CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Lifeline	
2	Policy Number	**xxxxxx**	
3	Type of Insurance Product / Policy	• Indemnity or • Both Indemnity and Benefit	
4	Sum Insured (Basis) (Along with amount)	• Individual Sum Insured – Rs._____ or • Floater Sum Insured – Rs._____	
5	Policy Coverage (What the policy covers?)	**Expenses in respect of:** **1.**Inpatient Care: Medical Expenses for Medical Practitioner's fees, Diagnostic tests,Medicines,drugs and consumables, Treatment Charges, Nursing Charges, Operation Theatre charges, Intensive Care Unit charges, Intravenous fluids, blood transfusion, injection administration charges, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure. Modern Treatments will be covered upto 50% of Sum Insured. For claim under this benefit hospitalization has to be longer than 24 hours. **2.**Pre-hospitalization Medical Expenses: Medical Expenses incurred due to Illness upto 30 days for Classic Plan and 60 days for Supreme & Elite Plan immediately before admission to a hospital.	D.1 D.2

		3.Post-hospitalization Medical Expenses: Medical Expenses incurred due to Illness upto 60 days for Classic, 90 days for Supreme & 180 days for Elite Plan immediately post discharge from Hospital.	D.3
		4.Day-Care Treatment: Medical Expenses for Day Care Treatments (including Chemotherapy, Radiotherapy, Haemodialysis, any procedure which needs a period of specialized observation or care after completion of the procedure) where such procedures are undertaken by an Insured Person as an In-patient in a Hospital/Day Care Center for a continuous period of less than 24 hours. Any procedure undertaken on an OPD Treatment basis in a Hospital/Day Care Center will not be covered. Pre and Post Hospitalization Medical expenses shall not be payable for this benefit. All Daycare treatments are covered.	D.4
		5.Ambulance Cover: We will cover Reasonable Customary Charges for ambulance expenses incurred to transfer the Insured Person by surface transport following an Emergency to the nearest Hospital. There is a sub-limit of Rs 3,000 for Classic, Rs. 5,000 for Supreme & Rs. 10,000 for Elite Plan, per hospitalization.	D.5
		6.Organ Donor Expenses: Medical Expenses for an organ donor's treatment for harvesting of the organ.	D.6
		7.Domiciliary Hospitalization: Medical Expenses for medical treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization. Pre-Hospitalization Medical expenses are payable. However, Post-Hospitalization medical expenses are not payable.	D.7
		8.No Claim Bonus: Classic – 10% of base sum insured upto a max of 50% of base sum insured; Supreme & Elite - 20% of base sum insured upto a max of 100% of base sum	D.8

		insured.	
		9.Re-load of Sum Insured – We will provide a Re-load of Sum Insured equal to 100% of base sum insured in case base sum insured and No Claim Bonus has been partially or completely exhausted. Re-load of sum insured can be utilized for different illness. Re-load of Sum Insured is not available for Worldwide Emergency Hospitalization and International Treatment for specified critical illness. Re-load of Sum Insured is applicable only for Baseline Cover Benefits and not for Optional Benefits.	D.9
		10. Ayush Treatment – We will cover medical expenses for Alternative Treatment taken in government hospital or in any institute recognized by the government and /or as defined under definition of AYUSH hospital in the Policy Document, upto the limit specified.	D.10
		11. Vaccination in case of Animal Bite –We will cover medical expenses for OPD treatment for vaccination or immunization for treatment post an animal bite.	D.11
		12. Health Check-up - Cost of a health check-up as per your plan eligibility subject to renewability of the policy. This benefit is over and above the Base Sum Insured.	D.12
		13. Preventive Healthcare & Wellness and Disease Management – We will provide various preventive healthcare & wellness related activities like health related articles on your registered email ids. Disease Management initiative by us for our existing customers wherein for certain specified Health Risks such as Heart, Kidney, Liver, Cancer, Hypertension, Diabetes etc. our customers will be provided assistance to manage their risk better through preventive check-ups, advise on Nutrition, diet, exercise regime, wearables to monitor various health parameters etc. This will not be substitute of doctor consultation.	D.13

14. Second Opinion for Critical Illness (Available for Supreme & Elite Plan only) – Available once during Policy period for 11 critical illness. D.14

15. Emergency Domestic Evacuation (Available for Supreme & Elite Plan only) – Available once during Policy Period in case of medical emergency and on advise of treating doctor. Covered upto Rs.1lakh for Supreme and Rs.3lakhs for Elite Plan. D.15

16. Worldwide Emergency Hospitalization (Available for Elite Plan only) – Covered upto 50% of Sum Insured or Rs.20lakhs whichever is lower, once a policy year. D.16

17. International Treatment for 11 specified Critical Illness (Available for Elite Plan only) – Covered upto Sum Insured for 11 critical illness. Co-payment of 20% every year applies for all admissible claims. D.17

18. Maternity Benefits (Available for Elite Plan Only): Medical Expenses for the delivery of a child, where Insured Person and spouse, both are covered, after a waiting period of 3 years, subject to the following sub-limits D.18

Sum Insured	25 lakhs	30 lakhs	50 lakhs	100 lakhs	150 lakhs
Sub Limit	2lakhs	2lakhs	2lakhs	2.50lakhs	2.50lakhs

New Born Baby: New born baby will be covered as an insured person from birth (for the policy year in which the baby is born), if the Maternity Benefits claim has been accepted. This benefit is subject to 25% of Sum Insured.

Vaccination expenses of the new born baby will also be covered for the first year, subject to renewal of the policy. The sub-limit for this benefit is Rs10,000.

		19.OPD Treatment (Available for Elite Plan Only) – Expenses of medically necessary consultation as an outpatient with a Medical Practitioner to assess the Insured Person's condition. Any diagnostic tests prescribed by the Medical Practitioner. Reasonable & Customary Expenses for Dental OPD Treatment, Cost of Spectacles, Contact Lenses and Hearing Aid will be covered once in 2 years with a sublimit of 30% of OPD Treatment Sum Insured. **Additional Optional Benefits at the Customer level (these will be offered to the final insured as optional coverage)** 1. **Top-up plan on Aggregate annual Deductible** options of Rs 1 Lakh, 2 Lakhs, 3 Lakhs, 4 Lakhs, 5 Lakhs and 10 Lakhs can be availed along with premium Discount. Customer can select any available sum insured under Classic & Supreme Plan 2. **Hospital Cash** - If the Insured Person is Hospitalised and if We have accepted an In-patient Hospitalization claim, We will pay the Hospital Cash amount specified in the Product Benefits Table for each continuous and completed period of 24 hours of Hospitalisation provided that: The Insured Person should have been Hospitalized for a minimum period of 48 hours continuously; We will not make any payment under this endorsement in respect of an Insured Person for more than 30 days of Hospitalisation in total under any Policy Year. Claims made in respect of this benefit will not be subject to the Sum Insured. Hospital Cash benefit is not available for hospitalization in case of Supreme Plus and Elite Plus optional covers. 3. Include US and Canada for Worldwide Emergency Hospitalization and International Treatment for specified Critical Illnesses. This benefit can be availed	D.19 Optional Endorsements – 1 Optional Endorsements – 2 Optional Endorsements - 3

		only at the inception of First Policy with Us. (available only for Elite Plan) 4. **Supreme Plus:** If you opt for Supreme Plus, following benefits will be offered in additional to the base cover: 1. **Additional facility of app based cabs as a part of Ambulance Cover:** We will cover charges for app based cabs service incurred towards transportation of an Insured Person at the time of getting admitted to the Hospital or discharge to the Hospital. This benefit is available only on reimbursement basis on the basis of submission of an invoice generated by a digital app based cab service and the invoice should mention details such as date, location of pick-up and drop and time of pick-up and drop. e.g. ola and uber. Hand-written paper invoice will not be accepted. The maximum benefit will be restricted up to sub-limit of ambulance cover applicable to your Plan. The benefit is available only for cab ride taken by the Insured Person at the time of Hospital admission or discharge. These charges are payable only if Inpatient claim is admissible. 2. **Refresh of Sum Insured:** Refresh of Sum Insured is a part of Re-load of Sum Insured. Re-load benefit is payable only in case of a) Base Sum Insured and No Claim Bonus is completely exhausted. b) same Insured for Illness other than for which claims has already been paid in the same policy year. c) different Insured for the same Illness for which claims has already been paid in the same policy year. Refresh of Sum Insured is payable to the Same Insured person for same illness for which claim is already paid in the same policy year. Refresh of Sum Insured is available only once in Lifetime of the Policy at a Policy level. Refresh of Sum Insured is not available for Worldwide Emergency Hospitalization and International Treatment for specified critical illness. Refresh of Sum Insured is applicable only for	Optional Endorsement – 4

		Baseline Cover Benefits and not for Optional Benefits. For triggering Refresh of Sum insured, Insured Person or immediate kin will have to provide his written consent for utilizing Refresh of Sum Insured. 3. **In-patient for Pre-existing Disease in case of Life Threatening Condition:** We will cover hospitalization expenses resulting from any of the Pre-existing disease which has been specifically disclosed by you at the time of inception of the policy and has been mentioned in the Policy schedule issued to you. This benefit is available only once in the Lifetime of the Policy at a policy level. This benefit is available only on reimbursement mode. This benefit is limited to a maximum of Rs. 1,00,000. 4. **Bariatric Surgery:** If You are hospitalized on the advice of a Doctor and required you to undergo Bariatric Surgery during the Policy period, then We will pay Expenses related to Bariatric Surgery. This benefit is available to Insured Person 18 years and above. Our maximum liability under this benefit will be restricted to Rs. 50,000. Any future complications arising out of bariatric treatment post-surgery will not be covered. To claim under this benefit, you should be covered under Supreme Plus for a period of 72 months without any break. At the time of claiming this benefit, Insured person should be covered under Supreme Plus. 5. **Mobility Devices** 1. We shall cover expenses incurred by Insured Person towards mobility devices such as walkers, manual wheelchair, crutches, splints, external prosthetics, slings, plasters, etc. which has been advised as a part of treatment to deal with the disability induced by an accident. These expenses can be part of in-patient or post-discharge. This is not payable in case of Pre-hospitalisation, out-patient treatment and any sickness related claims.	

		2. This benefit is only available if the claim of accidental injury has been admissible by us. 3. Our maximum liability will be restricted to 5% of the Sum Insured or Rs. 50,000 whichever is lesser. **6. Second Opinion for additional 11 specified Critical Illnesses (Total 22 Critical Illnesses)** Following Additional 11 Critical Illnesses are covered for Second Opinion: 1. Angioplasty 2. Benign brain Tumor 3. Blindness 4. Deafness 5. End stage lung Failure 6. End stage liver failure 7. Loss of speech 8. Loss of limbs 9. Major head trauma 10. Primary (idiopathic) pulmonary hypertension 11. Third degree burns **5. Elite Plus:** If you opt for Elite Plus, following benefits will be offered in additional to the base cover: 1. **Additional facility of app based cabs as a part of Ambulance Cover:** We will cover charges for app based cabs service incurred towards transportation of an Insured Person at the time of getting admitted to the Hospital or discharge to the Hospital. This benefit is available only on reimbursement basis on the basis of submission of an invoice generated by a digital app based cab service the invoice should mention details such as date, location of pick-up and drop and time of	Optional Endorsement - 5

		pick-up and drop. e.g. ola and uber. Hand-written paper invoice will not be accepted. The maximum benefit will be restricted up to sub-limit of ambulance cover applicable to your Plan. The benefit is available only for cab ride taken by the Insured Person at the time of Hospital admission or discharge. These charges are payable only if Inpatient claim is admissible. 2. **Refresh of Sum Insured:** Refresh of Sum Insured is a part of Re-load of Sum Insured. Re-load of Sum Insured is payable only in case of a) Base Sum Insured and No Claim Bonus is completely exhausted. b) same Insured for Illness other than for which claims has already been paid in the same policy year. c) different Insured for the same Illness for which claims has already been paid in the same policy year. Refresh of Sum Insured is payable to the Same Insured person for same illness for which claim is already paid in the same policy year. Refresh of Sum Insured is available only once in Lifetime of the Policy at a Policy level. Refresh of Sum Insured is not available for Worldwide Emergency Hospitalization and International Treatment for specified critical illness. Refresh of Sum Insured is applicable only for Baseline Cover Benefits and not for Optional Benefits. For triggering Refresh of Sum insured, Insured Person or immediate kin will have to provide his written consent for utilizing Refresh of Sum Insured. 3. **In-patient for Pre-existing Disease in case of Life Threatening Condition:** We will cover hospitalization expenses resulting from any of the Pre-existing disease which has been specifically disclosed by you at the time of inception of the policy and has been mentioned in the Policy schedule issued to you. This benefit is available only once in the Lifetime of the Policy at a policy level. This benefit is available only on reimbursement mode. This benefit is limited to a maximum of Rs. 2,00,000.	

4. **Bariatric Surgery:** If You are hospitalized on the advice of a Doctor and required you to undergo Bariatric Surgery during the Policy period, then We will pay Expenses related to Bariatric Surgery. This benefit is available to Insured Person 18 years and above. Our maximum liability under this benefit will be restricted to Rs. 200,000. Any future complications arising out of bariatric treatment post-surgery will not be covered. To claim under this benefit, you should be covered under Elite Plus for a period of 48 months without any break. To claim under this benefit, Insured Person should be covered under Elite Plus at the time of claim.

5. Mobility Devices

1. We shall cover expenses incurred by Insured Person towards mobility devices such as walkers, manual wheelchair, crutches, splints, external prosthetics, slings, plasters, etc. which has been advised as a part of treatment to deal with the disability induced by an accident. These expenses can be part of in-patient or post-discharge. This is not payable in case of only pre-hospitalisation, out-patient treatment and any sickness related claims.

2. This benefit is only available if the claim of accidental injury has been admissible by us.

3. Our maximum liability will be restricted to Rs. 50,000.

6. Second Opinion for additional 11 specified Critical Illnesses (Total 22 Critical Illnesses)

Following Additional 11 Critical Illnesses are covered for Second Opinion:

1. Angioplasty
2. Benign brain Tumor

		3. Blindness 4. Deafness 5. End stage lung Failure 6. End stage liver failure 7. Loss of speech 8. Loss of limbs 9. Major head trauma 10. Primary (idiopathic) pulmonary hypertension 11. Third degree burns **7. International Treatment abroad for 3 additional Critical illnesses (Total 14 specified critical illnesses)** Following additional 3 Critical Illnesses are covered for International Treatment abroad: 1. End Stage Liver Disease 2. End Stage Lung Disease 3. Third Degree burn **8. In-Vitro Fertilisation(IVF) Treatment** The Company will reimburse medical expenses incurred on IVF Treatment, where indicated, for sub-fertility subject to: a. A waiting period of 48 months from the date of inception of the Elite Plus with the Company for the insured person. b. The maximum cumulative liability in lifetime of the policy of the Company for such treatment shall be limited to Rs.2,50,000/-. c. For the purpose of claiming under this benefit, in-patient treatment is not mandatory.	

		d. For claim under this benefit, Insured person should have opted for Elite Plus for a period of 48 months without any break. e. Re-load and Refresh of Sum Insured Benefit shall not be applicable for this benefit. f. This Benefit can be used for a maximum of 3 cycles subject to a maximum of Rs. 2,50,000 as a cumulative benefit. g. To be eligible for this benefit both husband and wife should stay insured continuously without break for a period of 48 months under Elite Plus. h. This benefit does not cover Surrogacy. i. This benefit covers intrauterine insemination (IUI), Intra-Cytoplasmic Sperm Injection (ICSI), In-Vitro Fertilisation(IVF). j. Maximum age of female member should be less than 45 years. k. To claim under this benefit, we would require certificate and case history from the treating doctor which has necessitated treatment. l. Available once in lifetime of the policy for a maximum of 3 IVF cycles. m. Under this benefit, maximum of 3 cycles of the treatment as mentioned above should be utilized in maximum 3 consecutive policy years. n. At the time of claiming the benefit, Insured person should be covered under Elite Plus at the time of claim.	

		o. Any treatment or side effects resulting in hospitalization arising as a consequence to infertility treatment is not payable.	
6	Exclusions (What the Policy does not cover)	Investigation & Evaluation, Rest Cure, rehabilitation and respite care, Obesity/ Weight Control, Change-of-Gender treatments, Cosmetic or plastic Surgery, Hazardous or Adventure sports, Breach of law, Excluded Providers, Treatment for, Alcoholism, drug or substance abuse or any addictive condition consequences, Treatments received in 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, Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure, Refractive Error, Unproven Treatments, Sterility and Infertility, Maternity, Alternative treatment, Ancillary Hospital Charges, Charges for medical papers, Circumcision, Conflict and disaster, Congenital conditions, Convalescence and Rehabilitation, Dental/oral treatment, Drugs and dressings for OPD Treatment or take-home use, Hereditary conditions, Items of personal comfort and convenience, including but not limited to : (A)Telephone, television, diet charges, (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services (B) Private nursing/attendant's charges incurred during Pre-hospitalization or Post-hospitalization (C) Drugs or treatment not supported by prescription etc., OPD Treatment, Preventive Care, Self-inflicted injuries, Sexual problems, Sexually transmitted diseases, Sleep disorders, Treatment for Alopecia, Treatment for developmental problems, Treatment received outside India,	E

		Artificial life maintenance is not covered from the time Insured Person goes into vegetative state and a point of no recovery to Life, Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. The expenses that are not covered in this policy are placed under List-I of Annexure-II.	
7	**Waiting Period**	• Waiting period for Pre-existing Diseases cover Classic – 48 months Supreme – 36 months Elite – 24 months For Pre-existing Diseases to which Portability benefit was extended, recalculated waiting periods and Sum Insured limits are presented in the Schedule. • 2 years specific waiting period for the following 16 conditions: • Stones in billiary and urinary systems • Lumps / cysts / nodules / polyps / internal tumours • Gastric and Duodenal Ulcers • Surgery on tonsils /adenoids • Osteoarthrosis / Arthritis / Gout / Rheumatism /Spondylosis / Spondylitis / Intervertebral Disc Prolapse •Cataract • Fissure / Fistula / Hemorrhoids • Hernia /Hydrocele • Chronic Renal Failure or end stage Renal Failure • Sinusitis / Deviated Nasal Septum /Tympanoplasty / Chronic Suppurative Otitis Media •Benign Prostatic Hypertrophy • Knee/Hip Joint replacement • Dilatation and Curettage • Varicose veins •Dysfunctional Uterine Bleeding / Fibroids / ProlapseUterus / Endometriosis • Hysterectomy for any benign disorder. • 30 days for all illnesses except any accidents. • 90 days initial waiting period for Critical illness	E.1.1 E.1.2 E.1.3 E.2.23

		• Personal Waiting Periods • Bariatric Surgery- 72 months (Supreme Plus) 48 months (Elite Plus) • In-Vitro Fertilisation(IVF) Treatment – 48 months	E.2.24 Optional Endorsement4(4) &5(4) Optional Endorsement-5(8)
8	Financial limits of coverage i.Sub-limit ii.Co-payment iii.Deductible iv.Any other limit	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: As per details mentioned in point no 5. Policy Coverage of this customer information sheet. To be mapped if applied. To be mapped if opted. As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. **Claim Procedure** Provided that the due adherence/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. Cashless Claims will be settled through TPA and Re-imbursement	G.1

		Claims will be settled by Us. The Claims Procedure is as follows: **For admission in Network Hospital (Cashless Claims) (For Domestic Claims only)** Insured Person shall call the TPA helpline and furnish Membership Number, Policy Number and the Name of the Patient within 72 hours before admission to hospital for planned hospitalization and not later than 48 hours of admission in case of emergency hospitalization. The insured shall also provide to the TPA by email or through TPA's web portal, the details of hospitalization like diagnosis, name of hospital, duration of stay in hospital, estimated expenses of hospitalization etc. in the prescribed form available with the Insurance help desk at the Hospital. The Insured shall also provide any additional information or medical record as may be required by the medical panel of the TPA. After establishing the admissibility of the claim under the policy, the TPA shall provide a pre-authorisation to the hospital guaranteeing payment of the hospitalization expenses subject to the sum insured, terms conditions and limitations of the policy. The difference between the amount of pre-authorisation approved and the final hospital bill owing to deductions such as non-payable items, excluded items, policy sub-limits, copay amount, deductible amount etc, shall be borne by the insured. **For admission in Non-Network Hospital or into Network Hospital if cashless facility is not availed (Reimbursement Claims) (For Domestic Claims as well as Worldwide Emergency Hospitalization)** • Notice of claim: Preliminary notice of claim with particulars relating to Policy number, Name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending	G.1.1 G.1.2

		hospital, should be given to the Insurer within 72 hours before admission incase of planned hospitalization, and not later than 48 hours or before discharge, in case of emergency hospitalization. • Submission of claim: The insured shall submit the claim form along with attending physician's certificate duly filled and signed in all respects with the following claim documents not later than 30 days from the date of discharge. Turn Around Time (TAT) for claims settlement: i. TAT for preauthorisation of cashless facility is 2 hours ii. TAT for cashless final bill authorisation is 2 hours i. Network Hospital details: https://www.paramounttpa.com/Home/ProviderNetwork.aspx https://www.medibuddy.in/networkHospitals https://www.rakshatpa.com/WebPortal/Form/search_PPN ii. Helpline number: Customer Services - 1860 258 0000 / 1860 425 0000 MediAssist TPA – 04068213621 Paramount TPA – 1800226655 Raksha TPA – 04068213621 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://my.royalsundaram.in/sites/default/files/2023-11/Excluded-list.xlsx iv. Downloading / getting claim form https://www.royalsundaram.in/html/files/forms-central/health-claim-form.pdf	

		Intimation – Before 3 days in case of planned hospitalisation and within 2 days of admission in case of emergency hospitalisation	
10	Policy Servicing	Call Center number of the insurer: 1860 258 0000 / 1860 425 0000 Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	
11	Grievances / Complaints	Details of - Grievance Redressal Officer of the insurer Mr. T M Shyamsunder Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097 - Insurance company grievance portal/ Department: Grievance Redressal Unit Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097 Website: https://www.royalsundaram.in/customer-request Toll free: 1860 258 0000, 1860 425 0000 E-mail: customer.services@royalsundaram.in Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in Fax : 91-44-7113 7114 Grievance toll-free number: 155255 IRDAI/(IGMS/Call Centre): - https://bimabharosa.irdai.gov.in/ IRDA Grievance toll-free number: 1800 4254 732 / 155255 Ombudsman Details : https://www.cioins.co.in/ContactUs	F.1.15

12	Things to remember	**Free look Cancellation**: You may cancel the insurance policy if you do not want it,within 15 days from the beginning of the policy. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to I. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or II. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or III. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; **Cancellation** i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.	F 1.15 F.1.7

Cancellation date upto (x months)	1	2	3
Upto 1 month	75%	87%	91%
Upto 3 months	50%	74%	82%
Upto 6 months	25%	61.50%	73.50%
Upto 12 months	0%	48.50%	64.50%
Upto 15 months	NA	24.50%	47%
Upto 18 months	NA	12%	38.50%
Upto 24 months	NA	0%	30%
Upto 30 months	NA	NA	8%
Beyond 30 months	NA	NA	0%

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.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

For half- yearly payment mode
Upto 90 days- 50% Refund
Post 90 days- Nil

For Quarterly payment mode
Upto 30 days- 50%
After 30 days- Nil

For Monthly payment Mode
Cancellation- No refund

		Automatic Cancellation: a. Individual Policy: The Policy shall automatically terminate on death of the Insured Person . b. Family Floater Policies: The Policy shall automatically terminate in the event of the death of all the Insured Persons. c. Refund: A refund in accordance with the table in Section F.1.7 above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been filed under the Policy by or on behalf of any Insured Person. **Policy Renewal** • This is a life-long renewal product on mutual consent subject to application of Renewal and realization of renewal premium • The Waiting Periods mentioned in the Policy wording will get reduced by 1 year with every continuous renewal of your Health Insurance Policy • There is no maximum cover ceasing age in this Policy. • Renewal premium is subject to change with prior approval from IRDAI. • There will be no underwriting on Policy renewal. The first year underwriting results will continue if the policy is continued without a break. • Alterations in the policy such as Increase/ decrease in Sum Insured or Change in Plan/Product, addition/ deletion of members, addition deletion of Medical Condition will be allowed 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 • We will allow a grace period of 30 days in case of one year, 2 years, 3 years policies and 15 days in case monthly, quarterly, half-yearly mode from the due date of the renewal premium for payment to us. In case of monthly mode, two instances of grace period are allowed and in case of	F.1.10 & F.2.13

		quarterly and half-yearly, only one instance of grace period is allowed. • Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation, fraud, non-disclosure or non-cooperation from the insured The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days in case of one year and 15 days in case of monthly, quarterly and half- yearly payments to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. v. No loading shall apply on renewals based on individual claims experience **Renewal Benefits:** • Classic – 10% of base sum insured upto a max of 50% of base sum insured; Supreme & Elite - 20% of base sum insured upto a max of 100% of base sum insured. • There will not be any reduction in No Claim Bonus as a result of claim by the Insured Person in any Policy year • For Classic- Health Check-up is available once in 2 years • For Supreme and Elite- health check-up is available every year.	D.8

		Migration and portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on 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, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link: https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf	F.1.8
		Portability The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For Detailed Guidelines on portability, kindly refer the link: https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Portability.pdf	F.1.9

		Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI,the waiting period if any shall start afresh only for the enhanced portion of the sum insured. **Moratorium Period**: After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of eight 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 and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.	F.1.12
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period such as change in occupation.	

Declaration by the policy holder:

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

Place:

Date: (Signature of the Policy Holder)

Note:

i. Insurer shall provide weblink where the product related doucments including the Customer Information Sheet are available on the website of the insurer.

ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

iii. Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet.