

SECURE ALL

PROSPECTUS AND SALES LITERATURE

Secure All

Health is Wealth. Your Health is your biggest investment. What will happen to your family in case you have a medical emergency? Secure All helps you to get quick and effective treatment in hospitals for yourself and your family without drawing on your savings or borrowing money from friends and relatives.

Presenting “Secure All” from Royal Sundaram General Insurance Co Limited., which is a Health Insurance Plan offered for two years term.

Who is providing coverage under Secure All?

Your Coverage under Secure All is offered by Royal Sundaram General Insurance Co.Limited (first private non-life Insurance Company licensed to operate in India).

What is the coverage provided under Secure All?

This policy is specially designed to offer complete protection to you and your Dependents who bear any legal relation to you.

Hospitalization Cover: Any expenses incurred towards Inpatient Hospitalization for a period of more than 24 hours, for the illnesses / diseases contracted or injury sustained by the insured person during the period of Insurance. However this time limit is not applicable to the following specific “Day Care treatments: Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Cataract, Lithotripsy (kidney stone removal) tonsillectomy, D&C, Cardiac Catherization, Hydrocele Surgery, Hernia repair surgery, Stapedotomy, Tympanoplasty, Myringoplasty, Incision of tear glands, Reconstruction of tongue, operation of salivary glands and salivary ducts, surgical treatment of anal fistulas, incision of ovary, incision of the breast, incision of tissue in perianal region, operations of prostate, operations of scrotum/vaginalis testis, coronary angiography etc taken in the Hospital/Nursing Home and the Surgical Operation necessitates hospitalisation and due to technological advancement/infrastructure facilities available in the hospital reduces the requirement of stay less than 24hrs.

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home subject to a limit of 1.5% of the Sum Insured per day and for Intensive Care Unit 3% of the Sum Insured per day.
2. Nursing Expenses incurred during In-Patient hospitalization.
3. Surgeon, Anaesthetist, Medical Practitioner, Consultants & specialist Fees are subject to a limit of 40% of the sum insured.
4. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Donors medical expenses towards Organ transplant, Cost of Pacemaker, Artificial Limbs, Cost of Organs.
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. Modern Treatments: The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, 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 prostate (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.

The Claim amount payable towards the treatment of following disease, illness, medical condition or injury is subject to a limit of:

| Treatment | Limit Per Claim |
|--|--|
| Cataract | 7.5% of the Sum Insured subject to maximum of Rs.20000/- |
| Piles, Fistula, Fissure, Tonsillitis, Sinusitis | 10% of the Sum Insured |
| Benign Prostatic Hypertrophy, Hernia | 20% of the Sum Insured |
| Knee/Hip Joint Replacement, all Cancer, Renal Failure | 50% of the Sum Insured |
| Appendicitis, Gall bladder stones and Gynaec disorders | 25% of the Sum Insured |
| Dialysis, Chemotherapy and Radiotherapy | 10% of the Sum insured per month |

What is the age at entry and other eligibility conditions?

- The policy is issued to individual for covering their family.
- The insurance is available to persons between the age of 91 days and 65 years at the Policy Start Date. The Proposer should be minimum 18 years (completed age) on Policy Start Date.
- This policy covers Self, Spouse and dependants who bear legal relation to the proposer. Underwriter's are free to define the scope of relations who can be covered as a family member, out of eligible family member.
- There is no Exit age in the policy. Policy can be renewed continuously subject to payment of premium within Grace Period.
- Persons holding existing health policy either with Royal Sundaram or any other Insurers can port in to this Policy subject to the guidelines issued by Authority & subject to underwriting guidelines.

What additional benefits do I get?

Along with the above benefits, you are also entitled to avail of the following benefits:-

- **Cashless Hospitalization:** Secure All also provides the benefit of a cashless cover for more than 4000 network hospitals.
- **Cumulative Bonus:** Sum Insured under the policy for hospitalization benefit shall be increased by slabs of 5% for every claim free year, subject to a maximum of 10 slabs. In case of a claim under the policy, the earned bonus will be reduced by 1 slab.
- **Tax Benefit:** This insurance scheme is approved by IRDAI 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. If non-dependent members are covered exemption under Section 80D of Income Tax Act will not be applicable.
- **Hospital Cash Benefits:** Fixed amount as daily benefit stated in the Schedule/Certificate of Insurance is paid for each completed 24 hours of hospitalization subject to maximum amount specified in the Schedule/ Certificate of Insurance on admissibility of a valid claim for hospitalisation benefit under the policy.
- **Recovery Benefit:** A lump sum of Rs.25,000/- is payable, only if a valid claim for hospitalisation is admitted under the policy, if the period of hospitalization exceeds 15 days.

- **Personal Accident Benefit:** In an unfortunate event of accidental death or disablement, the sum stated in Schedule/Certificate of Insurance is payable. The cover is operative worldwide.

What is the coverage amount under Secure All?

You and your family would be covered under the following Sum Insured, on Individual basis as opted.

| Secure All | |
|------------|-------------|
| Plans | Sum Insured |
| Plan 1 | 1,50,000/- |
| Plan 2 | 2,00,000/- |
| Plan 3 | 3,00,000/- |
| Plan 4 | 4,00,000/- |
| Plan 5 | 5,00,000/- |

The limits specified above are in Indian Rupees and is applicable for the stipulated policy period for policy with One year duration. In respect policy of 2 year tenure, the Sum Insured shall be available per annum.

Who is eligible for the coverage?

You must satisfy the following conditions:

| Parameter | Eligibility |
|------------------|--|
| Age at entry | 91 days - 65 years |
| Coverage Term | 1/2 years |
| Health Condition | You need to be in good health, have understood and signed the health declaration form. |

What are the geographical limits?

All medical treatments for the purpose of this Insurance under Hospitalisation benefit of the policy have to be taken in India only. The Personal Accident Benefit Cover operates worldwide.

What do I need to pay?

Payment of premium : Single payment only irrespective of tenure.

Indicative premium for single life for coverage of stipulated Sum Insured is shown in the table below.

Premium table (including 12.36% Service Tax)

1 year

| PLAN | SI - Medical | 91 days to 18 yrs | 19 to 40 yrs | 41 - 50 yrs | 51 to 60 yrs | 61 to 65 yrs | 66 to 70 yrs* | 71 to 75 yrs* | 76 to 80 yrs* |
|--------|--------------|-------------------|--------------|-------------|--------------|--------------|---------------|---------------|---------------|
| PLAN 1 | 150000 | 4286 | 5635 | 7080 | 7956 | 9359 | 9952 | 10931 | 12056 |
| PLAN 2 | 200000 | 4618 | 6442 | 8256 | 9303 | 11162 | 11926 | 13187 | 14637 |
| PLAN 3 | 300000 | 6068 | 8007 | 11110 | 12679 | 15487 | 16576 | 18371 | 20435 |
| PLAN 4 | 400000 | 7548 | 10179 | 14043 | 16026 | 20466 | 22020 | 24585 | 27534 |
| PLAN 5 | 500000 | 9407 | 13484 | 17875 | 20281 | 25880 | 27824 | 31033 | 34723 |

2 years

| PLAN | SI - Medical | 91 days to 18 yrs | 19 to 40 yrs | 41 - 50 yrs | 51 to 60 yrs | 61 to 65 yrs | 66 to 70 yrs* | 71 to 75 yrs* | 75-80 yrs* |
|--------|--------------|-------------------|--------------|-------------|--------------|--------------|---------------|---------------|------------|
| PLAN 1 | 150000 | 6704 | 9131 | 11733 | 13310 | 15836 | 16903 | 18664 | 20689 |
| PLAN 2 | 200000 | 7301 | 10584 | 13849 | 15735 | 19080 | 20456 | 22726 | 25336 |
| PLAN 3 | 300000 | 9911 | 13401 | 18987 | 21811 | 26866 | 28825 | 32056 | 35772 |
| PLAN 4 | 400000 | 12576 | 17311 | 24266 | 27835 | 35827 | 38625 | 43241 | 48551 |
| PLAN 5 | 500000 | 15921 | 23260 | 31163 | 35495 | 45572 | 49072 | 54848 | 61490 |

*Applicable for renewal only

Family Discount: 5% for covering two and 10% for covering 3 or more insured under a single policy.

How do I pay my Premium?

You will get the choice of easy payment option as follows:

- If you prefer, you can choose to pay the premium in full by a cheque or demand draft in favour of “Royal Sundaram General Insurance Co. Limited”
- In case you wish to continue the policy after the stipulated period of one year, you have the option of making the premium payment by providing an ECS mandate against your bank account or by issuing a cheque in favour of Royal Sundaram General Insurance Co Limited.
- You can also pay your premium through your credit card.

What are the specific circumstances under which the premium could be loaded or a discount provided could be withdrawn and the extent to which it will be done?

- Family Discount of 5% for covering two and 10% for covering 3 or more insured under a single policy. Discount will be withdrawn in renewal if the no. of members covered is less than 3

How do I Enroll?

Quick and easy enrolment process. Medical examination is required for persons above 60 years . All you need to do is to complete the enrolment cum health declaration form. Kindly ensure all details are captured accurately and completely filled in before signing.

When does the coverage start?

Coverage in respect of all customers starts from the date of receipt of premium.

How can my coverage end?

The coverage shall end on occurrence of any one of the instances as mentioned in the table below.

| Event | Parameter |
|--------------------------------|--|
| End of coverage term | After 1/2 years of policy inception (Depends on the tenure chosen) unless renewed |
| If you cancel the coverage | Premium would be refunded as per the grid short period scales |
| Non receipt of renewal premium | If the renewal premium is not paid within the due date and within the Grace Period of 30 days. |

| | |
|----------------------------------|---|
| Fraudulent event/non-cooperation | The policy when not renewed on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you. |
|----------------------------------|---|

What are the medical examinations to be done before taking Secure All?

The following pre-Policy check-up at our network may be required for insured persons above 60 years.

- ECG with Report,
- Blood Sugar – both fasting and post prandial & Urine Sugar both fasting and post prandial.

Company reserves the rights to prescribe further tests based on the Medical Reports of the Individuals.

The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Company may prescribe the list of network centres which the customer has to access to do the medical tests or may allow the customer to choose any diagnostic centres of his choice. For accepted proposals, the cost of medicals undertaken shall be borne / reimbursed by the Company @ 100% for policies with more than 1 year tenure and @ 50% for policies with tenure of 1 year tenure and less.

Is there a Free Look provision under Secure All?

At the inception of your Secure All 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 return the same, if not acceptable. You shall be entitled to the following provided there is no claim settled during the Free Look-in period:

- a) A refund of the premium paid less any expenses incurred by us on medical examination of the insured person/s 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

If notice of cancellation is received after Free look-in, the Company shall from the date of receipt of the cancellation notice by the insured, cancel the Policy and retain the premium for the period your Policy has been in force at the Company's short period scale as mentioned below provided that no claim has been made under the Policy by or on behalf of the insured.

What document will I get as a proof of Insurance?

A Certificate of Insurance (COI)/ Policy Copy issued to you by the company can be used as a proof of payment of premium to claim a benefit under the prevailing taxation laws. You would also get the Health Cards and the policy terms and conditions towards the insurance policy along with the Health Kit.

What is the claim process?

Claims Procedure for hospitalization/hospital cash/ recovery benefits

Provided that the due observance and fulfillment of the terms and conditions of this Policy conditions and all Endorsements here- on 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.

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/ injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us with in seven days from the date of hospitalization/injury/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. F.I.R/MLC. in the case of accidental injury and English translation of the same, if in any other language.
8. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury.
9. 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.
10. For a) Cataract claims - IOL sticker b) PTCA claims – Stent sticker.
11. Copies of health insurance policies held with any other insurer covering the insured persons.
12. 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.

- 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. Claim Procedure for Personal Accident Benefit:

Insured Person/his/her legal heir(s) shall have to produce the below documents for processing the claim.

Death Claim (Submit the duly filled in claim form with the following documents):

- Original Death Certificate.
- Post Mortem Report.
- Inquest report.
- Accident report.
- FIR/MLC copy.
- Hospital records.
- News Paper cuttings if any and any other relevant records.
- Chemical Analysis Report if available.
- English Translation of vernacular documents.
- Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy or if the nominee is not alive at the time of claim.
- Any other document as may be required by the Company.

Disablement Claim (Submit the duly filled in Claim form with the following documents)

- Disability Certificate issued by attending physician.
- Accident report.
- FIR/MLC copy.
- Hospital Records.
- News Paper cuttings if any and any other relevant records
- English Translation of vernacular documents.
- Latest IT return to show Proof of annual income (at the option of the Company).
- Any other document as may be required by the Company.
- If the bills/ vouchers / Reports are in a language, other than English /Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person/his/her legal heir(s).

The claim documents should be sent to:

Health Claims Department

M/s Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Vishranthi Melaram Towers

No 2/319 Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai 600097

- 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.

However, if the documents submitted along with the claim are not in order or not complying with the requirements of the insurer, the claim could get rejected. Claims can also be rejected in case the declaration signed at the time of enrollment is proved to be false.

Under Network hospitals cashless can be availed only for Hospitalization expenses.

Under Non-network hospitals customer will get as reimbursement from the Company under all sections.

Can I renew my policy after the stipulated period of one year?

Yes, for subsequent renewals post the expiry of your policy period, you have the following options:

- Provide ECS (Electronic Clearing System) instructions against your bank account.
- Provide a cheque in favor of Royal Sundaram General Insurance Co. Limited.
- Provide your credit card no with expiry date.

In addition to the above Royal Sundaram would also send you a renewal notice for your policy which would have the confirmation of the payment details.

What are the benefits of renewing the policy next year?

You become eligible to claim for ailments, which have a waiting period. For example, you may claim expenses for ailments Cataract, Sinusitis, etc. (Two Year Exclusions) after the first renewal of the policy. You also become eligible for cumulative bonus provided if you have not made any claim during the policy period.

What are the exclusions?

Below is the list of important exclusions.

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

The Company shall not be liable under this Policy for any claim 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 48 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 (Health Insurance) 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 48 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 24 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.

I. List of specific diseases/procedures is as under (24 months):

Treatment for Congenital Internal Anomaly/Disorders/Defects, any type of Migraine/Vascular headache, Stones in the Urinary and Biliary systems, Surgery on Tonsils Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/Nodules/Polyps, any type of Breast Lumps, Treatment of Spondylosis/Spondilitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders. Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Sinusitis, Hernia, Hydrocele, Knee/Hip Joint replacement, , any type of Carcinoma/Sarcoma/ Blood

Cancer, Chronic Renal Failure or end stage Renal Failure and Osteoarthritis of any joint during the first two years of the operation of the Secure All Policy. However if these diseases are Pre Existing at the time of proposal then they will be considered as falling under Exclusion 1.

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

Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. 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 by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening 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 health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

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 dioptries.

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. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident. (Excl19)

20. The cost of spectacles, contact lenses and (Excl20)

21. Dental treatment or surgery of any kind unless requiring Hospitalisation. (Excl21)

22.Convalescence, general debility, `Run-down' condition , Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide. **(Excl22)**

23.Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination. **(Excl23)**

24.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). **(Excl24)**

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

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

2.Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it. **(Excl25)**

26.Outpatient treatment charges. **(Excl26)**

27.Hormone replacement therapy. **(Excl27)**

28.Any treatment received outside India. **(Excl28)**

29.Any other alternative medicine except Allopathy (Modern Medicine). **(Excl29)**

30.Any person whilst engaged in following occupation: **(Excl30)**

Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling),Demolition contractor, Explosives users, Fisherman (seagoing), Jockey, Marine salvager, Miner and other occupations under ground, Off-shore oil or gas rig worker, Policeman, Pop Musicians, Professional sports person ,Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m,Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Ship crew, steuplejack, Stevedore. Structural steel- worker, Tower crane operator, Tree feller

31. Existing Diseases allowed to be permanently excluded **(Excl31)**

| Sr. No. | Disease | ICD Code |
|---------|---|---|
| 1 | Sarcoidosis | D86.0-D86.9 |
| 2 | Malignant Neoplasms | C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs • C40-C41 Malignant neoplasms of bone and articular cartilage • C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue • D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour |
| 3 | Epilepsy | G40 Epilepsy |
| 4 | Heart Ailment Congenital heart disease and valvular heart disease | I49 Other cardiac arrhythmias, (I20-I25) Ischemic heart diseases, I50 Heart failure, I42 Cardiomyopathy; I05-I09 - Chronic rheumatic heart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular |

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| | | system• Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease. |
| 5 | Cerebrovascular disease (Stroke) | I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases |
| 6 | Inflammatory Bowel Diseases | K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 - Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified. |
| 7 | Chronic Liver diseases | K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD) |
| 8 | Pancreatic diseases | K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis |
| 9 | Chronic Kidney disease | N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083 |
| 10 | Hepatitis B | B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 - Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 -Acute hepatitis B without delta-agent and without hepatic coma; B17.0 -Acute delta-(super)infection of hepatitis B carrier; B18.0 - Chronic viral hepatitis B with delta-agent; B18.1 - |

| | | |
|-----|--|---|
| | | Chronic viral hepatitis B without delta-agent; |
| 11 | Alzheimer's Disease, Parkinson's Disease - | G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease. |
| 12 | Demyelinating disease | G.35 to G 37 |
| 13 | HIV & AIDS | B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease |
| 14 | Loss of Hearing | H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified |
| 15. | Papulosquamous disorder of the skin | L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus |
| 16. | Avascular necrosis (osteonecrosis) | M 87 to M 87.9 |

32.The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List- IV respectively of Annexure-A (**Excl32**)

Exclusions for Personal Accident Benefit:

The Company shall not be liable to make any payment under this Benefit in connection with or in respect of any expenses what so ever incurred by the Insured in connection with or in respect of:

- a) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- b) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an Accident.
- c) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the sum insured under this benefit.
- d) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement, as mentioned in Table of benefits.
- e) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- f) Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drugs (c) self-endangerment unless in self-defense or to save life.
- g) In the event the insured is a victim of culpable homicide, i.e. where the insured dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing bodily injury as is likely to cause death, or with the knowledge that such act is likely to cause death.
- h) Any exclusion mentioned in the 'General Exclusions' of this Policy.

General Exclusions (Applicable to Personal Accident Benefit Section):

The Company shall not be liable to make any payments in respect of

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim in respect of Pre-existing conditions.
3. Any claim if the insured acts against the advice of a physician.
4. Any claim arising out of Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs/alcohol).
5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

- a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
- b) Nuclear weapons material
- c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

11. Participation in Hazardous Sport / Hazardous Activities

12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.

13. Self exposure to needless peril (except in an attempt to save human life).

14. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in any illegal act or any violation or attempted violation of the law.

15. Payment of compensation in the event of a rail accident except if the accident is directly caused / occurring while

- I Boarding / traveling / alighting from a train.
- I within the railway area to which a public has got right of access.

16. Nuclear, Chemical, Biological Terrorism Exclusion Clause:

The Insurance under this Certificate shall not extend to cover Death or disablement resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this clause

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

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

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

If the Company alleges that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.

What are the Cancellation/Termination provisions available under the policy?

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 : One year Policy

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

Short Period Scales : Two year Policy

| | | |
|----------------------------|-----------|-------------------------|
| For a period not exceeding | 30 days | 10% of the Premium paid |
| -do- | 2 months | 15% of the Premium paid |
| -do- | 4 months | 30% of the Premium paid |
| -do- | 6 months | 40% of the Premium paid |
| -do- | 8 months | 50% of the Premium paid |
| -do- | 10 months | 60% of the Premium paid |
| -do- | 12 months | 70% of the Premium paid |
| -do- | 14 months | 75% of the Premium paid |
| -do- | 16 months | 80% of the Premium paid |
| -do- | 18 months | 85% of the Premium paid |
| For a period exceeding | 18 months | Full Premium paid |

From the amount thus arrived the cost of medical expenses (if any) incurred by the company shall be deducted and the balance shall be refunded.

Will the policy be withdrawn by the insurer at any point of time? If so, what are the options available?

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.

What are the conditions associated with renewal of my policy?

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 coverage, terms & conditions and premium may change, in which case a three months notice by 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.

Change in Sum Insured

When the Company is admitting liability for disease/illnesses/ medical condition/injury 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 available Sum Insured under the current Policy, whichever is less.

Migration:

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i. The waiting periods specified in Exclusion D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

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

Portability

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under: Page **133** of **155**

- i. The waiting periods specified in Exclusion D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the link

<https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Portability.pdf>

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.

2. In case of non-disclosure of a condition which is other than list of Permanent exclusions under 4G, we can incorporate additional waiting period of not exceeding 48 months for the said undisclosed disease or condition from the date the un-disclosed condition was detected and continue with the policy subject to obtaining prior consent from you or Insured Person.
3. Where the non-disclosed condition allows us to continue the coverage by levying extra premium or loading based on the objective criteria laid down in the Board approved underwriting policy, we shall levy the same prospectively from the date of noticing the non-disclosed condition. However, in respect of policy contracts for a duration exceeding one year, If the un-disclosed condition is surfaced before the expiry of the policy term, we may charge the extra premium or loading retrospectively from the first year of issuance of the policy or renewal, whichever is later.

Nominee

You are mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims, under the Policy in the event of death.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

Grievance Redressal

In case the Insured Person is aggrieved in any way, the Insured Person may contact Us for following grievances:

- i. Any partial or total repudiation of claims by the Company.
- ii. Any dispute regard to premium paid or payable in terms of the policy.
 - i. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
 - ii. Delay in settlement of claims.
 - iii. Non-issue of any insurance document to customer after receipt of the premium.
 - iv. Any other grievance.

You / Insured Person may contact Us with the details of the grievance through:

Our website: www.royalsundaram.in

Email: customer.services@royalsundaram.in

Call us at : 18604250000

Fax: 91-44-7113 7114

Courier: Any of Our Branch office or corporate office during business hours

In case You/Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You/Insured Person may contact the official for resolution on:

The Grievance Redressal Unit

Royal Sundaram General Insurance Co. Limited.

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai - 600097

Email: grievance.redressal@royalsundaram.in

Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in

In case You/Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I. All Grievances will be handled in compliance with Insurance Ombudsman Rules, 2017.

The contact details of the Insurance Ombudsman offices are as below-
Annexure I

| Office Details | Jurisdiction of Office Union Territory, District) | Date Of Taking Charge |
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| AHMEDABAD - Shri Kuldeep Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. | 03/10/2019 |
| BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N- 19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in | Karnataka. | 23/04/2018 |
| BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in | Madhya Pradesh Chattisgarh. | 24/05/2018 |

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| <p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p> | <p>Orissa.</p> | <p>11/09/2019</p> |
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| <p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p> | <p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p> | <p>16/04/2018</p> |
| <p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p> | <p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p> | <p>03/05/2018</p> |
| <p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p> | <p>Delhi.</p> | <p>12/09/2019</p> |
| <p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p> | <p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p> | <p>02/05/2018</p> |

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| <p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2- 46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p> | <p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p> | <p>11/06/2018</p> |
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| <p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p> | <p>Rajasthan.</p> | <p>13/04/2018</p> |
| <p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p> | <p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p> | <p>07/11/2018</p> |
| <p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p> | <p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p> | <p>30/09/2019</p> |
| <p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p> | <p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p> | <p>11/09/2019</p> |

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| <p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p> | <p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p> | <p>04/05/2018</p> |
| <p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p> | <p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p> | <p>17/09/2019</p> |
| <p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p> | <p>Bihar, Jharkhand.</p> | <p>09/10/2019</p> |
| <p>PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p> | | |



OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

EXECUTIVE COUNCIL OF INSURERS,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W), Mumbai - 400 054.
Tel.: 022 - 26106889 / 671 / 980
Fax: 022 - 26106949 Email: inscoun@ecoi.co.in

Shri M.M.L. Verma, Secretary General

Smt Moushumi Mukherji, Secretary

Annexure A

List I – Items for which coverage is not available in the policy

| SI No | Item |
|-------|--|
| 1 | BABY FOOD |
| 2 | BABY UTILITIES CHARGES |
| 3 | BEAUTY SERVICES |
| 4 | BELTS/ BRACES |
| 5 | BUDS |
| 6 | COLD PACK/HOT PACK |
| 7 | CARRY BAGS |
| 8 | EMAIL / INTERNET CHARGES |
| 9 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) |
| 10 | LEGGINGS |
| 11 | LAUNDRY CHARGES |
| 12 | MINERAL WATER |
| 13 | SANITARY PAD |
| 14 | TELEPHONE CHARGES |
| 15 | GUEST SERVICES |
| 16 | CREPE BANDAGE |
| 17 | DIAPER OF ANY TYPE |
| 18 | EYELET COLLAR |
| 19 | SLINGS |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED |
| 22 | TELEVISION CHARGES |
| 23 | SURCHARGES |
| 24 | ATTENDANT CHARGES |
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26 | BIRTH CERTIFICATE |
| 27 | CERTIFICATE CHARGES |



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|----|--|
| 28 | COURIER CHARGES |
| 29 | CONVEYANCE CHARGES |
| 30 | MEDICAL CERTIFICATE |
| 31 | MEDICAL RECORDS |
| 32 | PHOTOCOPIES CHARGES |
| 33 | MORTUARY CHARGES |
| 34 | WALKING AIDS CHARGES |
| 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) |
| 36 | SPACER |
| 37 | SPIROMETRE |
| 38 | NEBULIZER KIT |
| 39 | STEAM INHALER |
| 40 | ARMSLING |
| 41 | THERMOMETER |
| 42 | CERVICAL COLLAR |
| 43 | SPLINT |
| 44 | DIABETIC FOOT WEAR |
| 45 | KNEE BRACES (LONG/ SHORT/ HINGED) |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 47 | LUMBO SACRAL BELT |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 49 | AMBULANCE COLLAR |
| 50 | AMBULANCE EQUIPMENT |
| 51 | ABDOMINAL BINDER |
| 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 53 | SUGAR FREE Tablets |
| 54 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55 | ECG ELECTRODES |
| 56 | GLOVES |
| 57 | NEBULISATION KIT |
| 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 59 | KIDNEY TRAY |
| 60 | MASK |
| 61 | OUNCE GLASS |
| 62 | OXYGEN MASK |
| 63 | PELVIC TRACTION BELT |
| 64 | PAN CAN |
| 65 | TROLLY COVER |
| 66 | UROMETER, URINE JUG |
| 67 | AMBULANCE |
| 68 | VASOFIX SAFETY |

List II — Items that are to be subsumed into Room Charges



| SI No | Item |
|-------|---|
| 1 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2 | HAND WASH |
| 3 | SHOE COVER |
| 4 | CAPS |
| 5 | CRADLE CHARGES |
| 6 | COMB |
| 7 | EAU-DE-COLOGNE / ROOM FRESHNERS |
| 8 | FOOT COVER |
| 9 | GOWN |
| 10 | SLIPPERS |
| 11 | TISSUE PAPER |
| 12 | TOOTH PASTE |
| 13 | TOOTH BRUSH |
| 14 | BED PAN |
| 15 | FACE MASK |
| 16 | FLEX I MASK |
| 17 | HAND HOLDER |
| 18 | SPUTUM CUP |
| 19 | DISINFECTANT LOTIONS |
| 20 | LUXURY TAX |
| 21 | HVAC |
| 22 | HOUSE KEEPING CHARGES |
| 23 | AIR CONDITIONER CHARGES |
| 24 | IM IV INJECTION CHARGES |
| 25 | CLEAN SHEET |
| 26 | BLANKETS/VARMER BLANKET |
| 27 | ADMISSION KIT |
| 28 | DIABETIC CHART CHARGES |
| 29 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES |
| 30 | DISCHARGE PROCEDURE CHARGES |
| 31 | DAILY CHART CHARGES |
| 32 | ENTRANCE PASS / VISITORS PASS CHARGES |
| 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE |
| 34 | FILE OPENING CHARGES |
| 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 36 | PATIENT IDENTIFICATION BAND / NAME TAG |
| 37 | PULSEOXYMETER CHARGES |

List III — Items that are to be subsumed into Procedure Charges

| SI No | Item |
|-------|--------------------|
| 1 | HAIR REMOVAL CREAM |



| | |
|----|--|
| 2 | DISPOSABLES RAZORS CHARGES (for site preparations) |
| 3 | EYE PAD |
| 4 | EYE SHEILD |
| 5 | CAMERA COVER |
| 6 | DVD, CD CHARGES |
| 7 | GAUSE SOFT |
| 8 | GAUZE |
| 9 | WARD AND THEATRE BOOKING CHARGES |
| 10 | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS |
| 11 | MICROSCOPE COVER |
| 12 | SURGICAL BLADES, HARMONICSCALPEL,SHAVER |
| 13 | SURGICAL DRILL |
| 14 | EYE KIT |
| 15 | EYE DRAPE |
| 16 | X-RAY FILM |
| 17 | BOYLES APPARATUS CHARGES |
| 18 | COTTON |
| 19 | COTTON BANDAGE |
| 20 | SURGICAL TAPE |
| 21 | APRON |
| 22 | TORNIQUET |
| 23 | ORTHOBUNDLE, GYNAEC BUNDLE |

List IV — Items that are to be subsumed into costs of treatment

| SI No. | Item |
|--------|--|
| 1 | ADMISSION/REGISTRATION CHARGES |
| 2 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE |
| 3 | URINE CONTAINER |
| 4 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES |
| 5 | BIPAP MACHINE |
| 6 | CPAP/ CAPD EQUIPMENTS |
| 7 | INFUSION PUMP— COST |
| 8 | HYDROGEN PEROXIDE\SPIRITS DISINFECTANTS ETC |
| 9 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES |
| 10 | HIV KIT |
| 11 | ANTISEPTIC MOUTHWASH |
| 12 | LOZENGES |
| 13 | MOUTH PAINT |
| 14 | VACCINATION CHARGES |
| 15 | ALCOHOL SWABES |
| 16 | SCRUB SOLUTION/STERILLIUM |
| 17 | Glucometer& Strips |
| 18 | URINE BAG |



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