

Royal Sundaram General Insurance Co. Limited

Corp. Office : Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097. Regd.

Office : 21, Patullos Road, Chennai - 600 002

Customer Information Sheet

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Advanced Top Up Health Insurance Plan	
2	Policy Number	XXXXX	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> • Indemnity 	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual Sum Insured – Rs. _____ • Floater Sum Insured – Rs. _____ 	
5	Policy Coverage (What the policy covers?)	<ul style="list-style-type: none"> • Inpatient Care: Inpatient care is covered up to Sum Insured and includes Medical Expenses for Medical Practitioner's fees, Diagnostic tests, Medicines, drugs and consumables, Treatment Charges, Nursing Charges, Operation Theatre charges, Intensive Care Unit charges, Intravenous fluids, blood transfusion, injection administration charges, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure. • Modern Treatments- Listed modern treatments will be covered up to Sum Insured. • Pre-Hospitalisation Expenses: Related medical expenses incurred 60 days prior to hospitalization. • Post-Hospitalisation Expenses: Related medical expenses incurred within 90 days from date of discharge. • Day-care Treatment: All Day Care procedures requiring less than 24 hours' hospitalization, Pre and Post-hospitalization Medical Expenses are payable up to 30 days under Day Care Procedures. 	<p>D.1</p> <p>D.2</p> <p>D.3</p> <p>D.4</p> <p>D.5</p> <p>D.6</p>

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		<ul style="list-style-type: none"> • Organ Donor Expenses: Medical Expenses for an organ donor's treatment for harvesting of the organ. Organ donor expenses will be covered up to Sum Insured for the patient who is insured with us i.e. recipient of the Organ (who is undergoing the transplant) • Domiciliary Hospitalization: Medical Expenses covered up to Sum Insured for medical treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization. • AYUSH Treatment – Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule. • Emergency Ambulance Cover, including Application based cabs, covered up to Rs. 3000 per hospitalization. • Second Opinion for Critical Illness – Available once during Policy period for 22 critical illness. • Home Care treatment – We shall cover the treatment expenses upto Rs. 50000 per event per Insured Person and Rs. 1 Lakh per policy year per Insured Person for the Insured Person's treatment at his/her home in case of pandemic/endemic/ any other exceptional circumstances • Life Protect Benefit- In the event of Life Threatening Condition if the Sum Insured becomes insufficient, we will give additional amount for any claim admissible under inpatient Care up to 10% of Sum Insured per policy year. <p>Optional Benefits</p> <p>1. Reduction in Pre Existing Disease waiting Period from 36 months to 24 months.</p>	<p>D.7</p> <p>D.8</p> <p>D.9</p> <p>D.10</p> <p>D.11</p> <p>D.12</p> <p>Endorsement-1</p>
6	Exclusions (What the Policy does not cover)	<ul style="list-style-type: none"> • Investigation & Evaluation, • Rest Cure, rehabilitation and respite care, • Obesity/ Weight Control, • Change-of-Gender treatments, • Cosmetic or plastic Surgery, • Hazardous or Adventure sports, 	<p>E.1.4 to E.1.18</p>

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		<ul style="list-style-type: none"> • Breach of law, • Excluded Providers, • Treatment for, Alcoholism, drug or substance abuse, Tobacco abuse or any addictive condition and consequences, • Treatments received in health hydros, 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, • Dietary supplements and substances that can be purchased without prescription, to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure, • Refractive Error, • Unproven Treatments, • Sterility and Infertility, • Maternity <p>• The expenses that are not covered in this policy are placed under List-I of Annexure-A</p> <p>(Note: the above is a partial/indicative list of the policy exclusions. Please refer to the policy clauses for the complete details/list on Exclusions.)</p>	E.2.19
7	Waiting Period	<ul style="list-style-type: none"> • Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents) <p>Specific Waiting periods: 24 months for 16 diseases specified in Policy Wordings.</p> <ul style="list-style-type: none"> • Pre-existing diseases: Covered after 36 months 	E.1.2 E.1.3 E.1.1
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
	i.Sub-limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
	ii.Co-payment	Not applicable.	
	iii.Deductible	In case of a claim, this policy requires you to share the following costs: Insurer will not be liable to pay any claims up to the Deductible amount opted in the policy. The deductible will apply over	D

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	iv. Any other limit	<p>aggregate of all admissible claims under the policy per annum as per the terms and conditions of the Policy. To be mapped as opted.</p> <p>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p>	
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Claim Procedure Provided that the due adherence/observance and fulfilment 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. Cashless and Reimbursement both Claims will be settled through TPA. The Claims Procedure is as follows:</p> <p>For admission in Network Hospital (Cashless Claims) Insured Person shall call the TPA helpline and furnish Membership Number, Policy Number and the Name of the Patient within 72 hours before admission to hospital for planned hospitalization and not later than 48 hours of admission in case of emergency hospitalization. The insured shall also provide to the TPA by e-mail or through TPA's web portal, the details of hospitalization like diagnosis, name of hospital, duration of stay in hospital, estimated expenses of hospitalization etc. in the prescribed form available with the Insurance help desk at the Hospital. The Insured shall also provide any additional information or medical record as may be required by the medical panel of the TPA. After establishing the admissibility of the claim under the policy, the TPA shall provide a pre-authorisation to the hospital guaranteeing payment of the hospitalization expenses subject to the sum insured, terms conditions and limitations of the policy. The difference between the amount of pre-authorisation approved and the final hospital bill owing to deductions such as non-payable items, excluded items, policy sub-limits, copay amount, deductible amount etc., shall be borne by the insured.</p>	<p>G.1</p> <p>G.1.1</p> <p>G.1.2</p>

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		<p>For admission in Non-Network Hospital or into Network Hospital if cashless facility is not availed (Re-imburement Claims)</p> <p>Notice of claim: 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 and address of the attending hospital, should be given to the Insurer within 72 hours before admission in case of planned hospitalization, and not later than 48 hours or before discharge, in case of emergency hospitalization.</p> <p>Submission of claim: The insured shall submit the claim form along with attending physician's certificate duly filled and signed in all respects with the following claim documents not later than 30 days from the date of discharge.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> i. TAT for preauthorisation of cashless facility is 1 hour ii. TAT for cashless final bill authorisation is 3 hours <ul style="list-style-type: none"> i. Network Hospital details: https://www.royalsundaram.in/cashless-hospital ii. Helpline number: Customer Services - 1860 258 0000 / 1860 425 0000 MediAssist TPA – 04068213621 Paramount TPA – 1800226655 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.royalsundaram.in/claims/health-insurance-claims iv. Downloading / getting claim form https://www.royalsundaram.in/claims/claim-forms <p>Intimation – Before 3 days in case of planned hospitalisation and within 2 days of admission in case of emergency hospitalization</p>	
10	Policy Servicing	<p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer</p>	F.1.15

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<p>11</p>	<p>Grievances / Complaints</p>	<p>In case of any grievance the insured person may contact the company through Website: https://www.royalsundaram.in Grievance Redressal: https://www.royalsundaram.in/customer-service You may call us at – 1860 258 0000, 1860 425 0000 Email:</p> <ol style="list-style-type: none"> 1. Please raise a complaint with us through e mail – care@royalsundaram.in, and we would come back to you with a response in 24 hours. 2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to manager.care@royalsundaram.in 3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to head.cs@royalsundaram.in 4. In case you are not happy with our response or have not received any response in 2 business days, you may approach gro@royalsundaram.in - GRO Contact Number – 9500413094 <p>Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in - Senior Citizen Grievance Number - 9500413019 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)</p> <p>Fax us at: 044 – 7117 7140 Courier us your complaint at: Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at</p> <p>Mr. T M Shyamsunder Grievance Redressal Officer Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097</p>	<p>F.1.15</p>
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		<p>For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in</p> <p>If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.</p> <p>Insurance Ombudsman addresses - https://www.cioins.co.in/ContactUs</p> <p>Grievance may also be lodged at – Registration of Complaints in Bima Bharosa by Policyholders:</p> <ol style="list-style-type: none"> 1. Can directly register complaint in the Bima Bharosa Portal https://bimabharosa.irdai.gov.in/ 2. Can send the complaint through Email to complaints@irdai.gov.in. 3. Can call Toll Free No. 155255 or 1800 4254 732. 4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to: General Manager Insurance Regulatory and Development Authority of India(IRDAI) Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell. Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032. No loading shall apply on renewals based on individual claims experience. <p>Insurance is the subject matter of solicitation.</p>	
12	Things to remember	<ul style="list-style-type: none"> • Free Look: At the inception of the policy the Insured Person will be allowed a period of 30 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 Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force: 	F.1.14

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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) Free-look will not be applicable for policies with tenure less than one year.
 e) Free-look not applicable in case of renewals.
 All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

F.1.7

Cancellation

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.

The Company shall:

a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

The Company may cancel the Policy at any time on grounds of misrepresentative, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Policy Renewal:

i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.

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	<p>ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.</p> <p>iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. For the purpose of this provision, Grace Period means a period of 30 days in case of one year immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases.</p> <p>iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.</p> <p>v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.</p> <p>vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy. In case of floater policies, children attaining 25 years at the time of renewal will be moved out of the floater into an individual cover however all continuity benefits on the policy will remain intact. Cumulative Bonus earned will be suitably passed on the fresh policy of child</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Migration</p>	<p>F.2.12</p>
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	<p>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:</p> <p>i. The waiting periods specified in Section E shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.</p> <p>ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), migration benefits shall not apply to any other additional increased Sum Insured.</p> <p>For Detailed Guidelines on Migration, kindly refer the below link:- https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf</p> <p>Portability The insured Person will have the option to port the policy to other insurers as an 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:</p> <p>i. The waiting periods specified in Section E shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.</p> <p>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.</p> <p>For Detailed Guidelines on Portability, kindly refer the below link:- https://www.royalsundaram.in/health-insurance/health-insurance-portability</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any</p>	<p>F.1.8 and F.1.9</p> <p>F.1.8</p>
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		<p>time, subject to underwriting by the company. Fresh underwriting at the time of renewal is applicable only in case of increase in Sum Insured. For any increase in Sum Insured, the underwriting of the policy and the waiting period shall start afresh only for the enhanced portion of the sums insured.</p> <p>Moratorium Period After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five 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 specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	<p>F.1.9</p> <p>F.1.12</p>
<p>13</p>	<p>Your Obligations</p>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p>	

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		Disclosure of other material information during the policy period such as change in occupation.	
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Declaration by the policy holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy Holder)

Note:

- i. Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. **Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet.**

How Aggregate deductible works?

In this plan every policy will have Deductible and the Deductible will be applied on the aggregate of all admissible claims per annum.

For a Sum Insured of Rs 15 lakhs and a deductible of Rs 10 lakhs, the deductible will be applied as below

Sum Insured - Rs.15,00,000/-
Deductible - Rs.10,00,000/-

Details	Amount	Claim Payable
First Claim	Rs.5,00,000	Not payable

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Second Claim	Rs.7,00,000	Rs.2,00,000/-
Total Claim in a year	Rs.12,00,000/-	Rs.2,00,000/-

Notes:

1. This is fundamentally a Top Up plan and is an annual aggregate deductible policy which will pay only on the exhaustion of the deductible.
2. The Deductible is on Annual aggregate basis during the policy period of this policy.
3. Claims under this plan will be payable as per terms and conditions of this policy and not as per the terms and conditions of any base policy.
4. We request full understanding of Health Insurance plan to understand the interlinkage between this top up policy and your health insurance policy.
5. Claim under this policy is payable only if the hospitalisation has happened during the policy period of your policy.

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.