B Preamble

B.1 Important notes about this insurance

- Please read and check the details of this Policy carefully to ensure its accuracy and see that it meets your requirements .
- Please inform us immediately of any change in your address, occupation, state of health, or of any other changes affecting any Insured Person.
- The Policy is an evidence of the contract between You and Royal Sundaram General Insurance Co. Limited.
- The information given to us in the Proposal form an Declaration signed by you/Proposer and/or over telephone to our tele-agent by You / proposer, forms the basis of this Contract. Any non disclosure or suppression of material information raised in the proposal form relating to the Insured Person will make the contract void. No claim shall be paid and policy will not be continued.
- The Policy, Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions , terms and conditions shown below and failure in compliance may result in the claim being denied
- Provided that You pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, We will provide the insurance described in the Policy

B.2 Personswho can be insured

This insurance is available to persons who are family members of proposer from 91 days to 65 years at the Commencement Date of the Policy. Family means comprising of:

Self, Spouse, Dependant children (including unmarried children, step children or legally adopted children, who are financially dependant and aged between 91 days and 25 years), dependant Parents and dependants who bear any legal relation to the Proposer, can also be insured upto the age of 65 years.

Renewal is accepted upto the age of 25 years for dependant children.

C Definitions

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

C.1 Standard Definitions

C.1.1 Accident

An accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

C.1.2 Condition Precedent

Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

C.1.3 Congenital Anomaly

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. **Internal Congenital Anomaly**

Congenital anomaly which is not in the visible and accessible parts ofthe body.

b. **External Congenital Anomaly**

Congenital anomaly which is in the visible and accessible parts of the body.

C.1.4 Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force 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.

C.1.5 Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

i. has qualified nursing staff under its emplo yment round the clock;

ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

iii. has qualified medical practitioner(s) in charge round the clock;

iv. has a fully equipped operation theatre of its o wn where surgical procedures are carried out;

v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

C.1.6 Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return

the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations , examinations , check-ups, and / or tests.
2. it needs ongoing or long-term control or relief of symptoms .
3. it requires your rehabilitation or for you to be specially trained to cope with it.
4. it continues indefinitely.
5. it recurs or is likely to recur.

C.1.7 Inpatient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

C.1.8 Intensive Care Unit

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

C.1.9 Medical Advise

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

C.1.10 Medically Necessary Treatment

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

i. is required for the medical management of the illness or injury suffered by the insured;

ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

iii. must have been prescribed by a medical practitioner,

iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

C.1.11 Medical Practitioner

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopath y set up by the Government of India or a State Government and is thereb y entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence .' The registered practitioner should not be the insured or close family members.

C.1.12 Non- Network

Non-Network means any hospital, day care centre or other provider that is not part of the network.

C.1.13 Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

C.1.14 Pre-Existing Disease

Pre-existing disease means any condition, aliment, injury or disease

(a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or

(b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

C.1.15 Renewal

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

C.1.16 Surgery or Surgical Procedure

Surgery or Surgical Procedure means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner .

C.2 Specific Definitions

C.2.1 Accidental

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

C.2.2 Assessment Period

The period during which the Company assesses a condition prior to making a decision on acceptance of a claim. The assessment period will start on receipt of Your fully substantiated claim and will be no longer than 12 months from the date of first manifestation of the aliment.

C.2.3 Critical Illness

Critical Illness means those disease/illness/burns , which have been expressly defined under Benefits.

C.2.4 Dependant Child

A dependant child refers to a child (natural or legally adopted) upto the completed age of 25, who is financially dependant on the primary insured or proposer and does not have his / her independent sources of income.

C.2.5 **Diagnosis** - Diagnosis means the identification of a disease /illness/medical condition made by a Specialist Medical Practitioner , based upon such specific evidence, as required, in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological, laboratory evidence or any other medical tests following medical advancement, acceptable to the Company.

C.2.6 **Insured event:** For the purposes of this Policy and the determination of the Company's liability under it, the Insured Event in relation to the Insured, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

a) First Diagnosis of the below-mentioned Illnesses more specifically described under benefit

- Cancer of specified severity.

- Kidney failure requiring regular dialysis.
- Multiple Sclerosis with persisting symptoms or.

b) Undergoing for the first time of the following surgical procedures due to medical condition, more specifically described under benefit:

- Major Organ/Bone Marrow transplant.
- Open heart surgery for replacement or repair of heart valves.
- Open chest CABG.

c) Occurrence for the first time of the following medical events more specifically described under benefit:

- Stroke resulting in permanent symptoms .
- Third Degree Burns.
- First Heart Attack – of specified severity.

C.2.7 **Nuclear, Chemical and Biological Terrorism –** Nuclear, chemical, biological terrorism shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

"Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans , animals or plants.

C.2.8 **Policy** – Policy means the complete set of documents consisting of the Proposal, Policy Wording, Schedule and Endorsements and Attachments , if any.

C.2.9 **Policy Period** – Policy Period means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.

C.2.10 Proposal Form

The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media.

C.2.11 Proposer

Insured or any person who signs the proposal form on behalf of the insured.

C.2.12 Schedule

Schedule means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the period and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.

C.2.13 Specialist Medical Practitioner

A Specialist Medical practitioner whose practice is limited to a particular branch of medicine or surgery.

C.2.14 Sum Insured

Sum Insured means the amount stated in the Policy Schedule, which is the maximum amount. We will pay for any claims made by You in one policy period.

C.2.15 We/Our/Us/Company and Insurer

We/Our/Us and Insurer means Royal Sundaram General Insurance Co. Limited (Formerly known as Royal Sundaram Alliance Insurance Company Limited)

C.2.16 **You/Your/Yourself and Insured** – You/Your/and Yourself means the Insured Person shown in the Schedule.

D Benefits covered under the policy

The Policy shall pay lumpsum amount as mentioned in the Schedule for Insured Event, subject to terms, conditions , limitations and exclusions mentioned therein, if the Insured Person is diagnosed to be suffering from any of the defined

Critical illness, contracted or sustained by the Insured Person during the Period of Insurance , and if all of the following conditions aresatisfied.

(a) The Insured P erson experiences a Critical Illness specifically listed and defined in this Policy; and.

(b) The Critical Illness experienced by the Insured is the first incidence of that Critical Illness; and.

(c) The signs or symptoms of the Critical Illness experienced by the Insured Person commenced more than ninety (90) days following the Commencement Date; and.

(d) The Insured Person should survive more than thirty (30) days from the date of Diagnosis of Critical Illness.

Only one lump sum payment shall be provided during the Insured's lifetime regardless of the number of Critical Illness, incapacities or treatments suffered by him/her .

Expenses Covered

- Medical Examination cost

The Company shall bear 50% of the cost of the prescribed pre- acceptance medical examination, in the event of the risk being accepted.

D.1 Critical Illness

D.1.1 CANCEROF SPECIFIEDSEVERITY

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded

- Tumours showing the malignant changes of carcinoma in situ &tumours which are histologically described as pre-malignant or non inv asive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma.
- All tumours of the prostate unless histologically classified ashaving a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Papillary micro - carcinoma of the thyroid less than 1 cm indiameter .
- Chronic lymphocy ctic leukaemia less than RAIstage 3.
- Microcarcinoma of the bladder.
- All tumors in the presence of HIVinfection.

D.1.2 FIRSTHEARTATTACK- OF SPECIFIEDSEVERITY

- The first occurrence of myocardial infarction which means thedeath of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:
  a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
  b) new characteristic electrocardiogram changes.
  c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- The followingare excluded:
  a) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T.
  b) Other acute Coronary Syndromes.
  c) Any type of angina pectoris.

D.1.3 KIDNEYFAILUREREQUIRINGREGULARDIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialy sis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist Medical Practitioner .

D.1.4 MAJORORGAN /BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a Specialist Medical Practitioner .

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

D.1.5 MULTIPLESCLEROSIS WITHPERSISTINGSYMPTOMS

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- Investigations including typical MRI and CSF findings , which unequiv ocally confirm the diagnosis to be multiple sclerosis;
- There must be current clinical impairment of motor orsen so ry fu n ctio n , wh ich m u st h ave p ersisted fo r a continuous period of at least 6 months , and
- Well documented clinical history of exacerbations andremissions of said symptoms or neurological deficits with atleast two clinically docum ented episodes atleast one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

D.1.6 OPEN CHESTCABG

- The actual undergoing of open chest surgery for the correction ofone or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiograph y and the realization of surgery has to be confirmed by a Specialist Medical Practitioner .
- The followingare excluded:
- Angioplasty and/or any other intra-arterial procedures .
- any key-hole or laser surgery.

D.1.7 OPEN HEARTREPLACEMENTOR REPAIROF HEARTVALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiograph y and the realization of surgery has to be confirmed by a specialist medical practitioner . Catheter based techniques including but not limited to, balloon valvotom y / valvuloplasty are excluded.

D.1.8 STROKERESULTING IN PERMANENTSYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae .This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA).
- Traumatic injury of the brain.
- Vascular disease affecting only the eye or optic nerve or vestibular functions .

D.1.9 THIRD DEGREEBURNS

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.

D.2 Additional Features

D.2.1 Income Tax Relief

This insurance scheme is appro ved by IRDAI and the premium is eligible to get exemption under Section 80(D) of the

Income Tax Act, 1961.

E Exclusions

The policy does not provide any benefit towards the following:

E.1 Specific Exclusions

1. (a) Pre Existing condition and any disease, illness, medical condition, injury, which is a complication attributable to Pre Existing condition.

   (b) Any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre existing Hypertension/ Diabetes.

2. 90 days waiting period

   Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days from the Commencement Date.

3. Convalescence, general debility, `Run-do wn' condition or rest cure, Congenital Anomalies, Tubectom y, Vasectom y, Venereal disease, intentional self injury, drug overdose or attempted suicide.

4. 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 Lymphadenopath y 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.

5. Claims directly or indirectly caused by or arising from or attributable to:

   a. War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).

   b. Biological, nuclear or chemical terrorism.

   c. Nuclear weapons/materials or Radioactive Contamination.

   d. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or.

   e. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

6. Any claim arising out of use/misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not) except burns.

7. Any claim arising whilst engaging in speed contest or racing of any kind, bungee jumping, parasailing, ballooning, flying an aircraft other wise than as a passenger on a regular air carrier, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus , polo, snow and ice sports and boxing, caving, horse racing, jet skiing, martial arts, off piste skiing, scuba diving, any flying activity (other than as a passenger in a commercially licenced aircraft) and activities of similar hazard.

8. Complication of any surgery, therap y or treatment administered on the Insured Person which is not prescribed or required by a Specialist Medical Practitioner/R egistered Medical Institution in their professional capacity.

9. Any Illness, sickness or disease, other than specified as Critical Illness.

10. Insured's/Proposer's involvement in any activities resulting in any breach of law with criminal intent.

11. Any Critical Illness based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalist, acupuncturist or other non-traditional health care provider.

12. Critical Illness when the Insured Person dies within 30 days from the date of the Diagnosis .

13. Any expenses towards test, visits, fees etc. relating to the Diagnosis .

14. If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical/surgical procedure .

15. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.

16. Any treatment/surgery for change of sex or an y cosmetic surgery or treatm en t/ surgery/ com plication s/ illn ess arisin g as a consequence thereof.

17. Unreasonable failure to seek or follow medical advice.

F General terms and clauses

F.1 Specific terms and clauses

F.1.1 Payment of Claim

- All valid claims will be settled within 15 working days uponreceipt of due written evidence of such loss and any further docum entation inform ation 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 IndianCurrency.
- The Company shall be liable to pay any interest at 2% abovethe bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this P olicy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance .
- 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
- Any claim intimated after 30 days from the date of detectionof Critical Illness shall not be entertained.
- If a claim is settled for an insured, cover for other insuredmembers under the policy shall continue .
- At the time of claim settlement, Company may insist on KYCdocuments of the Proposer as per the relevant AML guidelines in force.

F.1.2 Transfer

Transferring of interest in this Policy to anyone else is not allowed.

F.1.3 Cancellation

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact relating to this insurance of the insured or non-cooperation by the insured by sending notice in writing by Registered A/D to the insured at his last known address at least 15 days in advance in which case the Company shall not refund to the insured any portion of the premium.

The insured may at any time cancel this policy in entirety and in such event, the Company shall allow refund of premium less premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation, subject to a minimum premium retention of Rs.250/- plus applicable service taxes.

Short period scales:

Period on Risk	Rate of Premium to be retained
Up to 1 month	25% of annual premium minus 5 0% refund made on MER
Up to 3 months	50% of annual premium minus 5 0% refund made on MER
Up to 6 months	75% of annual premium minus 5 0% refund made on MER
Exceeding 6 months	Full annual premium

During the course of the policy, mid term cancellation of coverage relating to an y one insured person is not allo wed unless b y death or payment of a claim. Mid term inclusion of members is not allowed.

For Multi year policies the following conditions shall be applied:

1. A free look period up to 30 days shall be available to the insured for policy period of 3 years and above.
2. The customer shall be eligible for 100% refund in case of the request for cancellation received during the free look in period, which shall be up to 30 days from the date of receipt of policy documents by the customer.
3. If the cancellation request is received after the free look in period, the below condition shall be applied:
   a) Total premium shall be divided by the policy tenure to arrive annual premium.
   b) Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.
   c) Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above

table shall be applied.

d) For the remaining unexpired period the entire premium shall be refunded.

F.1.4 Automatic Termination

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 the premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon Payment of claim under this policy.

F.1.5 Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone .

F.1.6 Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non disclosure of an y material fact relating to this insurance .

F.1.7 Geographical Area

The cover granted under this insurance is valid for diagnosis taken in India only.

F.1.8 Continuation of Terms and Conditions

The Insured has to renew the policy without any break to ensure continuity of cover from the commencement. However, a grace period of 30 days is allowed to renew the policy without break.

D u r i n g gra ce p erio d , t h e co m p a n y sh a l l n o t b e liable for Claim, if any occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

F.1.9 Insurer's rights foradmissibility

In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis , the Company shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such Diagnosis , by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured and the Company.

F.1.10 Insurer's rights follo wing settlement of a claim:

We have the right to do the following, in Insured Person's name at Our expense:

Take over the defense or settlement of any claim.

Start legal action to get compensation from anyone else.

Start legal action to get back from anyone else for payments that have already been made by Us.

F.1.11 Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such Insured Person.

F.1.12 Renewals

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 30 days in case of one year 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.

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.

For persons above 60 years, the sum insured under the policy shall be restricted to a maximum of 10 lacs, unless otherwise stated in the schedule.

F.1.13 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:

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.

F.1.14 Customer Service

If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hour.

F.1.15 Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to difference or, if they cannot agree upon a single Arbitrator within 30 days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators , comprising of two Arbitrators , one to be appointed b y each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to Arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/ Arbitrators of the amount of the loss or damage shall be first obtained.

F.1.16 Disclaimer

It is also hereb y further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to h ave been aban do n ed an d sh all n o t th ere after be recoverable here under.

F.1.17 Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

F.1.18 Change of address

The Insured must inform in writing of any change in his/her address. This is to ensure better service in term s of

communication and any failure to do so shall not amount to non-adherence to policy conditions so long as the changed address is within India.

F.1.19 Change in Sum Insured

Any change in Sum Insured can be considered only at the time of renewal. Eligibility for enhancement of Sum Insured is not automatic and is subject to the discretion of the Company. For the increased Sum Insured the waiting period shall commence afresh.

F.1.20 Claims in respect of Multiple Policies

If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person issued by us then we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited. If customer has multiple policies with different insurers, on occurrence of the insured event, he can claim from all Insurers under all policies.

F.1.21 Portability

The insured Person will have the option to port the policy to other insurers as an extant 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 as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

i. The waiting periods specified in Section D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.

ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the below link:- https://www.royalsundaram.in/health-insurance/health-insurance-portability

F.1.22 Compliance with Policyprovisions

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder .

F.1.23 Grievances

ln 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 – 7228087400

   Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in - Senior Citizen Grievance Number - 7228933501 (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

For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in

lf 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.

F.1.24 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 D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
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.

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

F.1.25 Moratorium

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.

G Other terms and conditions

G.1 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.

The Claims Procedure is as follows:

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 first diagnosis of the illness:

1. Certificate from the attending Doctor of the Insured Person confirming, inter alia,
   a. name of the Insured person;
   b. name, date of occurrence and medical details of the Insured Event.
   c. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance .
2. Duly completed and signed claim form.
3. Case history / Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued bythe Hospital.
4. Test reports and prescriptions relating to First/ Previous consultations for the same or related illness.
5. Death summary in case of death of the insured person at the hospital.
6. FIR/MLC in the case of burns and english translation of the same, if in any other language.
7. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer . In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.

Durin g th e assessm en t period Com pany will assess th e condition/illness prior to making a decision on acceptance of claim.

- Insured/Insured Person must give Us at his expense, alrelated information We ask for about the claim.
- Insured must help Us to take legal action against anyone ifrequired
- If required, the Insured/Insured Person must give consent toobtain Medical opinion from any Specialist Medical Practitioner at our expense.
- If required the Insured or Insured Person must agree to beexamined b y a Specialist Medical Practitioner of Our choice at our expense.
- If required, insured should procure from the hospital orcooperate with the Insurer in procuring the Internal Case Papers (ICP) of the hospital relating to the treatment for which claim has been made.
- Insurer has the right to investigate and appoint a ServiceProvider to check all details relating to claim. Insured Person /legal heir/nominee should cooperate and render all assistance at all times.
- Insurers have the right to reject the claim if the documents areinadequate and if the requirem ents for additional documents by the Insurer are not complied with in reasonable time of not more than 45 days from the time of making such request, unless additional time has been sought in writing.

The documents should be sent to:

Health Claims Department,

M/s.Royal Sundaram General Insurance Co. Limited., Corporate

office: Vishranthi Melaram Towers, No. 2 / 319 Rajiv Gandhi Salai

(OMR), Karapakkam, Chennai - 600097.

Claim documents may also be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Customer Services at 1860 425 0000

Council for Insurance Ombudsmen

Contact details:

Address:

Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

INSURANCE OMBUDSMAN OFFICE LIST

The contact details of **Insurance Ombudsman Office** details are as below:
https://www.cioins.co.in/ContactUs

WHAT IF I EVER NEED TO COMPLAIN?

We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.

In all instances, call our Customer Services at our Chennai office at 1860 258 0000 or e-mail at care@royalsundaram.in or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611