

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	TOP UP INSURANCE - Health XS and Super Health XS Policy	
2	Policy Number	Xxxxxx	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> Indemnity and benefit 	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> Individual Sum Insured – Rs. Xxxx Floater Sum Insured – Rs. Xxxx 	
5	Policy Coverage (What the policy covers?)	<p>Hospitalization expenses that are incurred as in-patient during the policy period.</p> <p>Pre-hospitalisation expenses Actuals subject to a maximum of 8% on admissible hospitalisation expenses.</p> <p>Post hospitalisation expenses Actuals subject to a maximum of 10% on the admissible hospitalisation expenses.</p> <p>Day care treatment.</p> <p>Ambulance charges - An amount of Rs.1000/- will be reimbursed as per the admissibility of the claim.</p> <p>Hospital Cash - Daily Benefit of Rs.2000/- for Sum Insured above Rs. 2 Lakhs is applicable for each completed 24 hours hospitalization subject to a maximum of 10 days.</p> <p>Modern treatments (up to 50% of sum insured)</p> <p>Accidental Death Benefit - In the event of accidental death an amount would be paid to the nominee.</p> <p>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</p>	<p>D.1.1</p> <p>D.1.5</p> <p>D.1.6</p> <p>D.1.7</p> <p>D.1.8</p> <p>D.1.9</p> <p>D.1.11</p> <p>D.3.1</p>

		Sum Insured, during each policy year as specified in the policy schedule.	
6	Exclusions (What the Policy does not cover)	<ul style="list-style-type: none"> • Pre-Existing Diseases - Code- Excl01 • Specified disease/procedure waiting period- Code- Excl02 • 30-day waiting period- Code- Excl03 • Investigation & Evaluation (Code- Excl04), • Rest Cure, rehabilitation and respite care (Code- Excl05), • Obesity/ Weight Control (Code- Excl06), • Change-of-Gender treatments (Code- Excl07), • Cosmetic or plastic Surgery (Code- Excl08), • Hazardous or Adventure sports (Code- Excl09), • Breach of law (Code- Excl10), • Excluded Providers (Code-Excl11), • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences (Code- Excl12), • 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), • 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), • Refractive Error (Code- Excl15), • Unproven Treatments (Code- Excl16), • Sterility and Infertility (Code- Excl17), • Maternity (Code – Excl18), • The expenses that are not covered in this policy are placed under List-I of Annexure-A <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	Section E.1.1 to Section E.1.19 & Section E.2.1 to Section E.2.20
7	Waiting Period	<p>30-day waiting period- Code- Excl03</p> <p>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.</p> <p>b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p>	E.1.3

		<p>c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</p> <p>Specific waiting periods : under (12 months): (Excl2)</p> <p>i. Treatment of 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, vii. any type of Breast Lumps</p> <p>II) List of specific diseases/procedures is as under (24 months):</p> <p>i. Treatment of Spondylosis / Spondilitis any type, ii. Inter vertebral Disc Prolapse and such other Degenerative Disorders, iii. Cataract, iv. Benign Prostatic Hypertrophy, v. Hysterectomy, vi. Fistula, vii. Fissure in Anus, viii. Piles, ix. Hernia, x. Hydrocele, xi. Sinusitis, xii. any type of Carcinoma/ Sarcoma/Blood Cancer, xiii. Chronic Renal Failure and End Stage Renal Failure</p> <p>III) List of specific diseases/procedures is as under (36 months):</p> <p>i) Osteoarthritis of any joint , ii) Treatment of Joint replacement Surgery (other than due to accidents)</p> <p>Pre-existing diseases: Covered after 36 months.</p>	<p>E.1.2(I)</p> <p>E.1.2(II)</p> <p>E.1.2(III)</p> <p>E.1.1</p>
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
	i.Sub-limit	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>Expenses exceeding the following Sub-limits:</p>	D.1.1

	<p>ii.Co-payment</p> <p>iii.Deductible</p> <p>iv.Any other limit</p>	<p>Room/ICU charges - 2% of the Sum Insured subject to a maximum limit of Rs.4000/- per day. Not applicable.</p> <p>Specified diseases: Health XS - A deductible amount as per the schedule of the policy is applicable for each and every admissible claims. Super Health XS - A deductible amount as per the schedule of the policy is applicable for aggregate of all admissible claims per annum. To be mapped as opted.</p> <p>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p>	E.2.17
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>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.</p> <p>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.</p> <p>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.</p>	G.1

TOP UP INSURANCE - Health XS and Super Health XS Policy



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

		<p>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.</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 <p>i. Network Hospital details: https://www.royalsundaram.in/cashless-hospital</p> <p>ii. Helpline number: Customer Services - 1860 258 0000 / 1860 425 0000 MediAssist TPA – 04068213621 Paramount TPA – 1800226655</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.royalsundaram.in/claims/health-insurance-claims</p> <p>iv. Downloading / getting claim form https://www.royalsundaram.in/claims/claim-forms</p> <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
11	Grievances / Complaints	<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</p>	F.1.15

You may call us at – 1860 258 0000, 1860 425 0000

Email:

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

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) -

Senior Citizen Grievance Number - 9500413019 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)

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

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>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: <p style="text-align: center;">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.</p> <p>No loading shall apply on renewals based on individual claims experience. Insurance is the subject matter of solicitation.</p>	
12	Things to remember	<p>Free Look Period: 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:</p>	F.1.14

		<p>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;</p> <p>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;</p> <p>c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.</p> <p>d) Free-look will not be applicable for policies with tenure less than one year.</p> <p>e) Free-look not applicable in case of renewals.</p> <p>All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.</p> <p>Cancellation</p> <p>The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing.</p> <p>The Company shall:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Policy Renewal:</p> <p>The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due to renewal.</p> <p>i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years</p>	<p>F.1.7</p> <p>F.1.10 & F.2.9</p>
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		<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>Renewal Benefits: Not Applicable</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 The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on 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, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</p> <p>For Detailed Guidelines on Migration, kindly refer the link https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf</p> <p>Portability</p>	F.1.12
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		<p>The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p>For Detailed Guidelines on Portability, kindly refer the 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 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, deductibles 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>	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period such as change in occupation.</p>	

Declaration by the policy holder:



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Customer Information Sheet

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.**