

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 No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	EMI Protection Plus	
2	Policy Number	XXXXX	
3	Type of Insurance Product / Policy	• Benefit	
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?)	<p>EMI Protection Coverage in case of Sickness & Accident If the Insured Person suffers from sickness or an injury due to an Accident during the Policy Period which solely and directly results in the Insured Person's hospitalization, the Company will pay the EMI as specified in the Policy Schedule/ Certificate of Insurance subject to following Plans as opted by Insured Person:</p> <p>Plan A</p> <p>(i) If continuous hospitalization duration is 4-7 Days – 1 EMI will be paid; or (ii) If continuous hospitalization duration is 8-11 Days – 2 EMIs will be paid; or (iii) If continuous hospitalization duration is 12 or more Days – 3 EMIs will be paid.</p> <p>Plan B</p> <p>(i) If continuous hospitalization duration is 8-11 Days – 1 EMI will be paid; or (ii) If continuous hospitalization duration is 12 or more Days – 2 EMIs will be paid.</p>	3.1

		<p>Plan C</p> <p>(i) If continuous hospitalization duration is 4-11 Days – 1 EMI will be paid; or</p> <p>(ii) If continuous hospitalization duration is 12 or more Days – 2 EMIs will be paid.</p> <p>Plan D</p> <p>(i) If continuous hospitalization duration is 12 or more Days – 1 EMI will be paid.</p> <p>Specific conditions applicable on EMI protection coverage in case of Sickness & Accident</p> <p>1. This benefit is payable only once during each Policy Year. Only a continuous single hospitalization will be considered during each Policy Year. Cover ceases to exist once the benefit is paid for that policy year.</p> <p>2. Hospitalization means admission in a hospital for a minimum period of twenty-four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours.</p> <p>3. Our maximum liability shall not exceed from the remaining EMIs outstanding at the time of hospitalisation.</p>	3.2
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 consequences, 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, 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, Maternity, Alternative treatment, Ancillary Hospital Charges, Charges for medical papers, Circumcision, Conflict and disaster, Congenital conditions, Convalescence and Rehabilitation, Dental/oral treatment, Drugs and dressings for OPD Treatment or take-home use, Hereditary conditions, Items of personal comfort and convenience, including but not limited to	Section 4

		<p>(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</p> <p>(B) Private nursing/attendant's charges incurred during Prehospitalization or post-hospitalization</p> <p>(C) Drugs or treatment not supported by prescription etc., OPD Treatment, Preventive Care, Self-inflicted injuries, Sexual problems, Sexually transmitted diseases, Sleep disorders, Treatment for Alopecia, Treatment for developmental problems, Treatment received outside India, Artificial life maintenance is not covered from the time Insured Person goes into vegetative state and a point of no recovery to Life, 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.</p> <p>The expenses that are not covered in this policy are placed under List-I of Annexure-I.</p>	
7	Waiting Period	Initial waiting Period: 30 days for all illnesses (not applicable on continuous coverage for more than 12 months or for accidents)	Section 4
8	<p>Financial limits of coverage</p> <p>i. Sub-limit</p> <p>ii. Co-payment</p> <p>iii. Deductible</p> <p>iv. Any other limit</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p> <p>Not applicable.</p> <p>Not applicable</p> <p>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p>	
9	Claims/ Claims Procedure	<p>CLAIM PROCEDURE</p> <p>Provided that the due 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</p>	Section 6

	<p>Insured person, be a condition precedent to any liability of the Company under this Policy.</p> <p>The Claims Procedure is as follows:</p> <p>6.1 Claim Documents</p> <p>The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days from the date of such Accident/Hospitalization (as the case may be):</p> <ol style="list-style-type: none"> 1. Discharge summary (detailed) describing the nature of the complaints and it duration, treatment given, advice on discharge etc issued by the Hospital. 2. First consultation papers. 3. Doctor's prescription confirming diagnosis/advising hospitalization. 4. Proof of accident – FIR, medical records etc. 5. Confirmation from concerned company/institution on the quantum of EMI and no of EMIs outstanding. 6. Subscription confirmation along with monthly subscription fee and tenure. 7. Certificate from employer confirming period of absence from duty. 8. Certificate from attending physician confirming period of sickness, advise on rest and date from which patient can resume normal duties <p>6.2 Payment of Claim</p> <ul style="list-style-type: none"> • All valid claims will be settled within 15 working days upon receipt of due written evidence of such incident and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached. • All claims under this Policy shall be payable in Indian Currency. • The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance. 	
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		<ul style="list-style-type: none"> The claim if admissible shall be paid to the legal heir/ nominee of the proposer in case if the proposer is not surviving at the time of payment of claim If a claim is settled for an insured, cover for other insured members under the policy shall continue. At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force. All claims are to be notified to Us within a timeline. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Policy Schedule/Certificate of Insurance. We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation. <p>The claim documents should be sent to: Health Claims Department Royal Sundaram Alliance Insurance Co Ltd Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097</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>	Section 5.1.14
11	Grievances / Complaints	<p>We promise to provide the service you want, but sometimes mistakes can happen. If you're not satisfied with our service, we're here to make it right. Your satisfaction is our main concern, especially when things haven't gone as planned.</p> <p>Step 1 : Please raise a complaint with us through our Online form, and we would come back to you with a response in 2 business days.</p> <p>Step 2 : In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited</p>	Section 5.1.14

	<p> Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai – 600097 Call us at 1860 425 0000 1860 258 0000 Drop us an email care@royalsundaram.in </p> <p> Step 3: In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai - 600097 Senior Citizen Redressal : 9500413019 Grievance Redressal Officer : Mr. T M Shyamsunder, 9500413094 Drop us an email manager.care@royalsundaram.in Senior Citizen can Write to us at seniorcitizengrievances@royalsundaram.in </p> <p> Step 4 : In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai - 600097 https://www.cioins.co.in/Ombudsman Click here to view Office of the Executive Council of Insurers Drop us an email head.cs@royalsundaram.in </p> <p> Step 5 : In case you are not satisfied with the decision/resolution of the Company, you may approach the IRDAI Grievance Call Center IRDAI Grievance Call Center Insurance Regulatory & Development Authority of </p>	
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		India United India Tower, 9th floor, 3-5-817/818 Basheerbagh, Hyderabad- 500 029. Contact Number: 040-66514888 Call us at 1860 425 0000 1860 258 0000 Drop us an email gro@royalsundaram.in									
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:<ul style="list-style-type: none">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. <p>All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.</p> <p>Cancellation</p> <p>I. Cancellation by Insured Person:</p> <p>i. Annual Policies</p> <table><tr><td>Completed tenure of Policy</td><td>Retention of Premium</td></tr><tr><td>less than 1 month</td><td>25% of annual rate</td></tr><tr><td>between 1 month and 3 months</td><td>50% of annual rate</td></tr><tr><td>between 3 months and 6 months</td><td>75% of annual rate</td></tr></table>	Completed tenure of Policy	Retention of Premium	less than 1 month	25% of annual rate	between 1 month and 3 months	50% of annual rate	between 3 months and 6 months	75% of annual rate	Section 5.1.13
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		<p>ii. Policy with tenure more than one year</p> <p>Policy year in which policy is cancelled, we shall retain the premium as per below grid. However, for rest of years 5% of the pro-rated annual Premium amount shall be retained. Pro-rated annual rate will be arrived on the basis of pro-rated rate from the entire tenure premium.</p> <p>In the year of cancellation, below grid shall apply for more than one year policies.</p> <table><tr><td>Completed tenure of Policy</td><td>Retention of Premium</td></tr><tr><td>less than 1 month</td><td>25% of annual rate</td></tr><tr><td>between 1 month and 3 months</td><td>50% of annual rate</td></tr><tr><td>between 3 months and 6 months</td><td>75% of annual rate</td></tr><tr><td>Above 6 months</td><td>full annual premium</td></tr></table>	Completed tenure of Policy	Retention of Premium	less than 1 month	25% of annual rate	between 1 month and 3 months	50% of annual rate	between 3 months and 6 months	75% of annual rate	Above 6 months	full annual premium	
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		<p>II. Cancellation/Termination by Us</p> <p>The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts as sought to be declared on the Proposal Form or non-cooperation by the insured, by giving fifteen (15) days' notice in writing by courier/registered post with acknowledgement due to the Insured at his last known address in which case the Company shall not refund to the insured any portion of the premium.</p> <p>The Insured may also cancel this Policy by giving fifteen (15) days' notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and refund the premium for the period his Policy will not be in force, by retaining premium as per aforesaid cancellation clause, provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the insured.</p>											

		<p>III. Automatic Termination</p> <p>The cover shall terminate immediately on the earlier of the following events: Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy. In case of death of Insured Person, the legal heir/nominee shall intimate us about the death of Insured Person within 30 days of such event.</p> <p>Renewal of Policy:</p> <ol style="list-style-type: none"> 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. 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. 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, Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You. 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. 	Section 5.2.6
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		<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.</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>	Section 5.1.10
13	Your Obligations	<ul style="list-style-type: none"> • 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:

Date:

Royal Sundaram General Insurance Co Limited
Corporate Office: Vishranthi Melaram Towers, No.2/319,
Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097
Registered Office: No.21, Patullos Road, Chennai - 600 002

(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.