Policy, the renewal premium for that Insured Person shall be loaded as below:

Claims Amount	% of Loading
Upto 10000	Nil
10001 - 20000	20%
20001 - 30000	40%
30001 - 50000	60%
50001-100000	80%
Above 100000	Review Cover

13. 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 clearly agreed and understood that no difference or dispute shall be referable to Arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy. 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

14. 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.

15. Jurisdiction

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

16. Change of address

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

17. Change in Sum Insured

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 during the first occurrence of such disease/ illness/medical condition/burns or the available Sum Insured under the current Policy, whichever is less.

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

19. 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:

- Any partial or total repudiation of claims by the Company.
- Any dispute with regard to premium paid or payable in terms of the policy.
- Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- Delay in settlement of claims.
- 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, Bhubaneswar, 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 1860 425 0000 or mail us at Royal Sundaram Alliance Insurance Company Limited, Sundaram Towers, 45 & 46, Whites Road, Chennai 600 014 or e-mail at customer.services@royalsundaram.in