

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.

SI	Title	Description	Policy
N		(Please refer to applicable Policy Clause Number in next column)	Clause
0			Number
1	Name of	NeXT Gen Health Insurance Plan	
	Insurance		
	Product /		
	Policy		
2	Policy	XXXXX	
	Number		
3	Type of	Indemnity	
	Insurance		
	Product /		
	Policy		
4	Sum Insured	Individual Sum Insured – Rs.	
	(Basis)	or	
	(Along with	Floater Sum Insured – Rs.	
	amount)		
5	Policy Coverage (What the policy covers?)	 Inpatient Care: 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. 	D.1
		 Pre-Hospitalisation Expenses: Related medical expenses incurred 60 days prior to hospitalization. 	D.2
		3. Post-Hospitalisation Expenses: Related medical expenses incurred within 90 days from date of discharge.	D.3
		Modern Treatments: Listed modern treatments will be covered up to Sum Insured.	D.4



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	 Day-care Treatment: All Day Care procedures requiring less than 24 hours' hospitalization. 	D.5
	6. Organ Donor Expenses: Medical Expenses for an organ donor's treatment for harvesting of the organ. Organ donor expenses will be covered within the sum insured for the patient who is insured with us i.e. recipient of the Organ (who is undergoing the transplant)	D.6
	7. Domiciliary Hospitalization: Medical Expenses 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.	D.7
	8. 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.	D.8
	 Ambulance Cover including App based cabs: up to 5,000 per hospitalization. 	
	10. Reload Benefit: We will Reload Your Sum Insured, once in a Policy Year, up to 100%	D.9
	of Base Sum Insured, subject to the following: a) Re-load will be triggered only if Base Sum Insured and No Claim Bonus (if any) is insufficient or exhausted as a result of any claims in that Policy Year;	D.10
	 b) Reload shall not apply to first claim in the Policy Year. c) Reload once triggered can be used for the illness other than for which claim has been paid or accepted to same insured in a Policy Year. If the policy is issued on a floater basis, the Reload Sum Insured will also be available on floater basis; 	D.11
	11.No Claim Bonus	
	We will increase Your Sum Insured by 10% of Base Sum Insured per Policy Year up to a maximum of 50% of expiring Base Sum Insured, if the Policy is renewed with Us and provided that there are no claims paid/outstanding in the expiring Policy Year by any Insured Person.	D.12



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		12. Annual Health Check-up The Company will arrange for a health check-up as per Your eligibility as defined in the Product Benefits Table provided that You or any Insured Person has requested for the same. We will cover health check-ups arranged by Us through Our empanelled Network Provider, provided that: i. This benefit shall be available only to those Insured Persons that are age 18 years or above on the Policy Period Start Date provided further that this benefit shall not be available to the Insured Person who is covered under the Policy as the Policyholder's child; ii. This Benefit is available once in every policy year starting 1st inception of the policy with us. iii. This benefit is provided irrespective of any claim being made in the Policy Year. iv. This benefit is over and above the Base Sum Insured.	Endorse ment- 1
6	Exclusions (What the Policy does not cover)	 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 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 (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) 	Section E.1.4 to Section E.1.19 & Section E.2.1 to Section E.2.19



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7	Waiting Period	 Sterility and Infertility (Code- Exc117) Maternity (Code - Exc118) Personal Waiting Periods Alternative treatment 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 OPD treatment Preventive Care Self-inflicted injuries Treatment for Alopecia Treatments taken outside the geographical limits of 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. Ancillary Hospital Charges Charges for medical papers Artificial Life maintenance is not covered from the time Insured Person goes into vegetative state and a point of no recovery to Life. The expenses that are not covered in this policy are placed under List-I of Annexure-A Impairment of Person's Intellectual faculties by usage of drugs, stimulants or depressants unless prescribed by a medical practitioner. (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing) Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents) Specific Waiting periods: 24 months for 16 diseases 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:	



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	i.Sub-limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
	ii.Co- payment	To be mapped if applied.	
	iii.Deductible	Not Applicable	D
	iv.Any other limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
9	Claims/Claim s 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 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:	G.1
		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.	G.1.1
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		For admission in Non-Network Hospital or into Network Hospital if cashless facility is not availed (Re-imbursement Claims) 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 iii. Helpline number: Customer Services - 1860 258 0000 / 1860 425 0000 MediAssist TPA – 04068213621 Paramount TPA – 1800226655 Raksha TPA – 04068213621 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 and within 2 days of admission in case of emergency hospitalization	G.1.2
10	Policy	Call Center number of the insurer:	F.1.16
	Servicing	1860 258 0000 / 1860 425 0000	1.1.10



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		Details of Company Officials: Mr. T M Shyamsunder – Grievance Redressal Officer	
		Treateseal emissi	
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: 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 Offficer Daval Curders Redressal Officer	F.1.16
		Royal Sundaram General Insurance Co. Limited	



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	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.	
12	Things to remember	• 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.1.15



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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.

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.

Renewal of Policy:

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.

i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years

F.1.7



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 ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 15 days in monthly and 30 days in case of quarterly, half- yearly and yearly payments to maintain continuity of benefits without break in policy. If the premium is paid in instalments, coverage will still be available during the grace period. iv. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected. 	F.1.7
v. If not renewed with in Grace Period after due renewal date, the Policy shall terminate.	
No loading shall apply on renewals based on individual claims experience.	
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.	F.1.10
Migration	
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:	
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.	F.1.8
ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefits shall not apply to any other additional increased Sum Insured.	F.1.8
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	



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		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 the 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 plan 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 Moratorium Period	F.1.9 F.1.12
		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.	
13	Your Obligations	 Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. Disclosure of 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:



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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.