

GROUP HEALTH POLICY – CUSTOMER INFORMATION SHEET

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

SI No	Title	Description	Policy clause Number	Applicable /Not Applicable
1	Name of Insurance product/ Policy	Group Health Policy		
2	Policy Number	*****		
3	Type of Insurance Product/ Policy	Indemnity		
4	Sum Insured (Basis) (Along with amount)	Floater / Individual SI limits as mentioned in the specification (member data) attached to the Policy	In case of Floater SI – Endt no.6.	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p>Expenses in respect of:</p> <p>For a claim to be admitted under this Policy, the Insured Person should be hospitalized as an In-Patient during the Period of Insurance for a minimum period of 24 hours. However, this time limit is not applicable to the following specific Day care treatments. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Cataract, Lithotripsy (kidney stone removal) Tonsillectomy, D&C, Cardiac Catheterization, Hydrocele Surgery, Hernia repair surgery, Treatments for Fracture and such other Surgical Operation that necessitate Hospitalization less than 24 hours due to medical/technological advancement / infrastructure facilities.</p> <p>Treatment taken for Cataract is subject to a limit of ____% the Sum Insured or INR.____/- whichever is lower is applicable per insured during the period of insurance.</p> <p>Pre-Hospitalisation: Medical Expenses incurred during ____ days preceding the hospitalisation of the Insured Person.</p>		

		Post-hospitalization: Medical Expenses incurred during ____ days immediately after the Insured Person is discharged from the hospital.																												
5	Policy Coverage....Contd	<table><tr><td colspan="2">Out Patient Treatment</td></tr><tr><td>Sum Insured Category</td><td>Out Patient Limit per family/person (whichever applicable as per the Endorsement wording)</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Out Patient Treatment		Sum Insured Category	Out Patient Limit per family/person (whichever applicable as per the Endorsement wording)																							Endt no.7	Yes / No
Out Patient Treatment																														
Sum Insured Category	Out Patient Limit per family/person (whichever applicable as per the Endorsement wording)																													
5	Policy Coverage....Contd	Corporate Floater - Limit of Rs. _____ during the Period of Insurance The maximum claim payable per Insured person / family is equivalent to _____.	Endt No.10	Yes / No																										
		Maternity Expenses – Rs. _____/- per family Maternity Expenses shall include: 1. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization). 2. expenses towards lawful medical termination of pregnancy during the policy period. The Maternity Expenses are covered subject to the following conditions: i. Claims in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of	Endt No.11 With waiting period for midterm joinees only – 11(a) Without waiting period – 11(b) With waiting period – 11(c)	Yes / No Yes / No Yes / No																										

		<p>employee or spouse covered under the Policy or any renewal thereof. Those Insured Persons who are already have two or more living children will not be eligible for this Benefit.</p> <p>ii. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered</p> <p>iii. Pre-natal and post-natal expenses are covered only if the Insured Person is treated as an In-patient in a Hospital/Nursing Home.</p> <p>iv. The Company will reimburse actual cost incurred subject to the limit for this Benefit, towards</p> <ul style="list-style-type: none"> • Abnormal presentation • Ectopic pregnancy • Miscarriage • Missed abortion • Still birth • Post partum haemorrhage • Retained placental membrane 		
5	Policy Coverage....Contd	<p>Day One cover for New borns</p> <p>a. Within Family floater / For Individual SI (or) b. Within Maternity limit</p> <p>Hospital Cash Allowance</p> <p>a. Hospitalisation for a period of more than _____ days</p> <p>b. No payment will be made under this section if hospitalisation is due to maternity.</p> <p>c. The Benefits will be available for a maximum days of _____ per person per event or per policy.</p>	<p>Endt no.12</p> <p>Endt no.12(a)</p> <p>Endt no.14</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>

		d. This benefit is not available for first _____ days of Hospitalisation		
		Convalescence Benefit/Special care Benefit/Recovery Benefit a. The period of hospitalization exceeds _____ days b. a lump sum recovery benefit of Rs. _____ is payable in addition to the hospitalization expenses incurred by the Insured Person	Endt No.15	Yes / No
		Ambulance Expenses Ambulance charges in an emergency, subject to a limit of Rs. _____ per claim	Endt No.16	Yes / No
5	Policy Coverage...Contd	Home Nursing Allowance - services of a Qualified Nurse attending in the Insured Person's Reasonable and Customary requirement, immediately following discharge from Hospital/Nursing Home, provided that the treating Medical practitioner recommends such care for medical reasons. - The daily allowance of Rs. _____ per claim is payable for maximum _____ days during the Period of Insurance.	Endt No.17	Yes / No
		Relaxation of Age limit - The provisions under "Persons who can be Insured" stand modified to include persons of age up to _____ years and not as stated in the policy.	Endt No.18	Yes / No
		Domiciliary Hospitalisation Benefit Medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken	Endt No.19	Yes / No

	<p>whilst confined at home in India under any of the following circumstances namely:</p> <div><div>i)</div><div>The condition of the Insured Person is such that he/she cannot be removed to the Hospital, or</div></div> <div><div>ii)</div><div>The Insured Person takes treatment at home on account of non-availability of a room in a hospital.</div></div> <div><p>Subject however that Domiciliary Hospitalisation benefit shall not cover</p><div><div>i)</div><div>Expenses incurred for treatment for any of the following diseases:</div></div><p>Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhea and all type of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, All Psychiatric or Psychosomatic Disorders, Pyrexia of unknown Origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism.</p><p>Sublimit to the Sum Insured per family/person:</p><table><tr><th>Sum Insured Category</th><th>Domiciliary Hospitalisation Limit per family/person (whichever applicable as per the Endorsement wording)</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>	Sum Insured Category	Domiciliary Hospitalisation Limit per family/person (whichever applicable as per the Endorsement wording)																
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5	Policy Coverage....Contd	Critical Illness <ul style="list-style-type: none"> - the policy would cover the following Critical Illness for a Sum Insured of Rs._____-/- per person over and above the Individual Sum Insured applicable to each Insured person under the policy. - A Maximum limit of Rs._____-/- will float over all insured persons during the period of insurance towards Critical Illness extension. 			Endt No.20	Yes / No
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 thereof. Code- Excl12				

		<p>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</p> <p>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</p> <p>Refractive Error: Code- Excl15</p> <p>Unproven Treatments: Code- Excl16</p> <p>Sterility and Infertility: Code- Excl17</p> <p>Maternity: Code Excl18 (Not applicable if Maternity is covered under the Policy vide Endt no.11)</p> <p>Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.</p> <p>The cost of spectacles, contact lenses and hearing aids.</p> <p>List of optional items as given in the Annexure-IV attached to this Policy.</p> <p>Dental treatment or surgery of any kind unless requiring Hospitalisation. (Not applicable if specifically covered under Outpatient treatment expenses vide Endt no.7)</p> <p>Congenital External Disease or defects or anomalies.</p>			
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		<p>Tubectomy, Vasectomy, any treatment related to sterilization.</p> <p>Venereal disease</p> <p>Intentional self-injury or attempted suicide.</p> <p>All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS/HIV.</p> <p>Claims directly or indirectly caused by or arising from or attributable to:</p> <p>War, Invasion, Act of Foreign Enemy, War-like Operations (whether war be declared or not)</p> <p>Terrorism (including nuclear, chemical and biological terrorism)</p> <p>Nuclear weapons/materials or Radioactive Contamination</p> <p>Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel</p> <p>Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.</p> <p>Any routine or preventative examinations, vaccinations, inoculation or screening.</p> <p>Outpatient treatment charges (Not applicable if covered vide Endt no.7)</p> <p>Hormone replacement therapy.</p> <p>Use of alcohol, intoxicating drugs and medical conditions resulting therefrom other than impairment of Person's intellectual faculties by usage of drugs,</p>			
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		<p>stimulants or depressants prescribed by a Medical Practitioner.</p> <p>Any treatment received outside India.</p> <p>Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.</p>		
7	<p>Waiting Period</p> <ul style="list-style-type: none"> Time Period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage 	<p>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific waiting periods (Not applicable for claims arising due to an accident)</p> <ul style="list-style-type: none"> 12 months for Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders. (Not Applicable if waived vide Endt no.2 or Endt no.4) <p>Pre-existing diseases: Covered after 48 months (Waiting period not applicable, if waived vide Endt no.2)</p> <p>Pre-Existing diseases exclusion waiver – Waiver of exclusion no.1,2 and 3 of the Group Health Policy</p>	Endt no.2	Yes / No
8	<p>Financial limits of coverage</p> <p>Sub-limit(it is a pre-defined limit and the insurance company will not pay any</p>	<p>The policy will pay only upto the limits specified here under for the following diseases/ Procedures:</p> <p>Room/Boarding expenses and ICU – Limits per day</p>	Endt no.5(i)	Yes / No

	amount in excess of this limit) Any other limit (as applicable)	<table><tr><th>Sum Insured Category</th><th>Room Rent %</th><th>ICU %</th><th>Room Rent – in Rs.</th><th>ICU – in Rs.</th></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	Sum Insured Category	Room Rent %	ICU %	Room Rent – in Rs.	ICU – in Rs.																																																									
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8	Sub-limit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	Waiver of Cataract limit and Room rent/ICU limits under the policy	Endt no.5(a)	Yes / No																																																												
		Waiver of Room rent/ICU limits under the policy	Endt no.5(b)	Yes / No																																																												
		Waiver of Cataract limit under the Policy	Endt no.5(c)	Yes / No																																																												
		Waiver of Proportionate reduction clause in respect of Room rent / ICU capping	Endt no.5(d)	Yes / No																																																												
		Limitation of Benefits - disease, illness, medical condition or injury – Ailment/Treatment/Procedure capping	Endt no.5(ii)	Yes / No																																																												
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		Appendicitis, Gall bladder stones and Gynaec disorders					
		Dialysis, Chemotherapy and Radiotherapy					
		Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders					
		Balloon Sinsuplasty, Bronchical Thermoplasty, vaporization of prostate(green laser treatment), Intra Operative Neuro Monitoring, Intra vitreal injections					
		Stem Cell therapy - Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered					
		Oral Chemotherapy, Immunotherapy(mon oclonal antibody to be given as injection)					
8	Co-payment(it is a specified amount/percentage of the admissible claim amount to be	Copayment: Robotic or Radiosurgery treatments like Cyberknife, Gamma Knife, etc. for diseases, illness, medical condition or injury that is			Endt no.8	Yes / No	

	<p>paid by policyholder/insured)</p> <p>Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and</p> <p>-which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>	<p>otherwise not excluded under this Policy - ____% of the admissible claim amount</p> <p>Cochlear implant - ____% of the admissible claim amount</p> <p>Genetic disorders - ____% of the admissible claim amount</p> <p>Copayment:</p> <p>1.Copayment for all - ____% of the admissible claim amount</p> <p>2. Copayment for Employees only - ____% of the admissible claim amount</p> <p>3. Copayment for Dependents - ____% of the admissible claim amount</p> <p>4. Copayment for Dependent Parents only - ____% of the admissible claim amount</p>	Endt no.8	Yes / No
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>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility is 2 hours</p> <p>ii. TAT for cashless final bill authorization is 2 hours</p> <p><i>Provide the details/web link for following:</i></p> <p>i. Network Hospital details: <update the network hospital link of the TPA servicing the policy></p> <p>ii. Helpline number: <update the helpline number of the TPA servicing the policy></p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: https://my.royalsundaram.in/health-insurance</p> <p>iv. Downloading/getting claim form: https://www.royalsundaram.in/html/files/forms-central/health-claim-form.pdf</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>		
11	Grievances/Complaints	<p>Details of</p> <p>Grievance Redressal Officer of the insurer Mr. T M Shyamsunder Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600097</p> <p>Insurance company grievance portal/ Department: Grievance Redressal Unit: Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600097</p> <p>Website: https://www.royalsundaram.in/customer-request Toll free: 1860 258 0000, 1860 425 0000 E-mail: customer.services@royalsundaram.in Sr. Citizen can email us at: seniorcitizengrievances@royalsundaram.in, Fax : 91-44-7113 7114 Grievance toll-free number: 155255</p> <p>IRDAI/(IGMS/Call Centre): https://bimabharosa.irdai.gov.in/ IRDA Grievance toll-free number: 1800 4254 732 / 155255</p> <p>Ombudsman Details : https://www.cioins.co.in/ContactUs</p>		
12	Things to remember	<p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non - cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</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>Every Insured Person , including his/her family members covered under this policy shall be provided an option of migration at the time of exit from group or in the event of modification of the group policy (including the revision in premium rates) or withdrawal of the group policy, to an individual health insurance policy or a family floater policy, provided the Insurer has not terminated the Insured Person(S) from being a part of the Group Health Policy due to fraudulent activities or misconduct. An Insured Person desirous of migrating his/her policy should apply to the Company to migrate the policy along with all members of the family, if any, atleast 30 days before the premium renewal date of his/her existing policy.</p> <p>Migration from Group Health Policy to Individual Policy will be subject to underwriting and the decision with regard to acceptance of migration shall be conveyed to the Insured Person opting for migration within 15 days from the date of receipt of the proposal for migration or any requirement called for by the Insurer.</p> <p>Migration shall be applicable to the extent of the sum insured under the group health policy. Only the unexpired/residual waiting period not exceeding the applicable waiting period of the previous policy with respect to pre-existing diseases and time bound exclusions shall be made applicable on migration under the new policy. Every Insured Person (including members under family floater policy) covered under an indemnity based individual health insurance policy shall be provided an option of migration at the explicit option exercised by the Insured Person;</p> <p>a. to an individual health insurance policy or a family floater policy, or;</p> <p>b. to a group health insurance policy, if the member complies with the norms relating to the</p>		
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		<p>health insurance coverage under the concerned group insurance policy.</p> <p>For detailed guidelines on Migration, kindly refer the link: https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insuranceMigration.pdf</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 the 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.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim 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, deductibles as per the policy contract</p>		
13	Your Obligations	Disclosure of Material Information during the Policy Period. Non-disclosure may affect the claim settlement.		

Declaration by the policy holder:

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

Place:

Date:

Note:

(Signature of the Policy Holder)

Note:

- i. Insurer shall provide web-link 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 of the Customer Information Sheet.