Royal Sundaram

Royal Sundaram Alliance Insurance Company Limited
Corp. Office : Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600 097.
Regd office : 21, Patullos Road, Chennai - 600 002.

CRITICAL ILLNESS (REIMBURSEMENT) INSURANCE

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 Alliance Insurance Company Limited.
- The information given to us in the Proposal form and Declaration signed by you/Proposer, forms the basis of this Contract.
- 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.
- 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.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure to comply may result in the claim being denied.

A. PERSONS WHO CAN BE INSURED

- This insurance is available to persons between the age of 91 days and 65 years at the Commencement Date of the policy.

B. DEFINITIONS

Accident/Accidental

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

Alternative treatments.

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Cashless facility

"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

Company/We/Our/Insurer/Us

Royal Sundaram Alliance Insurance Company Limited.

Commencement Date

Commencement date of this Policy shall be the inception date of first health Insurance policy for that Insured Person with Us with out any break in period of cover.

Condition Precedent

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

Contribution

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion.

Cumulative Bonus

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Day care centre

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Emergency Care

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Critical Illness

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

Diagnosis

Diagnosis means the identification of a disease/illness/medical condition made by a Physician, 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.

Endorsement

Endorsement means written evidence of change to Your Policy including but not limited to increase or decrease in the period, extent and nature of the cover.

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. Coverage is not available for the period for which no premium is received.

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:

- has qualified nursing staff under its employment round the clock;
- 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;

- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospitalization

Hospitalization means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24consecutive hours.

Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests.
- it needs ongoing or long-term control or relief of symptoms it requires your rehabilitation or for you to be specially trained to cope with it.
- it continues indefinitely.
- it comes back or is likely to come back.

Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

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.

Insured/You/Your/Insured Person

Anybody shown on the Schedule as Insured by this Policy.

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.

Medical Advise

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

Medical expenses

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary

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

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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 Homeopathy set up by the Government of India or a State Government and is thereby 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.

Network Provider

"Network Provider" means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Non-Network

Any hospital, day care centre or other provider that is not part of the network.

Notification of Claim

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

Period of Insurance

Period of Insurance means the period shown in the Schedule, for which You have paid and We have received and accepted Your premium.

Portability

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Post-hospitalization Medical Expenses

Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Pre-existing Disease

Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to the first policy issued by the insurer.

Pre-hospitalization Medical Expenses

Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Proposer

Insured or the person who signs the Proposal form on behalf of the Insured.

Qualified Nurse

Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Reasonable and Customary Charges

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

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 all waiting periods.

Roomrent

Roomrent means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Subrogation

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Surgery

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.

Unproven/Experimental treatment

Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

C. BENEFITS

The Policy shall pay Reasonable and Customary Charges incurred towards hospitalization, if the Insured Person is Diagnosed to be suffering from Critical illness contracted or sustained during the Period of Insurance stated in the Schedule subject to terms, conditions, limitations and exclusions mentioned in the Policy.

Cancer of Specified Severity

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 –

(1) Tumors showing the malignant changes of carcinoma in situ & tumors which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN - 1, CIN - 2 & CIN - 3.

(2) Any skin cancer other than invasive malignant melanoma.

(3) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....

(4) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter.

(5) Chronic lymphocyctic leukaemia less than RAI stage 3.

(6) Microcarcinoma of the bladder.

(7) All tumors in the presence of HIV infection.

Stroke resulting in permanent symptoms;

Any cerebro vascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage 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 at least 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.

Major Organ 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.

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;

There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and

Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

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

Open Chest CABG (Coronary Artery Bypass Graft);

i. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

ii. The following are excluded:

1. Angioplasty and/or any other intra-arterial procedures

2. any key-hole or laser surgery.

THIRD DEGREE BURNS – Third degree burns covering atleast 20% of the body surface area.

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

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 echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

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

FIRST HEART ATTACK - OF SPECIFIED SEVERITY

The first occurrence of myocardial infarction which means the death 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 following are 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

For a claim to be admitted under this Policy, the Insured Person should be hospitalised 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 treatments:

Dialysis, Chemotherapy, Radiotherapy, and such other Surgical Operation that necessitate hospitalisation less than 24 hours due to medical/technological advancement/infrastructure facilities.

In the event of any claim becoming admissible under the Policy, the Company will pay to the Proposer, the Reasonable and Customary Charges, subject to the various limits mentioned hereunder, but not exceeding the Sum Insured mentioned in the Schedule for all claims admitted during the Period of Insurance.

Expenses covered under the Policy

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home subject to a limit of 1% of the.

   Sum Insured per day and for Intensive Care Unit 2% of the Sum Insured per day.

2. Nursing Expenses.

3. Surgeon, Anaesthetist, Medical Practitioner, Consultants& Specialist Fees are subject to a limit of 40% of the total admissible claim amount.

4. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, donor's medical expenses towards organ transplantation and similar expenses.

5. Pre-Hospitalisation Medical Expenses incurred for a period of 30 days prior to hospitalization.

6. Post-Hospitalisation Medical Expenses incurred for the period of 60 days after discharge from hospital.

7. Hospital Cash Allowance, a lump sum of 2% of the Sum insured per claim in case of continuous hospitalization for a period of more than 15 days.

8. Ambulance charges in an emergency, subject to a limit of Rs.1000/- per claim.

Additional Features:

1. **Cashless Facility:** (Through Third Party Administrators - TPA)

   a) In certain networked hospitals provided, pre-admission authorisation in writing is taken from Us or TPA appointed by Us, Insured need not pay for the eligible expenses at the hospital. The TPA will pay it directly.

   b) TPAs will also provide 24 hour helpline and free ambulance referral facility.

   c) TPAs will be guided by TPA regulations formed by IRDA.

   d) In non-networked hospitals, hospitalisation expenses will only be reimbursed.

(The cashless facility can be availed subject to compliance of the procedure laid down in the information handbook issued along with this Policy.)

2. **Income Tax Relief**

   This insurance scheme is approved by IRDA and the premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.

3. **Family Discount**

   A discount of 10% is allowed on the premium payable by you, if three or more persons opt for Health Insurance at the same time.

D. EXCLUSIONS

The Company shall not be liable under this Policy for any claim in connection with or in respect of:

a) Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to the first policy issued by the insurer.

b) Any heart, kidney and circulatory disorders in respect of Insured Persons caused by Hypertension/Diabetes.

2. 90 Days Waiting Period: Any disease contracted by the Insured Person during the first 90 days from the Commencement Date of the Policy.

3. Venereal disease, intentional self-injury 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 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.

5. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the Diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.

6. Expenses on vitamins and tonics unless forming part of treatment for burns or disease.

7. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.

8. Directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).

9. Directly or indirectly caused by or arising from or attributable to:

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

or

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

10. Any routine or preventative examinations, vaccinations, inoculation or screening.

11. Outpatient treatment charges.

12. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, corrective surgery for refractive error including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of a burns.

13. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse or any addiction and medical conditions resulting from, or related to, such abuse or addiction.

14. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.

15. Any treatment received outside India.

16. Any other alternative medicine except Allopathy (Modern Medicine).

17. 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.

18. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.

19. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, 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 activities of similar hazard.

20. Any claim in respect of stem cell implantation/surgery and storage except Bone Marrow Transplantation which is otherwise covered by policy.

21. Any claim in respect of Unproven/Experimental treatment.

22. Excluded Expenses as per Annexure 1.

E. CONDITIONS

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:

- **For admission in network Hospital** - The Insured must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like Diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.
- For admission in non-network Hospital - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness and name and address of the attending Medical Practitioner/Hospital/Nursing Home should be given to Us within seven days from the date of hospitalization/burns/ death, failing which admission of claim is at insurer's discretion.
- Please ensure that You send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.

Mandatory documents

1. Test reports and prescriptions relating to First/Previous consultations for the same or related illness.
2. Case history/Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the hospital.
3. Death summary in case of death of the insured person at the hospital.
4. Hospital Receipts/bills/cash memos in Original (including advance and final hospital settlement receipts)
5. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including doctor's prescription advising such tests/investigations (CDs of angiogram, surgery etc need not be sent unless specifically sought).
6. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital.
7. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury.
8. 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.
9. For PTCA claims - Stent sticker.
10. Copies of health insurance policies held with any other insurer covering the insured persons.
11. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that Original claim documents are retained at their end.

Documents to be submitted if specifically sought

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart).
2. Copy of extract of Inpatient Register.
3. Attendance records of employer/educational institution.
4. Complete medical records (including indoor case records and OP records) of past hospitalization/treatment if any.
5. Attending Physician's certificate clarifying reason for hospitalization and duration of hospitalization history of any self-inflicted injury history of alcoholism, smoking history of associated medical conditions, if any.
6. Previous master health check-up records/pre-employment medical records if any.
7. Any other document necessary in support of the claim on case to case basis.

The claim documents should be sent to:

Health Claims Department

M/s Royal Sundaram Alliance Insurance Company Limited.

Corporate office,

Vishranti Melaram

Towers

No.2/319,Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600 014.

- Insured/Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.

- If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

2. Payment of Claim

- All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.
- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance.
- Any claim intimated after 90 days from the date of discharge from the Hospital/Nursing Home, shall not be entertained.
- No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.
- In the event of hospitalisation falling within two policy periods, the sum insured considered for such claim shall be the available sum insured under both policy periods.

3. Transfer

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

4. Cancellation

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the insured, by giving fourteen (14) days notice in writing by courier / registered post/acknowledgement due post to the Insured at address recorded / updated in the policy. In the event of such cancellation on the grounds of mis representation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy. In the event of cancellation on the grounds of non cooperation, the company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period. This Policy has been in force at the Company's short period scale as mentioned below provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the insured.

Short period scales:

For a period not exceeding	15 days	10% of Annual Premium
For a period not exceeding	1 month	15% of Annual Premium
For a period not exceeding	2 months	30% of Annual Premium
For a period not exceeding	3 months	40% of Annual Premium
For a period not exceeding	4 months	50% of Annual Premium
For a period not exceeding	5 months	60% of Annual Premium
For a period not exceeding	6 months	70% of Annual Premium
For a period not exceeding	7 months	75% of Annual Premium
For a period not exceeding	8 months	80% of Annual Premium
For a period not exceeding	9 months	85% of Annual Premium
For a period exceeding	9 months	Full Annual Premium

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.

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 any material fact.

7. Geographical Area

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

8. Contribution

If at the time of a claim under this Policy, there is any other insurance covering the same loss, the right of contribution apply.

9. Continuation of Terms and Conditions

The Insured has to renew the policy without any break to ensure continuity of cover from the commencement. A grace period of 30 days is allowed to renew the policy and maintain continuity of coverage.

However during such grace period, the company shall not be liable for hospitalisation, if any, occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

10. Insurer's rights

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.

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.

12. Renewals

This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. Policy must be renewed within the Grace Period of thirty days of expiry to maintain the continuity of Coverage. However no coverage shall be available during the period of such break.

A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy at the discretion of Us. Any condition/diseases contracted during the break-in period shall not be covered and shall be treated as Pre-existing condition and waiting period for such disease will commence afresh.

In the event of mis-description, fraud, non co-operation by the insured or non disclosure of material facts coming to our knowledge, policy shall not be considered for renewal.

At renewal, the coverages, terms & conditions and premium may change, in which case a three months notice shall be sent to the Proposer at his last known address as recorded in the policy. Any change in premium on account of change of age will not require any prior notice.

The product/plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer at the address recorded/ updated in the policy. When the policy is withdrawn, the product/plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the Schedule of the policy. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.

13. 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 by 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.

14. Disclaimer

It is also hereby 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 3 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 have been abandoned and shall not thereafter be recoverable hereunder.

15. Jurisdiction

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

16. Change of Address

The Insured must inform in writing of any change in his/her address.

17. Change in Sum Insured

a. The maximum increase which the insured can chose at the time of renewal is restricted to 100% of the expiring policy Sum Insured.

b. When the Company is admitting liability for disease/illnesses/ medical condition/burns contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person during the first occurrence of such disease/illness/medical condition/ burns or the Sum Insured under the current Policy, whichever is less.

18. Compliance with Policy Provisions

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

19. Free Look-in

At the inception of the policy you will be allowed a period of 15 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 you have not made any claim during the free look period, you 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.

20. Portability

This policy is portable. If proposer desires to port to this policy, application in the appropriate form should be made before 45 days from the date of renewal. The company retains the rights to underwrite proposals falling under portability as per the company's underwriting guidelines. In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and Pre-existing Disease(s) shall be deemed from the first inception date of any Indemnity Health Insurance Policy and such rights shall be limited to the extent of the sum insured including CB, in each of the year, provided the Policy has been continuously renewed without any break.

21. Grievances

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address, during normal business hours for the following grievances:

a. Any partial or total repudiation of claims by the Company. b. Any dispute with regard to premium paid or payable in terms of the policy.

c. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.

d. Delay in settlement of claims.

e. Non-issue of any insurance document to customer after receipt of the premium.

f. any other grievance.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram Alliance Insurance Company Limited is located. The Insurance Ombudsman's offices are located at Ahmedabad, Bhubaneshwar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi. For Contact Details of Insurance Ombudsmen, please visit our website www.royalsundaram.in.

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 425 0000 or e-mail at customer.services@royalsundaram.in or write us to Royal Sundaram Alliance Insurance Company Limited, Vishranthi Melaram Towers, No.2/319Rajiv Gandhi Salai, Karapakkam, Chennai 600 097.