ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

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 / 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	Family Plus	
2	Policy Number	**xxxxxx**	
3	Type of Insurance Product / Policy	• Both Indemnity and Benefit	
4	Sum Insured (Basis) (Along with amount)	• Individual Sum Insured – Rs. • Floater Sum Insured – Rs.	
5	Policy Coverage (What the policy covers?)	**Expenses in respect of:** 1.Inpatient Care: Medical Expenses for Medical Practitioner's fees, Diagnostic tests, Medicines, drugs and consumables, 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 will be covered upto 50% of Sum Insured. 2. Pre-hospitalization Medical Expenses: Medical Expenses incurred due to Illness upto 60 days immediately before admission to a hospital. 3. Post-hospitalization Medical Expenses: Medical Expenses incurred due to Illness upto 90 days immediately post discharge from Hospital. 4.Day-Care Treatment: Medical Expenses for Day Care Treatments(including	**Section 3.1** **Section 3.2** **Section 3.3** **Section 3.4**

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		Chemotherapy,Radiotherapy,Hemodialysis, any procedure which needs a period of specialized observation or care after completion of the procedure) where such procedures are undertaken by an Insured Person as an In-patient in a Hospital/Day Care Center for a continuous period of less than 24 hours. Any procedure undertaken on an OPD Treatment basis in a hospital/Day Care Center will not be covered. Pre and Post Hospitalization Medical expenses shall be payable for this benefit. We cover all Day Care Procedures.	
		5.Ambulance Cover: We will cover Reasonable & Customary Charges for ambulance expenses incurred to transfer the Insured Person by surface transport following an Emergency to the nearest Hospital. There is a sub-limit of Rs 4,000 per hospitalization.	**Section 3.5**
		6. Organ Donor Expenses: Medical Expenses for an organ donor's treatment for harvesting of the organ.	**Section 3.6**
		7. Domiciliary Hospitalization: Medical Expenses 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. Domiciliary Hospitalization is applicable in case of (i) the attending medical practitioner confirms that the insured person could not be transferred to a hospital or (ii) you satisfy us that a hospital bed was unavailable. Pre-Hospitalization and Post-Hospitalization Medical expenses are payable.	**Section 3.7**
		8. No Claim Bonus: 20% of base sum insured upto a max of 100% of base sum insured. If any of the Insured claims in any Policy year, none of the Insured will get No Claim Bonus for that Policy Year.	**Section 3.8**
		9. Re-load of Sum Insured: We will provide a Re-load equal to 100% of Individual Base Sum Insured of any one Insured Member once in a Policy Year, provided that: a) the Base Sum Insured, No Claim Bonus (if any) and Floater Sum Insured is insufficient as a result of previous claims in that Policy Year; AND b) The Re-load Sum Insured shall be activated in following conditions: i. Re-load can get activated for same Insured Member in the same Policy year for different illness/injury other than the illness/injury	**Section 3.9**

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		for which claim has already been paid in the current Policy year and/or; ii. Re-load can get activated for different Insured Member in the same Policy year iii. Re-load benefit once activated for any one of the Insured Member and can be used jointly or severally. iv. Re-load once activated for any one of the Insured Member will not get activated again for another Insured Member in the same Policy Year. c) If the Re-load Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.	
		10. 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.	**Section 3.10**
		11. Vaccination in case of Animal Bite: We will cover medical expenses for OPD treatment for vaccination or immunization for treatment post an animal bite.	**Section 3.11**
		12. Health Check-up: Cost of an annual health check-up for prescribed tests subject to renewal of the policy. This benefit is over and above the Base Sum Insured.	**Section 3.12**
		13. Preventive Healthcare & Wellness: Provide various preventive healthcare & wellness related activities like health related articles, access to various preferred health maintenance network to maintain your health status	**Section 3.13**
		14. Second Opinion for Critical Illness: Available once during Policy period for 11 critical illness. It is available once in a Policy Year and once during the Lifetime of an Insured Person for same Illness. Critical illnesses covered: Cancer, First Heart Attack, Open Chest CABG, Open Heart Replacement or Repair of Heart Valves, Coma, Kidney Failure, Stroke, Major Organ/Bone Marrow Transplant, Permanent paralysis of Limbs, Motor Neurone Disease & Multiple Sclerosis.	**Section 3.14**

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		15. Emergency Domestic Evacuation: Available once during Policy Period in case of medical emergency and on advise of treating doctor. Covered upto Rs.1lac and will be part of overall Sum Insured.This benefit is payable only for bed to bed transfer of the patient who is in life threatening condition.	**Section 3.15**
		16. Maternity Benefits: Medical Expenses for the delivery of a child, where atleast two adult members are covered,after a waiting period of 2 years, subject to a maximum of Rs. 50,000 per delivery. Maternity benefits are paid only for two deliveries for each female member covered during the lifetime of the Policy including any of its renewals. Miscarriage will not be payable as a part of Maternity Benefit Claim. Miscarriage can occur as a result of: i. Accident ii.Internal Injury/Sickness/stress If Miscarriage happens due to an internal injury/sickness/stress, it is not payable. However, it is payable when Miscarriage happens due to an accident. New Born Baby: New born baby will be covered as an insured person from birth (for the policy year in which the baby is born), if the Maternity Benefits claim has been accepted. This benefit is subject to maximum of Base Sum Insured. Vaccination expenses of the new born baby will also be covered for the first year, subject to renewal of the policy. The sub-limit for this benefit is Rs10,000.	**Section 3.16**
		17. Nutrition allowance for mother post discharge: We will provide Nutrition allowance for mother post-delivery of the child. This benefit is available in the form a fixed benefit and maximum liability under this section have been mentioned under Product Benefit table. This benefit is payable only if we accept the claim made under the Maternity Benefit. This benefit is subject to maximum of Rs. 10,000. This benefit is payable after two months of discharge from the hospital.	**Section 3.17**

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		Additional Optional Benefits at the Customer level (these will be offered to the final insured as optional coverage) 1. **Hospital Cash**: If the Insured Person is Hospitalised and if We have accepted an In-patient Hospitalization claim, We will pay the Hospital Cash amount specified in the Product Benefits Table for each continuous and completed period of 24 hours of Hospitalisation provided that: i. The Insured Person should have been Hospitalized for a minimum period of 48 hours continuously; ii. We will make payment under this endorsement in respect of an Insured Person upto 30 days of Hospitalisation in total under any Policy Year. Claims Payable under this benefit will be maximum of Rs. 60,000 per Insured for a period of 30 days hospitalization.	Optional Endorsements – 1
6	Exclusions (What the Policy does not cover)	Investigation & Evaluation, Rest Cure, rehabilitation and respite care, Obesity/ Weight Control, Change-of-Gender treatments, Cosmetic or plastic Surgery, Hazardous or Adventure sports, Breach of law, Excluded Providers, Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences, Treatments received in heath 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, 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, Refractive Error, Unproven Treatments, Sterility and Infertility, Alternative treatment, Ancillary Hospital Charges, Charges for medical papers, Circumcision, Conflict and disaster, Congenital conditions, Convalescence and Rehabilitation, Drugs and dressings for OPD Treatment or take-home use, Items of personal comfort and convenience, including but not limited to : (A)Telephone, television, diet charges, (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services (B) Private nursing/attendant's charges incurred during Pre-hospitalization or Post-hospitalization (C) Drugs or treatment not supported by	**Section 4.e.i to 4.e.xxxvii**

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		prescription etc., OPD Treatment, Preventive Care, Self-inflicted injuries, Treatment for Alopecia, Treatment received outside India, Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. • The expenses that are not covered in this policy are placed under List-I of Annexure-II.	**Section 4.e.xxxviii**
7	**Waiting Period**	• 30 days Initial Waiting Period for all illnesses except any accidents. • Waiting period for Pre-existing Diseases cover: 36 months For Pre-existing Diseases to which Portability benefit was extended, recalculated waiting periods and Sum Insured limits are presented in the Schedule • 2 years specific waiting period for the following 16 conditions: • Stones in billiary and urinary systems •Lumps / cysts / nodules / polyps / internal tumours • Gastric and Duodenal Ulcers • Surgery on tonsils / adenoids • Osteoarthrosis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse • Cataract • Fissure / Fistula / Hemorrhoids • Hernia / Hydrocele • Chronic Renal Failure or end stage Renal Failure • Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media• Benign Prostatic Hypertrophy • Knee/Hip Joint replacement • Dilatation and Curettage • Varicose veins • Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis • Hysterectomy for any benign disorder. There may be an explicit mention of certain Pre Existing Disease conditions in Schedule of Insurance on basis of Your declaration in the Proposal Form and/or discovered by us during the process of Medical Underwriting.	**Section 4.a.i** **Section 4.b** **Section 4.c**
8	Financial limits of coverage i.Sub-limit	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: As per details mentioned in point no 5. Policy Coverage of this customer information sheet. To be mapped if applied.	

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	ii.Co-payment iii.Deductible iv.Any other limit	Not applicable. As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. **Claim Procedure** Provided that the due adherence/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. Cashless Claims will be settled through TPA and Re-imbursement Claims will be settled by Us. The Claims Procedure is as follows: **For admission in Network Hospital (Cashless Claims) (For Domestic Claims only)** 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 email 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	**Section 5**

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		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. **For admission in Non-Network Hospital or into Network Hospital if cashless facility is not availed (Reimbursement Claims) (For Domestic Claims as well as Worldwide Emergency Hospitalization)** • **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. • 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. Turn Around Time (TAT) for claims settlement: i. TAT for preauthorisation of cashless facility is 1 hour ii. TAT for cashless final bill authorisation is 3 hours 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 Intimation – Before 3 days in case of planned hospitalisation	

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		and within 2 days of admission in case of emergency hospitalisation	
10	Policy Servicing	Call Center number of the insurer: 1860 258 0000 / 1860 425 0000 Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	
11	Grievances / Complaints	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: 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) 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.	**Section 6.u**

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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

For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in
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.
Insurance Ombudsman addresses - https://www.cioins.co.in/ContactUs

Grievance may also be lodged at – Registration of Complaints in Bima Bharosa by Policyholders:

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.
Insurance is the subject matter of solicitation.

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12	Things to remember	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: 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. **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.	**Section 6.j** **Section 6.k**

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		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. 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. 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 15 days in case of monthly payments and 30 days in case of quarterly, half-yearly and yearly payments 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. If the premium is paid in instalments, coverage will still be available during the grace period, 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. 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. 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.	**Section 6.s**

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		vii.Applicable Cumulative Bonus shall be accrued on each renewal as per eligibility under the variant opted. **Renewal Benefits:** • No Claim Bonus: 20% of base sum insured up to a max of 100% of base sum insured. If any of the Insured claims in any Policy year, none of the Insured will get No Claim Bonus for that Policy Year. • Health Check-up: Cost of an annual health check-up for prescribed tests subject to renewal of the policy. This benefit is over and above the Base Sum Insured. **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. **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. 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 **Portability** 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. For Detailed Guidelines on Portability, kindly refer the below link:-https://www.royalsundaram.in/health-insurance/health-insurance-portability **Change in Sum Insured**: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time,	**D.8** **Section 5** **Section 5.z**

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		subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. **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 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. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	**Section 5.r** **Section 4.f**
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period such as change in occupation.	

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.