ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Registered office: No. 21, Patullos Road, Chennai- 600 002
Corporate Office: Vishranthi Melaram Towers, No. 2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

Micro Health Shield

Prospectus

Applicability
Rural Micro health shield is applicable to clients of micro finance institution's, members of NGOs, SHGs and other social sectors organizations

Who can be the proposer?
Any Micro Finance Institution, Non Government Organization, Self Help Groups and other social sector organizations can avail this cover for their members.

The uniqueness of the cover
This is an exclusive Group health insurance policy designed to offer health cover to micro insurance clients at an affordable cost.

Eligibility
This insurance is applicable to persons & their family members up to 65 years of age. The set age limit is for entry stage only and there is no exist age for renewal of existing insured person.

Minimum of 20 persons requires to be covered.

Eligible Family members
Family members mean spouse, dependant children (above 91 days), and dependant parents.

Sum Insured
The Client can opt Sum Insured for a limit of Rs.30000/- or Rs.15000/-per family.

The sum insured is offered on floater basis; mean the expenses can be claimed individually or collectively up to the limit specified in the policy.

Period of Insurance
Period of insurance is for one year.

Enrollment process
This product offers three options for enrollment of the members:

1. All or none basis
2. Minimum of 50% enrollment basis
3. Open enrollment option

Co-payment clause
There will be discount in the premium, if the proposer opts for the co-payment. Co-payment means, the insured person has to bear certain percentage of expenses (as opted) of all claims admitted under the policy. The discounts will be as follows:

For opting 10% of Co-pay : 10% discount on Premium
For opting 15% of Co-pay : 15% discount on Premium
For opting 20% of Co-pay : 20% discount on Premium

Premium

MICRO HEALTH SHEILD - RATING STRUCTURE									
Indicative Sum Insured (Rs.)	Basis of Enrollment	Standard Premium Rate							
		Primary member only (Rs.)			Member & Spouse (Rs.)			Additional member	
		Low Risk	Medium Risk	High Risk	Low Risk	Medium Risk	High Risk	Per Child	Per parent
Rs.30,000/-	All or none basis	212	244	265	359	413	449	35% of primary member charges	140% of primary member charges
	Subject to 50% enrollment	265	305	331	449	516	561		
	Open (enrollment option)	318	366	397	538	619	673		
Rs.15,000/-	All or none basis	176	202	220	286	329	358		
	Subject to 50% enrolment	220	253	275	357	411	446		
	Open enrollment option	264	304	330	429	493	536		

* If Cashless facility is opted, TPA Fee @ 10% on premium will be charged (This is subject to revision as per agreement entered with the TPA & same will be disclosed to the client while giving the offer).

* Premium quoted above is exclusive of GST. GST as applicable will be charged.

*The insured if desire a change in the TPA, they have the option to seek a change of TPA, before 30 days of renewal.

What is covered

The policy covers Hospitalisation expenses of the insured person incurred at the Hospitals for treatment of the diseases, illness, medical condition or injury, during the policy period up to the sum insured stated in the schedule subject to the terms, conditions, limitations and exclusions mentioned in the policy.

Hospitalisation means admission at hospital as an in-patient for minimum stay of 24 hours. However this time limit is not applicable to specific Day care treatment listed below:

Day care Treatment:
Haemo-Dialysis, Parenteral Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D&C, Dental surgery following an accident, Surgery of Hydrocele , Surgery of Prostrate, Gastrointestinal Surgery, Genital Surgery, Surgery of Nose, Surgery of Throat, Surgery of Ear, Surgery of Urinary System, Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization, Laparoscopic therapeutic surgeries that can be done in day care, Identified surgeries under General Anaesthesia.

Modern Treatment Methods:
The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital maximum of Sum Insured as specified in the policy schedule, during the policy period:

A. Uterine Artery Embolization and HIFU
B. Balloon Sinuplasty
C. Deep Brain stimulation
D. Oral chemotherapy
E. Immunotherapy- Monoclonal Antibody to be given as injection
F. Intra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. Bronchical Thermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM - (Intra Operative Neuro Monitoring)
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Sub limit
Room, boarding & nursing expenses per day subject to max 2% of Sum Insured & for intensive care unit charges per day is 4% of Sum Insured.

Expenses covered under the policy

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home is subject to a maximum of 1% of the Sum Insured per day and for Intensive Care Unit, 2% of the Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
2. Nursing Expenses
3. Surgeon, Anesthetist, Medical practitioner, Consultants & specialist's fees subject to limit of 40% of the sum insured.
4. Anesthesia, blood, Oxygen, Operation theater charges, Medicines & drugs , Diagnostic materials and X-ray , Dialysis, Chemotherapy, Radiotherapy.

5. Pre- hospitalization and post hospitalization expenses (as specified) when the claim for hospitalization is admitted under the policy.
   Or
6. The package rate agreed upon with the Hospital by the insurer for cashless facility.

The costs that are to be subsumed into the Room Charges are provided in Annexure-B attached to this Policy;
The costs that are to be subsumed into the specific procedure charges are provided in Annexure-C attached to this Policy;
The costs that are to be subsumed into the costs of treatments are provided in Annexure-D attached to this Policy.

What is excluded
The Company shall not pay any expenses in connection with or in respect of:

1. ***Pre-Existing Diseases -*** **Code- Excl01**
   a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
   b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Products) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
   d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. ***Specified disease/procedure waiting period-*** **Code- Excl02**
   a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
   b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
   d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
   f) List of specific diseases/procedures : First year exclusions - During the first 12 months from the inception date, the expenses on treatment of cataract, Benign Prostatic hypertrophy, Hysterectomy for menorrhagia or Fibroma, Hernia, Hydrocele, fistula in anus, Piles, Sinusities and related disorders.

3. ***30-day waiting period*- Code- Excl03**
   a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
   b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. ***Investigation & Evaluation*- Code- Excl04**
   a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. ***Rest Cure, rehabilitation and respite care*- Code- Excl05**
   a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. ***Obesity/ Weight Control:* Code- Excl06**
   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   1) Surgery to be conducted is upon the advice of the Doctor
   2) The surgery/Procedure conducted should be supported by clinical protocols
   3) The member has to be 18 years of age or older and
   4) Body Mass Index (BMI);
      a) greater than or equal to 40 or
      b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe Sleep Apnea
         iv. Uncontrolled Type2 Diabetes

7. ***Change-of-Gender treatments:* Code- Excl07**Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. ***Cosmetic or plastic Surgery:* Code- Excl08**

   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to

remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. ***Hazardous or Adventure sports:*** **Code- Excl09**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. ***Breach of law:*** **Code- Excl10**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. ***Excluded Providers:*** **Code- Excl11**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded but the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threating situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- **Excl12**
13. **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**
14. 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**

15. ***Refractive Error:*** **Code- Excl15**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. ***Unproven Treatments*****: Code- Excl16**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. ***Sterility and Infertility:*** **Code- Excl17**

Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization

ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

iii. Gestational Surrogacy

iv. Reversal of sterilization

18. **Maternity: Code- Excl18**
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

19. Conditions that do not require hospitalization: Condition that do not require hospitalization and can be treated under out patient Care. Out patient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures. Code- **Excl19**

20. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment. Code- **Excl20**

21. The cost of spectacles, contact lenses and hearing aids. Code- **Excl 21**

22. Congenital external diseases: Congenital external diseases or defects or anomalies. Code- **Excl 22**

23. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident. Code- **Excl 23**

24. War, Nuclear invasion: Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials. Including chemical & biological terrorism. Code**- Excl 24**

25. Suicide: Intentional self-injury/suicide, all psychiatric and psychosomatic and related disorders. Code- **Excl 25**

26. Any other Alternative Treatments except Allopathy. Code- **Excl 26**

27. List of optional items as given in the Annexure-D attached to this Policy- **Excl 27**

28. Use of alcohol, intoxicating drugs and medical conditions resulting therefrom other than impairment of Person's intellectual faculties by usage of drugs, stimulants or depressants prescribed by a Medical Practitioner. **Excl 28**

29. All expenses arising out of any condition directly indirectly caused with Human T-cell Lympphotropic 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. Code- **Excl 29**

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, sofar 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:

• ***For opting Cashless Facility****: (applicable where the* Insured *has opted for cashless facility and has paid the Third Party Administrator's fees) -*
In the event of falling sick, ill or sustaining injury, the insured person or his family member shall approach the help desk at Empanelled hospital with the Health card of the respective family.

The Cashless access services shall be provided to the insured person through TPA service arrangement up to the Sum Insured available for the family subject to admissibility of claim.

- **Reimbursement Claims** - Preliminary notice of claim with particulars relating to Policy number, health card number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the Hospital/ Nursing Home shall be given to the Insurer within seven days from the date of hospitalization /injury/ death, failing which admission of claim is at Insurer's discretion.
- The insured/insured person shall submit the claim form duly completed in all respects along with the following documents within 30 days from the date of discharge from Hospital.

    - Original Bills, Receipt and Discharge certificate / card from the Hospital.
    - Original Cash Memos from Hospital(s)/Chemist(s), supported by the proper prescriptions.
    - Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
    - Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
    - Attending Doctor's / Consultant's / Specialist's /
    - Anesthetist's original bill and receipt, and certificate regarding diagnosis.
    - Medical Case History / Summary.

• If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Insurers expense.

• If required, the Insured/Insured person must agree to be examined by a medical practitioner of Insurer's choice at insurer's expenses.

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 600 097
Ph: 91-44- 71177117 Fax: 91-44- 7113 7114

- ***Procedure for Cashless Claims:*** Cashless claims facility is available only with our network hospitals. The list of network hospitals is also available in the policy kit. Also available under the link "cashless hospitals" in claims section of the website. Under this facility you will have to sign the bills at the time of your discharge and we shall settle the amount directly with the hospital. You can contact our Third Party Administrator through the helpline numbers shown in the policy schedule, immediately on admission by quoting your Membership number shown on your health card.

Cashless Claims procedure for Emergency Admission:

- In case of network hospital, on admission, Intimate Third party administrator (TPA) through Toll free no. Please quote your health card Membership number
- Fill in the cashless request form which is available with the Hospital Insurance Help Desk and get it certified by your treating doctor
- This form, with supporting medical records has to be faxed by the hospital to the TPA's fax number
- TPA scrutinizes the documents, conveys the decision to the hospital -sanction of cashless request or calls for additional documents, if required.
- On approval of cashless facility by TPA, the hospital bills will be settled directly (subject to policy limits). Inadmissible amounts like telephone charges, food, attendant charges etc would have to be settled by you
- If cashless is not approved by TPA, please settle the bill with the hospital and apply for reimbursement. The claim will be processed as per policy terms and conditions
- The Turn around time for approving Cashless decision by our TPA is 24 HOURS AFTER RECEIPT OF ALL DOCUMENTS

Cashless Claims procedure for Planned Admission:

- Select a hospital from our list of network hospitals for treatment
- Intimate our Third party administrator (TPA) through the Helpline Number before 3 days of admission, quoting your Health card Membership number
- Fill in the cashless request form which is available with the Hospital Insurance Help Desk and get it certified by your treating doctor
- This form, with supporting medical records has to be faxed by the hospital to the TPA's fax number
- TPA scrutinizes the documents, conveys the decision to the hospital -sanction of cashless request or calls for additional documents, if required
- On approval of cashless facility by TPA, the hospital bills will be settled directly (subject to policy limits). Inadmissible amounts like telephone charges, food for attendants etc would have to be settled by you
- If cashless is not approved by TPA, please settle the bill with the hospital and apply for reimbursement. The claim will be processed as per policy terms and conditions
- The Turn around time for approving Cashless decision by our TPA is 24 HOURS AFTER RECEIPT OF ALL DOCUMENTS

Procedure for Reimbursement of Claim:

Reimbursement facility is available at network hospitals as well as non-network hospitals

- You have to avail treatment and settle all the bills with the hospital and file a claim for reimbursement
- Intimate Royal Sundaram through toll free number 1800 345 88 99 (OR) email to customer.services@royalsundaram.in immediately on admission not later than 7 days from the date of discharge. Please quote your Policy certificate number
- Claim form can be downloaded from the website directly.
- Submit the following Claim Documents to the Company within 30 days from the date of discharge

Payment of Claim

All claims under respective certificate of insurance shall be payable in Indian Currency.

Any claim intimated after 90 days from the date of discharge from the Hospital/Nursing Home, shall not be entertained.

Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.

No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance

The Company shall be liable to pay any interest rate 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.

("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

Free Look in:

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:

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.

Portability:

Portability is not applicable under Micro Health Shield

Migration:

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 Micro Health Shield 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.
Migration from Micro Health Shield 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.
Migration shall be applicable to the extent of the sum insured under the Micro Health Shield 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;

a. to an individual health insurance policy or a family floater policy, or;
b. to a Micro Health Shield Policy, if the member complies with the norms relating to the health insurance coverage under the concerned Micro Health Shield Policy.

For detailed guidelines on Migration, kindly refer the link: https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf

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.

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.

Grievances

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:
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.
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
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
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
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:

Can directly register complaint in the **Bima Bharosa Portal** https://bimabharosa.irdai.gov.in/
Can send the complaint through Email to complaints@irdai.gov.in.
Can call Toll Free No. **155255** or **1800 4254 732**.

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.

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

*This is only a summary of the product features. For complete details refer policy document.

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