



The
Unusual
Gift of Love



Go cashless with India's leading health insurance plan

Your family is the most important part of your lives. You try to plan out the best for them. But life sets its own course. At times, you do face misfortunes like a sudden illness, a serious accident or an unavoidable surgery. To provide them with suitable medical attention in such a scenario, you fall back on your hard earned savings. Is there a better way to keep your savings intact?

Royal Sundaram brings to You Lifeline, a unique health insurance plan, providing most comprehensive health coverage at an affordable price. Lifeline is an individual and family oriented health insurance cover which is simple to buy and easy to understand. In addition to comprehensive health insurance cover to suit your needs, this plan helps you care for your health proactively over time and according to your profile. We are here to build a long term healthy relationship with you and your family.

Key Features of the Policy

Basic Covers:

- Inpatient Care
- Pre & post Hospitalisation Medical Expenses
- All Day Care Treatment
- Domiciliary Hospitalization
- Ambulance Cover
- Organ Donor Expenses
- No Claim Bonus
- Re-load of Sum Insured

- Ayush Treatment
- Vaccination in case of Animal Bite
- Emergency Domestic Evacuation
- Worldwide Emergency Hospitalization (excluding US and Canada)
- International Treatment for 11 specified critical illness (excluding US and Canada)
- Maternity Benefit including New Born Baby Cover and Vaccination for new born baby before the baby completes one year of age
- OPD Treatment including Dental Treatment, Cost of Spectacles and Contact Lenses

Value Added Covers:

- Health Check-up
- Second opinion for 11 critical illness
- Preventive Healthcare & Wellness Benefit and Disease Management

Optional Covers:

- Hospital Cash
- Top-up plan on annual aggregate deductible basis
- Include US and Canada for Worldwide Emergency Hospitalization and International Treatment for specified Critical Illnesses
- Supreme Plus
- Elite Plus

Supreme Plus:

Under Supreme Plus, following benefits will be offered:

1. Additional facility of app based cabs as a part of Ambulance Cover
2. Refresh of Sum Insured
3. In-patient for Pre-Existing Diseases in case of Life Threatening Conditions- upto Rs. 1 lakh
4. Bariatric Surgery- upto Rs. 50,000
5. Mobility Devices - 5% or Rs. 50,000 whichever is lesser
6. Second Opinion for additional 11 specified Critical Illnesses (Total 22 Critical Illnesses)

Elite Plus:

Under Elite Plus, following benefits will be offered:

1. Additional facility of app based cabs as a part of Ambulance Cover
2. Refresh of Sum Insured
3. International Treatment abroad for 3 additional Critical illnesses (Total 14 specified critical illnesses)
4. In-patient for Pre-Existing Diseases in case of Life Threatening Conditions- upto Rs. 2,00,000
5. Bariatric Surgery- Upto Rs. 2 lakhs
6. Mobility Devices- Upto Rs. 50,000
7. Second Opinion for 11 additional Critical Illnesses (22 specified Critical Illness)
8. In-Vitro Fertilisation(IVF) Treatment- Upto Rs. 2,50,000

Product Benefits – Key Highlights

The policy covers reasonable and customary expenses incurred towards medical treatment taken during the Policy Period for an Illness or an Accident. We cover the following expenses:

Basic Covers

1. In-Patient Care: Medical Expenses for:

- (i) Medical practitioner's fees, diagnostics tests, medicines, drugs and consumables, nursing charges, treatment charges, operation theatre charges, Room Rent, Intensive Care Unit, Intravenous fluids, blood transfusion, injection administration charges.
- (ii) The cost of prosthetics and other devices or equipment if implanted internally during a surgical procedure.
- (iii) 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.

2. Pre & Post hospitalization Medical Expenses:

Expenses for consultations, investigations and medicines incurred of an Insured person due to an accident or injury or illness incurred immediately prior to hospitalisation or incurred post hospitalisation up to the limits specified under the plan opted by the Insured subject. These are payable for the same illness or treatment as long as we have accepted an In-patient Care claim (as mentioned above) for that treatment or illness. These can be claimed only as reimbursements.

3. Day Care Treatment:

Medical expenses for day care treatments (including Chemotherapy, Radiotherapy, Hemodialysis, 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 inpatient in a hospital/day care center for a continuous period of less than 24 hours. Any OPD Treatment undertaken in a hospital will not be covered. Pre & Post hospitalization Medical Expenses are not payable for this benefit. All Day Care Treatments are covered.

4. Ambulance Cover:

Reasonable charges for ambulance expenses (by surface transport only) incurred to transfer the insured person following an emergency to the nearest Hospital, if we accept the in-patient claim. Our maximum liability for ambulance expenses is limited up to limit specified in Product Benefits Table per event of hospitalization.

5. Domiciliary Hospitalization:

Medical expenses for 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 as long as either (i) the attending medical practitioner confirms that the insured person could not be transferred to a hospital or (ii) you satisfy us that a hospital bed was unavailable. Claims for pre-hospitalization expenses shall be payable, however, post-hospitalisation medical expenses shall not be payable.

6. Organ Donor Expenses:

Medical expenses for an organ donor's treatment for harvesting of the organ provided that the insured person has been medically advised to undergo an organ transplant and the donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the insured person;

We will not cover:

- (a) Pre-hospitalisation or post-hospitalization medical expenses or screening expenses of the donor or any other medical expenses as a result of the harvesting from the donor;
- (b) Costs directly or indirectly associated with the acquisition of the donor's organ.

7. No Claim Bonus (NCB):

If no claim has been made by any insured person, we will increase the base sum insured as per the Plan opted (Classic – 10% of Base Sum Insured, Supreme & Elite – 20% of Base Sum Insured) on each policy year up to a maximum of 50% of Base Sum Insured of that policy year for Classic Plan and 100% of Base Sum Insured of that policy year for Supreme & Elite Plan, provided the Policy is renewed continuously. You will not earn No Claim Bonus on Policy renewal if any claim is made in expiring Policy Year. However, if there is no claim made in subsequent Policy Year, you will earn No Claim Bonus on renewal as per the Plan. For eg, if you have a Classic Plan and have earned 20% NCB and make a claim in this year, you will not get NCB at the time of renewal. However, in the subsequent year you have not made any claim, you will again

earn 10% NCB on renewal. If two or more individual Policies of Lifeline are renewed as Family Floater Policy, then the No Claim Bonus carried to the floater Sum Insured will be the lowest No Claim Bonus available amongst the Insured Persons in that Family unit. For eg, if Husband and Wife have individual cover of Rs.5lakhs each and NCB of 40% and 20% respectively and they decide to renew the policy as Family Floater at the time of renewal, then NCB carried forward to renewed policy will be 20% (lower NCB) for both the insured.

If the Base Sum Insured is increased/decreased, No Claim Bonus will be calculated on the basis of Base Sum Insured of the last completed Policy Year and will be capped to max No Claim Bonus allowed for renewed Plan Base Sum Insured.

If customer has opted for 2 years or 3 years policy, then No Claim Bonus will be added at the end of each policy year subject to no claim being made in policy year.

Illustration:

Customer has opted for 3 years policy period and sum insured of Rs. 5 Lakhs (Supreme Plan) No claim is being made in the first year, hence, No Claim Bonus is added at the end of first year i.e. 1 Lakh (20% of Sum Insured). Second year, no claim being made, hence, No Claim Bonus is added at the end of second year. Sum Insured after a period of two years will be Rs. 7 Lakhs.

8. Re-load of Sum Insured:

We will provide Re-load of Sum Insured upto 100% of Base Sum Insured only once in the policy year, if the Base Sum Insured and No Claim Bonus is used partially or completely due to claims made and paid or claims made and accepted as payable for one particular Illness during the Policy Year as per Policy terms and conditions provided that:

- a) It will be applicable only to subsequent claims made by the Insured Person and not against any Illness (including its complications or follow up) for which a claim has been paid or accepted as payable in the current Policy Year.
- b) Any unutilized reinstated sum insured cannot be carried forward to next year.
- c) In case of floater policy, re-load will be available on floater basis.
- d) Re-load of Sum Insured is applicable only for Baseline Cover benefits and not for optional benefits.

9. Vaccination in case of Animal Bite (in case of Post Bite Treatment):

We will reimburse the medical expenses incurred for vaccination including inoculation and immunizations in case of post-bite treatment up to actual subject to the limit mentioned below. This will be part of overall sum insured. Coverage limit will be as per level:

- i. **Classic** – Upto Rs.2,500/-
- ii. **Supreme** – Upto Rs.5,000/-
- iii. **Elite** – Upto Rs.7,500/-

10. Ayush Treatment:

We will be covering medical expenses for in-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy provided the treatment has been undergone in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health. Our maximum liability will be limited up to the amount provided in the Product Benefits Table.

11. Emergency Domestic Evacuation (Available for Supreme & Elite Plan only):

We will provide domestic evacuation in case of life threatening emergency condition for treatment of an illness or injury on the advice of treating doctor subject to:

- a. Treating doctor confirms that insured need to be transferred to another hospital having suitable medical technology & equipment for treatment.
- b. Evacuation will be from one medical center to another medical center.
- c. Our maximum liability will be as mentioned below:
 - i. **Classic** – Not Available
 - ii. **Supreme** – Upto Rs.100,000/-
 - iii. **Elite** – Upto Rs.300,000/-
- d. Any expenses over and above the limit specified above, customer will have to make the payment to the service provider.
- e. This benefit can be availed once by an Insured Person during a Policy Year.
- f. This benefit is on per Insured Person basis.

12. Worldwide Emergency Hospitalization (excluding US and Canada) (available for Elite Plan only):

We will cover medical expenses of the insured person incurred outside India as per the limit specified, provided:

- a) The treatment is medically necessary and has been certified as an Emergency by a Medical Practitioner and such treatment cannot be postponed until the insured person has returned to India.
- b) The medical expenses payable shall be limited to Inpatient Hospitalization only.
- c) Each admissible claim will be subject to a deductible of USD 1000.
- d) This benefit is available as cashless facility through pre-authorization by Our Service Provider as well as re-imbursalment basis through Us. Process for cashless facility through pre-authorization by Our Service Provider is as mentioned below;
 - i. In the event of an Emergency, the Insured Person or Network Hospital shall call Our Service Provider immediately, on the helpline number specified in the Insured Person's Schedule of Insurance Certificate, requesting for a pre-authorization for the medical treatment required;
 - ii. Our Service Provider will evaluate the request and the eligibility of the Insured Person under the Policy and call for more information or details, if required;

- iii. Our Service Provider will communicate directly to the Hospital whether the request for pre-authorization has been approved or denied;

- iv. If the pre-authorization request is approved, Our Service Provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by or on behalf of the Insured Person beyond the limits pre-authorized by the Service Provider shall be borne by the Insured Person;

- v. It is agreed and understood that We shall not cover any costs or expenses incurred in relation any persons accompanying the Insured Person during the period of Hospitalization, even if such persons are also Insured Persons.

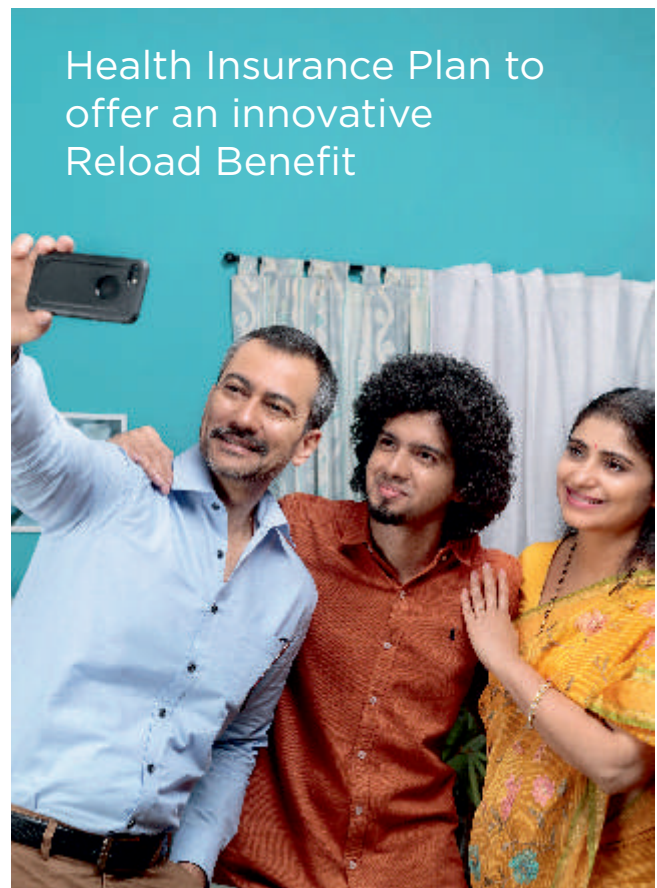
- vi. Any hospitalization should be intimated to us within 24 hours of hospitalization basis.

- e) The payment of any claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian rupees for payment of claim. If on the date of discharge, RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.

- f) Overall liability will be limited to 50% of Sum Insured up to a max of Rs.20lakhs.

- g) This benefit is available Worldwide excluding US and Canada.

- h) Re-load of Sum Insured and Refresh of Sum Insured will not be triggered for this benefit.



13. International Treatment abroad for specified 11 critical illnesses (excluding US and Canada)- (available for Elite Plan only) :

We will cover medical expenses of the insured person incurred outside India for below mentioned 11 specified critical illnesses:

1. Cancer of Specified Severity
2. First Heart Attack of Specified Severity
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma of Specified Severity
6. Kidney Failure requiring Regular Dialysis
7. Stroke resulting in Permanent Symptoms
8. Major Organ/Bone Marrow Transplant
9. Permanent paralysis of Limbs
10. Motor Neurone Disease with Permanent Symptoms
11. Multiple Sclerosis with Persisting Symptoms

We will pay upto the sum insured, provided:

- a. Such claim in India should have been admissible under the Inpatient Care.
- b. The medical expenses payable shall be limited to Inpatient Hospitalization & Day Care Hospitalization only.
- c. The symptoms of the Critical Illness first occur or manifest itself during the Policy Period and after completion of the 90 days initial waiting period.
- d. The Critical Illness is diagnosed by a Medical Practitioner within India during the Policy Period and after completion of the 90 day initial waiting period.
- e. Customer should get the pre-authorization from us before going for treatment.
- f. All claims will be subject to 20% co-payment.
- g. This benefit is available worldwide except US and Canada.
- h. The payment of any claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian rupees for payment of claim. If on the date of discharge, RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.
- I. We will also provide one time return air fare up to a maximum of Rs.3lakhs, for insured person for whom claim has been accepted. This will be settled on reimbursement basis. This is a part of overall sum insured.
- j. Re-load of Sum Insured and Refresh of Sum Insured will not be triggered for this benefit.
- k. This benefit is available only as cashless facility through pre-authorization by Our Service Provider. Process for cashless facility through pre-authorization by Our Service Provider is as mentioned below;
 - i. In the event of the diagnosis of a Specified Illness, the Insured Person should call Our Service Provider immediately and in any event before the commencement of the travel for treatment overseas, on the helpline number specified in the Schedule of Insurance Certificate requesting for a pre-authorization for the treatment;

- ii. Our Service Provider will evaluate the request and the eligibility of the Insured Person the Policy and call for more information or details, if required.
- iii. Our Service Provider will communicate directly to the Hospital and the Insured Person whether the request for pre-authorization has been approved or denied.
- iv. If the pre-authorization request is approved, Our Service Provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by or on behalf of the Insured Person beyond the limits pre-authorized by the Service Provider or at any Non-Network Hospital shall be borne by the Insured Person.

Value Added Covers

14. Health Checkup:

We will cover the cost of health check-up arranged by us through our empanelled service providers as per your plan eligibility defined below:

- i. For Classic Plan – every 2nd consecutive renewal; For Supreme & Elite Plan – Available at each renewal. This is available post payment of premium.

15. Second Opinion for critical illnesses (Available for Supreme & Elite Plan only) :

We will provide second opinion to the insured person if he is diagnosed with any of the below mentioned 11 critical illnesses:

1. Cancer
2. First Heart Attack
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma
6. Kidney Failure
7. Stroke
8. Major Organ/Bone Marrow Transplant
9. Permanent paralysis of Limbs
10. Motor Neurone Disease
11. Multiple Sclerosis

This benefit is available only once during the policy year. Benefit is available only for adults.

16. 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. Any information provided under this will be recommendatory in nature and will not be substitute of doctor consultation.

17. Maternity Benefits (For Elite Plan Only)

Maternity Expenses: This benefit is available only to you or your spouse under Family Floater Policy, only when you and your spouse, are both covered under the same Family Floater Policy. We pay Medical Expenses for the delivery of a child, only after 36 months of continuous coverage since the inception of the first Policy with Us. In case, customer is porting from any other policy providing maternity benefit, the respective waiting period served in that policy will be considered as waiting period waiver in Lifeline policy as per portability guideline. There is a sub-limit on maternity expenses as shown in the Product Benefit Table. Maternity benefits are paid only twice during the lifetime of the Policy including any of its renewals. However, expenses in respect of harvesting and storage of stem cells are not covered.

New Born Baby: The new born baby will be covered as an insured person from birth. We will cover medical expenses towards the medical treatment of the Insured Person's new born baby while the Insured Person is Hospitalized as an Inpatient for delivery and we have accepted the maternity claim as payable.

Vaccination for New Born Baby: We will cover Reasonable & Customary Charges for vaccination of the new born baby, if we have accepted the maternity claim as payable. If the Policy Period ends before the New Born Baby has completed one year, then, We will only cover such vaccinations until the baby completes one year, provided that We have accepted.

18. OPD Treatment (Available for Elite Plan Only)

We will cover reasonable & customary charges for Insured Person's medically necessary consultation with a Medical Practitioner, as an OPD Treatment to assess the Insured Person's health condition for any illness. We will also pay for any diagnostic tests prescribed by the medical practitioner and medicines purchased under and supported with a Medical Practitioner's prescription up to the sub-limits shown in the product benefits table. We will also cover the Reasonable & Customary Charges for Dental Treatment, Cost of Spectacles, Contact Lenses and Hearing Aids once in 2 years with a sublimit of 30% of OPD Treatment sublimit shown in the Product Benefits Table.

Optional Benefits*

1. Top-up Plan (on Annual Aggregate Deductibles)

Top-up plan is a modification of existing cover to annual aggregate deductible by which discount premium will be available. You can choose from one of six optional deductibles of Rs 1 lakh, Rs 2 Lakhs, Rs 3 lakhs, Rs. 4 Lakhs, Rs 5 Lakhs and Rs.10 Lakhs. You can choose to take the top up cover under Classic & Supreme Plan.

If a top-up plan (on annual aggregate deductible) is chosen then the insured person shall bear all assessed claim amounts payable under the policy up to the deductible amount, under his policy for any Policy Year. Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted.

Any claim amount that is assessed to be payable by Royal Sundaram under this policy during the policy period and is borne by the insured person (even if paid for through another Health Insurance Policy) will be accepted as reason of deductible exhaustion.

Insured Person should submit all the claim documents to us to calculate the exhaustion of deductible on aggregate basis. We will inform the insured person once the deductible amount is exhausted and any claim (assessed to be payable) exceeding the deductible will be paid by us.

2. Hospital Cash

If the insured person is hospitalized and if We have accepted an inpatient care hospitalization claim under the base plan, We will pay the hospital cash amount as opted by you for each continuous and completed period of 24 hours of hospitalization provided that:

- (a) You should have been hospitalized for a minimum period of 48 hours continuously;
- (b) We will not make any payment under this optional benefit in respect of an Insured Person for more than 30 days of hospitalization in total under any policy year;
- (c) We will not make any payment under this optional benefit for any diagnosis or treatment arising from or related to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born baby.

The Sum Insured under Hospital Cash is over and above the base 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.

You can opt to include US and Canada for Worldwide Emergency Hospitalization and International Treatment for specified Critical Illness. This benefit can be opted at the inception of first policy with Us.

4. Supreme Plus

The following benefits shall be offered as a part of Supreme Plus:

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.

2. Refresh of Sum Insured

- a. 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. The Refresh of Sum Insured shall be available for subsequent claims towards an Illness/Disease/ Injury (including complications) for which a claim has been paid or accepted as payable in the current Policy Year for the same Insured Person under Inpatient Care. For triggering Refresh of Sum insured, Insured Person or immediate kin will have to provide his written consent for utilizing Refresh of Sum Insured.

- b. Refresh of Sum Insured is available only once in the lifetime of the policy for any one member in a policy.
- c. If the Refresh of Sum Insured is partially utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.
- d. Refresh of Sum Insured is applicable only for Baseline Cover benefits and not for optional benefits.

3. In-patient for Pre-existing Disease in case of Life Threatening Condition

1. 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.
2. This benefit is available only in the event of Life Threatening condition.
3. Certification by the treating Medical Practitioner of such life threatening emergency condition.
4. This benefit is limited to a maximum of Rs. 1,00,000.
5. This benefit is available only once in the Lifetime of the Policy at a policy level.
6. This benefit is available only on reimbursement mode.
7. This benefit can be availed by any one of the member in the policy. Once utilized by any member will not be available to other members in the policy in future.

4. Bariatric Surgery

1. If You are hospitalized on the advice of a Doctor and required you to undergo Bariatric Surgery during the Policy period.
2. This benefit is available to Insured Person aged 18 years or older, presence of severe obesity documented in contemporaneous clinical records and BMI of Insured Person greater than or equal to 35 which is leading to medical complications and bariatric surgery is needed to deal with such complications.
3. This benefit is available only if insured Person has opted for Supreme Plus for a period of 72 months without any break.
4. Policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company will have to wait for 72 months from the date of inception of Supreme Plus optional cover.
5. Our maximum liability will be restricted to Rs. 50,000.
6. Bariatric surgery performed for Cosmetic reasons is excluded.

7. This benefit shall not apply where the surgery is performed for:
 - I. Reversible endocrine or other disorders that can cause obesity
 - II. Current drug or alcohol abuse
 - III. Uncontrolled, severe psychiatric illness
 - IV. Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery.
8. Any future complications arising out of bariatric treatment post-surgery will not be covered.
9. At the time of claiming the 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

The following benefits shall be offered as a part of Elite Plus:

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.

2. Refresh of Sum Insured

- a. 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. The Refresh of Sum Insured shall be available for subsequent claims towards an Illness/Disease/ Injury (including complications) for which a claim has been paid or accepted as payable in the current Policy Year for the same Insured Person under Inpatient Care. For triggering Refresh of Sum insured, Insured Person or immediate kin will have to provide his written consent for utilizing Refresh of Sum Insured.
- b. Refresh of Sum Insured can be utilized only once in the lifetime of the policy by any of the Insured members.
- c. If the Refresh of Sum Insured is partially utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.
- d. Refresh of Sum Insured is applicable only for Baseline Cover benefits and not for optional benefits

3. In-patient for Pre-existing Disease in case of Life Threatening Condition

1. 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.
2. This benefit is available only in the event of Life Threatening condition.
3. Certification by the treating Medical Practitioner of such life threatening emergency condition.
4. This benefit is limited to a maximum of Rs. 2,00,000.
5. This benefit is available only once in the Lifetime of the Policy at a policy level.
6. This benefit is available only on reimbursement mode.
7. This benefit can be availed by any one of the member in the policy. Once utilized by any member will not be available to other members in the policy in future.

4. Bariatric Surgery

1. If You are hospitalized on the advice of a Doctor and required you to undergo Bariatric Surgery during the Policy period.
2. This benefit is available to Insured Person aged 18 years or older, presence of severe obesity documented in contemporaneous clinical records and BMI of Insured Person greater than or equal to 35 which is leading to medical complications and bariatric surgery is needed to deal with such complications.

3. This benefit is available only if insured Person has opted for Elite Plus for a period of 48 months without any break.
4. Policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company will have to wait for 48 months from the date of inception of Elite Plus optional cover.
5. Our maximum liability will be restricted to Rs. 2,00,000.
6. Bariatric surgery performed for Cosmetic reasons is excluded.
7. This benefit shall not apply where the surgery is performed for:
 - i. Reversible endocrine or other disorders that can cause obesity
 - ii. Current drug or alcohol abuse
 - iii. Uncontrolled, severe psychiatric illness
 - iv. Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery.
8. Any future complications arising out of bariatric treatment post-surgery will not be covered.
9. At the time of claiming the benefit, Insured Person should be covered under Elite 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 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

We 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.
- o. Any treatment or side effects resulting in hospitalization arising as a consequence to infertility treatment is not payable.

Note: For processing claim under In-Vitro Fertilisation (IVF) Treatment, following additional documents will be required to be submitted:

1. Certificate from treating medical practitioner mentioning the exact diagnosis, case history with treatment advised.
2. All previous consultation papers indicating history and treatment details

Eligibility Criteria & Policy Terms

Proposer should fill in individual forms for every family members proposed to be covered for individual cover. In case of floater, will fill in one form.

Minimum Entry Age	<ul style="list-style-type: none"> • 91 days for Dependent children • 18 years for Proposer/adults
Maximum Entry Age	<ul style="list-style-type: none"> • 25 years for Dependent Children • No maximum entry age
Policy Type	<ul style="list-style-type: none"> • Individual • Family Floater
Family Coverage	<ul style="list-style-type: none"> • Self, Spouse and upto 4 Dependent Children • Separate floater plan can be taken for Parents or other dependents"
Sum Insured enhancement	<ul style="list-style-type: none"> • Only at the time of renewals subject to underwriting.
Policy Tenure	<ul style="list-style-type: none"> • Option of 1 year, 2 years as well as 3 years • Discount of 7.5% if opting for 2 years tenure and 12% if opting for 3 years tenure

Other dependents can include Grand Father, Grand Mother, Grand Son, Grand Daughter, Brother, Sister, Brother-in law, Sister-in-law, Nephew, Niece, Son-in-law, Daughter-in-law, Father-in-law, Mother-in-law, Uncle, Aunt & Cousin. The relationship between the 2 adults being offered cover in a floater policy should be husband & wife only.



Health Insurance plan with wellness benefits that works for you

Renewal Disclosure

1. Policy offers lifetime renewability
2. Premium payable on renewal is based on the age at the time of renewal. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
3. Any change in terms of cover during renewal shall be subject to IRDAI's approval & a notice of 90 days before expiry of the policy shall be given.
4. There will be a 30 day grace period available to you from the expiry date to renew your policy. However there will be no coverage during the grace period
5. Any alterations like increase/decrease in Sum Insured, change in variant/coverage, addition/deletion of members can be requested at the time of renewal. Any request for acceptance of changes on renewal will be subject to underwriting
6. Children completing 25 years of age at the time of renewal, in a floater policy will move out of floater to an individual policy with continuity benefits.
7. This product can be ported to another company before the renewal date.
8. In case you wish to port, to ensure continuous coverage of the policy without any break in insurance, please get in touch with the other insurance company, 45 days before the renewal date to initiate the necessary porting formalities there.

Premium

The Premium charged on the Policy will depend on the Sum Insured, Policy Tenure, Age, Policy Type, Zone of Cover and Optional Covers opted. Additionally, the health status of the individual will also be considered.

For the purpose of calculating premium, the country has been divided into 2 Zones.

Zone 1: Delhi/NCR, Mumbai (inc. Thane and Vashi), Bengaluru, Chennai, Pune, Hyderabad, Kolkata and Gujarat.

Zone 2: Rest of India.

A discount of 15% for members in Zone 2 will be applicable. Grid as below:

Zone	Discount
Zone 1	0%
Zone 2	15%

Premium payment can be made Annual, Half-yearly, Quarterly, Monthly.

Tenure Discount	Disc. %
2 Year	7.50%
3 Year	12.00%

Example One: Individual Cover

Eldest Insured Age	25
Sum Insured	5L
Family Combination	1A
Zone	Zone1
Tenure	3 Year

	Base Premium	
Eldest Insured age (year1)	25	4,852
Eldest Insured age (year2)	26	4,954
Eldest Insured age (year3)	27	5,074
Total Base Premium for 3 Years		14,880
Tenure disc. (12%)		1,786
Lifeline Premium (excl. GST)		13,094
*GST @ (18%)		2,357
Total Premium for 3 Years (Incl. GST)		15451

Example Two: Family Floater

Eldest Insured Age	35
Sum Insured	5L
Family Combination	2A1C
Zone	Zone1
Tenure	2 Year

	Base Premium	
Eldest Insured age (year1)	35	12,042
Eldest Insured age (year2)	36	12,472
Total Base Premium for 2 Years		24,513
Tenure disc. (7.5%)		1,839
Lifeline Premium (excl. GST)		22,675
*GST @ (18%)		4082
Total Premium for 2 year (Incl. GST)		26757

"GST is charged on prevailing rates and is subject to change as and when amended by Government of India"

1. Loading

The premium can be loaded for optional benefits as opted by customers.

2. Disease Specific Loading/Co-payment

We shall apply a risk loading on the premium payable or Co-payment for certain specific conditions as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Schedule of Insurance Certificate. These loadings are applied from the inception of the initial Policy including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured). The maximum risk Co-payment shall not exceed 30% per diagnosis/medical condition and an overall risk co-payment of 30%.

We will inform You about the applicable risk loading and/or applicability of Co-payment through post/courier/email/phone. You shall revert to Us with your written consent and additional premium (if any), within 15 days of the issuance of such counter offer. In case, You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within the next 15 days.

3. Discounts

Customer can avail of the following discounts on the premium of their policy.

- Discount on Multiyear policy
 - 7.5% discount for 2 years policy
 - 12% discount for 3 years policy
- 5% discount for Sundaram Group employees & customers purchasing through the direct channel

4. Premium Payment in Instalment

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule/Certificate of insurance, the following Conditions shall apply (not withstanding any terms contrary elsewhere in the Policy)

- i. Customer can opt the premium payment mode by paying the extra premium. The premium will be loaded as below for different premium paying modes.
 - 3% Loading on Half Yearly payment mode.
 - 4% loading on Quarterly payment mode.
 - 5% loading on Monthly payment mode.
- ii. Grace Period of 15 days (in case of monthly mode grace period is allowed would be given two times and in case of quarterly and half-yearly- grace period will be allowed only once) pay the instalment premium due for the policy.
- iii. During such grace period, Coverage will not be available from the instalment premium payment due date till die date of receipt of premium by Company.
- iv. The Benefits provided under — “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.
- v. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

14. Income Tax benefit

Premium paid under the Policy shall be eligible for income tax deduction benefit under Sec 80 D as per the Income Tax Act 1961. (Tax benefits are subject to change in the tax laws, please consult your tax advisor for more details).

15. Free Look Period

A period of 15 days (30 days in case of distant marketing policies) from the date of receipt of the policy document is available to review the terms and conditions of this policy. You have the option of returning the policy stating the reasons for cancellation and We will refund the premium paid by them after deducting the amounts spent on any medical checkup, stamp duty charges and proportionate risk premium for the period on cover. Cancellation will be allowed only if there are no claims reported (paid/outstanding) under the policy.

All rights under this policy shall immediately stand extinguished on the free look cancellation of the policy. Free look period is not applicable for renewal case.

16. Cancellation/Termination

In case You are not satisfied with the policy or our services, he can request for a cancellation of the policy by giving 30 days' notice in writing. Premium shall be refunded as per below refund grid if no claim has been registered/ made under the policy and full premium has been received.

Timing of Cancellation	Refund of Premium (Basis Policy Tenure/ Premium Payment Frequency)					
	Monthly	Quarterly	Half Yearly	1 Year	2 Year	3 Year
Upto 1 month	NA	50%	50%	75%	87%	91%
Upto 3 months	NA	NA	50%	50%	74%	82%
Upto 6 months	NA	NA	NA	25%	61.50%	73.50%
Upto 12 months	NA	NA	NA	0%	48.50%	64.50%
Upto 15 months	NA	NA	NA	NA	24.50%	47%
Upto 18 months	NA	NA	NA	NA	12%	38.50%
Upto 24 months	NA	NA	NA	NA	0%	30%
Upto 30 months	NA	NA	NA	NA	NA	8%
Beyond 30 months	NA	NA	NA	NA	NA	0%

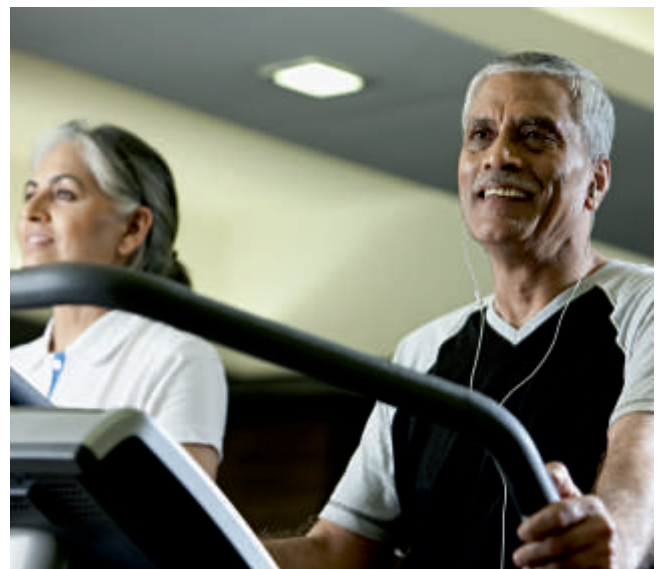
NA: Not Applicable

The policy can also be terminated by Us if:

- a. Any insured person or any person acting on behalf of either has acted in a dishonest and fraudulent manner, under or in relation to this Policy;
- b. You or any insured person has not disclosed any true, complete and all correct facts in relation to the Policy; and/or;
- c. Continuance of the Policy poses a moral hazard.

The Policy will be automatically terminated in the following circumstances:

- a. **Individual Policy:**
The Policy shall automatically terminate in case of death of the insured person.
- b. **Family Floater Policy:**
The Policy shall automatically terminate in the case of death of all the insured persons



Refund:

Refund as per table in Cancellation/Termination section above shall be payable in case of an automatic cancellation of the Policy provided that no claim has been filed under the Policy.

Waiting Periods and Exclusions:

Claims for the following are not covered:

- **30 Days Initial Waiting Period:**

We will not cover any treatment taken during the first 30 days since the commencement of the Policy, unless the treatment needed is a result of an Accident. This waiting period does not apply for any subsequent and continuous renewals of your Policy or Policy is enforced with any other Insurance Company (Non-Life/Health Insurance Company).

Specific Waiting Periods:

- **90 days Initial Waiting Period for Critical Illness :**

We will not cover any treatment for critical illness, symptoms of which first occur or manifest itself during the first 90 days since the date of commencement of the policy.

- **Pre-Existing Diseases:**

Benefits will not be available for Pre-existing Diseases for Classic Plan until 48 months, for Supreme Plan until 36 months and for Elite Plan until 24 months of continuous coverage have elapsed since the inception of the first Policy with us or Policy is enforced with any other Insurance Company (Non-Life/Health Insurance Company).

- For all insured persons the 16 conditions listed below will be subject to a waiting period of 24 months and will be covered in the third policy year as long as the insured person has been insured continuously under the Policy without any break:

- Stones in biliary and urinary systems • Lumps / cysts / nodules / polyps / internal tumours • Gastric and Duodenal Ulcers • Surgery on tonsils / adenoids • Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse • Cataract • Fissure / Fistula / Haemorrhoids • 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 / Prolapse Uterus / Endometriosis • Hysterectomy for any benign disorder.

- **Personal Waiting Periods:**

A special waiting period not exceeding 48 months, may be applied to Individual Insured Persons depending upon declarations on the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Schedule of Insurance Certificate and will be applied only after receiving Your specific consent.

Permanent Exclusions: 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 and consequences, 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, 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, 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.

- Existing Disease which can be permanently Excluded: In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes. The disease which can be excluded under this section shall be communicated in writing.

*** The above list of exclusions are illustrative only and is not exhaustive. For detailed list, refer to the policy terms and conditions, which will be made available upon request, by our representative*

Proposal Rejection

In case we are unable to underwrite Your proposal We will intimate the same to You and refund any premium that has been collected. Upon assessment if there is any change in terms or premium is loaded then We will inform You about any revised terms through a counter offer letter. We will issue the Policy only once you accept the counter offer. Where You do not agree to the counter offer we will cancel your proposal and refund any premium collected.

Claims Procedure

It is imperative to note that Cashless Claims will be settled through TPA and Re-imbursment Claims will be settled by Us.

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 e-mail 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 amt etc, shall be borne by the insured.

Details of TPA: as mentioned in your Schedule of Insurance

For admission in Non-Network Hospital or into Network Hospital if cashless facility is not availed (Re-imbursment 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 who claim is made, nature of illness/injury and name and address of the attending hospital, should be given to the Insurer within 72 hours before admission in case 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.

Mandatory documents

1. Discharge summary (detailed) describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
2. Death summary in case of death of the insured person at the hospital.
3. First consultation papers
4. Doctor's prescriptions confirming diagnosis/advising hospitalization
5. All test reports such as 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. Hospital Final Bill and advance and final hospital payment receipts, in Original.
7. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital.
8. F.I.R./MLC. in the case of accidental injury and English translation of the same, if in vernacular language.
9. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury (in the absence of FIR)
10. 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.
11. For a) maternity claims, Discharge Summary mentioning LMP, EDD & Gravid. b) Cataract claims - IOL sticker. c) PTCA claims - Stent sticker. d) Implant sticker for surgeries involving implants
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.
13. Complete medical records of past hospitalization/treatment, if any.
14. For domiciliary hospitalization claims, a certificate from the attending doctor confirming that the condition of the patient is such that he/she is not in a condition to be removed to a hospital.
15. For OPD claims and Vaccination Animal Bite claims – Bills/Receipts and doctor's prescription advising the same
16. For Emergency Domestic Evacuation
 - a) Certification by the treating Medical Practitioner of such life threatening emergency condition and confirming that current Hospital does not have suitable medical equipment & technology for the life threatening condition
 - b) Bills/Receipts of transportation agency/ambulance company/air ambulance receipts
17. For Worldwide Emergency Hospitalization and International Treatment for specified Critical Illness – Insured Person/Attendants-passport, Visa, Tickets and Boarding Passes

Documents to be submitted if specifically sought:

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart). (if available)
2. Copy of extract of Inpatient Register.
3. Attendance records of employer/educational institution.
4. 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
5. Previous master health check-up records/pre-employment medical records, if any.
6. Any other document necessary in support of the claim on case to case basis.

The claim documents should be sent to:

Health Claims Department

Royal Sundaram General Insurance Co. Ltd
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai - 600097

Payment of Claim

- No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
- Insured must give at his expense, all the information asked by Us about the claim and he must help to take legal action against anyone if required.
- If required the Insured / Insured Person must give consent to obtain Medical Report from 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.
- All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only except for Worldwide Emergency Hospitalization and International Treatment for specified Critical Illness.
- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- All claims are to be notified to Us within a timeline as per Section 5 (b). In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation.
- We shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is a delay in payment beyond 7 days the date of acceptance.
- At the time of claim settlement, We may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

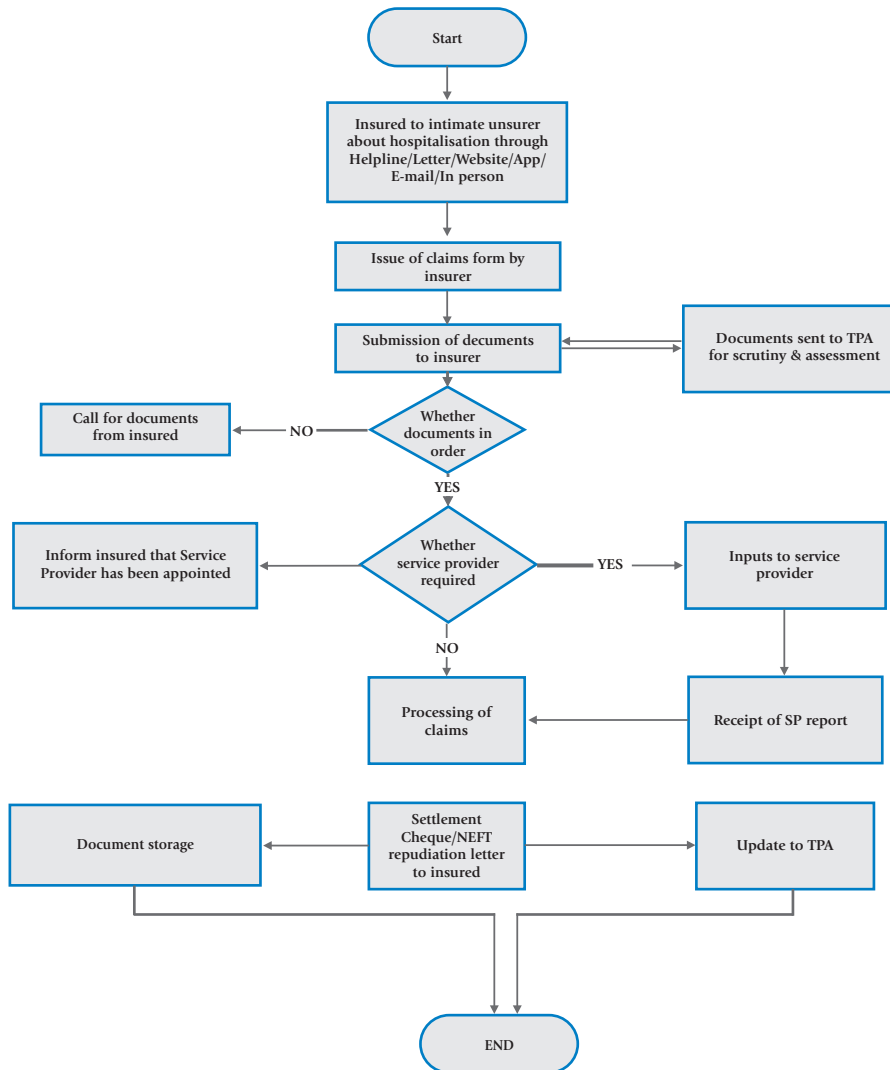
Nomination Facility:

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

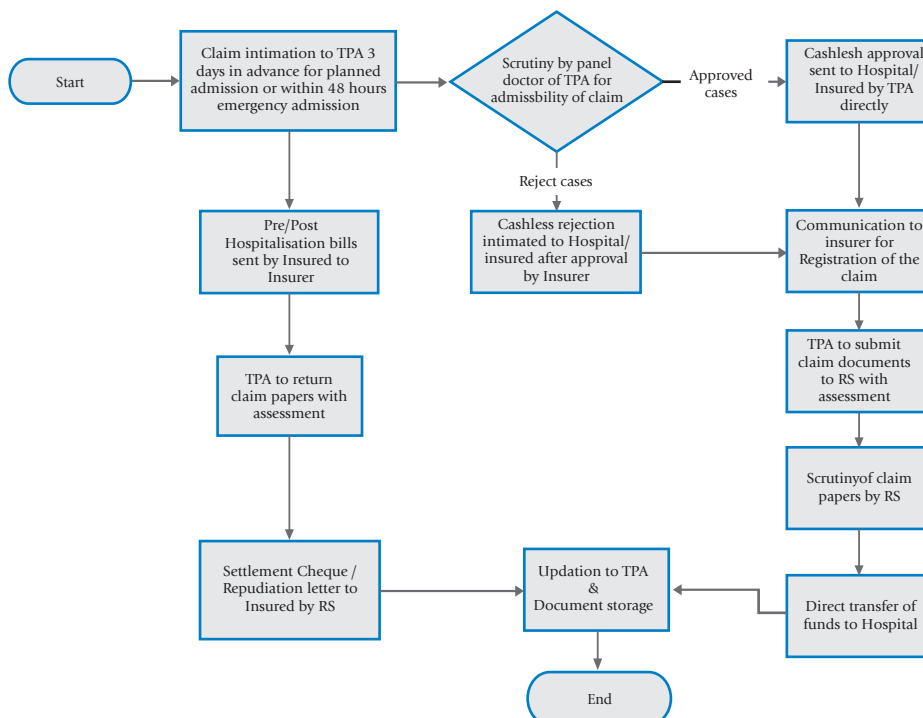
Disclosure:

All insured persons' personal information collected or held by Royal Sundaram may be used by Royal Sundaram for processing the claims and analysis related to insurance / reinsurance business.

CLAIM PROCESS – CASHLESS CLAIMS



HEALTH CLAIM PROCESS - REIMBURSEMENT CLAIMS



LIFELINE PRODUCT BENEFITS

LIFELINE HEALTH INSURANCE PLAN > ELITE

SUM INSURED (SI) RUPEES
25 lakhs | 30 lakhs | 50 lakhs | 100 lakhs | 150 lakhs

Baseline Cover Benefits⁽¹⁾

Inpatient Care	Covered up to Sum Insured
Pre and post hospitalization expenses	60/180 days, Covered up to Sum Insured
All Day care procedures	Covered up to Sum Insured
Ambulance Cover	Up to Rs.10,000
Organ Donor Expenses	Covered up to Sum Insured

Other Benefits

Domiciliary Hospitalization	Covered up to Sum Insured
No Claim Bonus	20% of Base Sum Insured up to a maximum of 100%
Re-load of Sum Insured ⁽²⁾	Up to Base Sum Insured
Ayush Treatment ⁽³⁾	Government Hospitals - Covered up to Sum Insured; Other Hospitals - Covered up to Rs.50,000
Vaccination in case of Animal Bite ⁽⁴⁾	Up to Rs.7,500
Emergency Domestic Evacuation (Bed to Bed on advise of treating doctor)	Covered up to Rs.300,000
Worldwide Emergency Hospitalization (Excluding US and Canada) ⁵	50% of Base Sum Insured up to max of Rs.20 lakhs; Deductible of \$ 1,000 per hospitalization
International Treatment abroad for II specified critical illnesses along with one time return airfare for insured person ⁽⁶⁾ (excluding US and Canada) ⁵	Covered up to Sum Insured/Airfare covered up to Rs.3 lakhs
Second Opinion for II specified Critical Illness ⁽⁸⁾	Available once during the policy year (Second Opinion for II specified Critical Illness)
OPD Treatment ⁽⁹⁾	Up to Rs.10,000

Health & Wellness Benefits

Health Check-up	Annual
Preventive Healthcare & Wellness and Disease Management ⁽⁷⁾	Available

Maternity Benefits⁽¹⁰⁾

- Maternity cover for up to 2 deliveries	INR 2 lakhs 2 lakhs 2 lakhs 2.5 lakhs 2.5 lakhs
- New Born Baby Cover	INR 6.25 lakhs 7.5 lakhs 12.5 lakhs 25 lakhs 37.5 lakhs
- Vaccinations for new born baby in the first year ⁽¹⁾	Covered up to 10,000

Customer Level Options

Top-up plan on annual aggregate basis	Not Available
Hospital cash Benefit (for 30 days in case of hospitalization beyond 2 days) (available only for hospitalisation under Base cover and not available for hospitalisation under optional covers)	Rs.5,000/day
Option to include US and Canada for Worldwide Emergency Hospitalization and International Treatment for specified Critical Illness ⁵	Available
EMI Options (Monthly, Quarterly, Half-yearly and Annually) ⁽¹¹⁾	Available

LIFELINE HEALTH INSURANCE PLAN > SUPREME

5 lakhs | 7.5 lakhs | 10 lakhs | 15 lakhs | 20 lakhs | 25 lakhs | 50 lakhs | 100 lakhs

Covered up to Sum Insured	Covered up to Sum Insured
60/90 days, Covered up to Sum Insured	60/90 days, Covered up to Sum Insured
Covered up to Sum Insured	Covered up to Sum Insured
Up to Rs.5,000	Up to Rs.5,000
Covered up to Sum Insured	Covered up to Sum Insured

Covered up to Sum Insured	Covered up to Sum Insured
20% of Base Sum Insured up to a maximum of 100%	20% of Base Sum Insured up to a maximum of 100%
Up to Base Sum Insured	Up to Base Sum Insured
Government Hospitals - Covered up to Sum Insured; Other Hospitals - Covered up to Rs.30,000	Government Hospitals - Covered up to Sum Insured; Other Hospitals - Covered up to Rs.30,000
Up to Rs.5,000	Up to Rs.5,000
Covered up to Rs.100,000	Covered up to Rs.100,000
Not Covered	Not Covered
Not Covered	Not Covered
Available once during the policy year (Second Opinion for II specified Critical Illness)	Available once during the policy year (Second Opinion for II specified Critical Illness)
Not Covered	Not Covered

Annual	Once in 2 years
Available	Available

Not Covered	Not Covered
Not Covered	Not Covered
Not Covered	Not Covered

Deductible of Rs.1,2,3,4,5 and 10 lakhs	Deductible of Rs.1,2,3,4,5 and 10 lakhs
Rs.2,000/day	Rs.1,000/day
Not Available	Not Available
Available	Available

LIFELINE HEALTH INSURANCE PLAN > CLASSIC

2 lakhs | 3 lakhs | 4 lakhs

Covered up to Sum Insured	Covered up to Sum Insured
30/60 days, Covered up to Sum Insured	30/60 days, Covered up to Sum Insured
Covered up to Sum Insured	Covered up to Sum Insured
Up to Rs.3,000	Up to Rs.3,000
Covered up to Sum Insured	Covered up to Sum Insured

Covered up to Sum Insured	Covered up to Sum Insured
10% of Base Sum Insured up to a maximum of 50%	10% of Base Sum Insured up to a maximum of 50%
Up to Base Sum Insured	Up to Base Sum Insured
Government Hospitals - Covered up to Sum Insured; Other Hospitals - Covered up to Rs.20,000	Government Hospitals - Covered up to Sum Insured; Other Hospitals - Covered up to Rs.20,000
Up to Rs.2,500	Up to Rs.2,500
Not Covered	Not Covered
Not Covered	Not Covered
Not Covered	Not Covered
Not Covered	Not Covered
Not Covered	Not Covered

Once in 2 years	Once in 2 years
Available	Available

Not Covered	Not Covered
Not Covered	Not Covered
Not Covered	Not Covered

Deductible of Rs.1,2,3,4,5 and 10 lakhs	Deductible of Rs.1,2,3,4,5 and 10 lakhs
Rs.1,000/day	Rs.1,000/day
Not Available	Not Available
Available	Available

Additional Benefits	Elite Plus Option (Available only under Elite Plan)	Supreme Plus Option (Available only under Supreme Plan)
Additional facility of app based cabs as a part of Ambulance Cover	Available	Available
Refresh of Sum Insured ⁽¹¹⁾	Available	Available
International Treatment abroad for 3 additional Critical illnesses (Total 14 specified critical illnesses) along with one time return airfare for insured person ⁽⁶⁾⁵	Covered up to Sum Insured, Airfare covered up to Rs.3 lakhs	Not Covered
Inpatient for Pre Existing Diseases in case of Life Threatening Conditions ⁽¹²⁾	Up to Rs.2 lakhs	Up to Rs.1 lakh
Bariatric Surgery ⁽¹³⁾	Up to Rs.2 lakhs	Up to Rs.50,000
Mobility Devices ⁽¹⁴⁾	Up to Rs.50,000	5% or Rs.50,000 whichever is lesser
Second Opinion for additional 11 specified Critical Illnesses (Total 22 Critical Illnesses) ⁽⁶⁾	Available once during the policy year	Available once during the policy year
In-Vitro Fertilisation (IVF) Treatment ⁽¹⁵⁾	Up to Rs.2,50,000	Not Available

Notes:

- (1) Baseline cover includes a
 - 48 months waiting period for Classic, 36 months waiting period for Supreme and 24 months waiting period for Elite for pre-existing conditions.
 - a 2 years waiting period for specific 16 diseases/conditions.
 - a 30 day Initial waiting period from inception.
 - Entry age for Adults is 18 years onwards and from 91 days to 25 years for children. New born children can be added to existing policies at renewal.
 - Zone 2 is priced 15% lower than Zone 1 (For eg., if Zone 1 is priced as Rs.100, then Zone 2 will be priced as Rs.85).
 - (2) Re-load of Sum Insured - Reinstate sum insured upto base sum insured. Applicable for different illness or different Insured member for same illness.
 - (3) AYUSH Treatment - Inpatient Treatment taken up in authorized hospitals as per definition mentioned in policy terms and conditions.
 - (4) Vaccination for Animal Bite (Post Bite Treatment) - OPD benefit upto defined limit as part of overall limit.
 - (5) EMI Options: Offering a more convenient way to pay your premium - Monthly, Quarterly, Half-yearly, Annually.
 - (6) Critical Illness need to be diagnosed in India and customer needs to take Pre-Authorization before proceeding for treatment abroad. Critical illnesses covered under Elite Plan: 1. Cancer 2. First Heart Attack 3. Open Chest CABG 4. Open Heart Replacement or Repair of Heart Valves 5. Coma 6. Kidney Failure 7. Stroke 8. Major Organ/Bone Marrow Transplant 9. Permanent paralysis of Limbs 10. Motor Neurone Disease 11. Multiple Sclerosis. Additional Critical Illness Covered under Elite Plus- 1. End stage Liver Failure 2. End Stage Lung Failure 3. Third degree burns 20% co-payment applies for treatment every year.
 - (7) Preventive Healthcare & Wellness Benefit to offer various health related articles to be sent to our customers on their email ids and Disease Management etc.
 - (8) 2nd Opinion for following critical illnesses are covered under Supreme and Elite Plan: 1. Cancer 2. First Heart Attack 3. Open Chest CABG 4. Open Heart Replacement or Repair of Heart Valves 5. Coma 6. Kidney Failure 7. Stroke 8. Major Organ/Bone Marrow Transplant 9. Permanent paralysis of Limbs 10. Motor Neurone Disease 11. Multiple Sclerosis. Additional Critical Illnesses covered under Supreme Plus and Elite Plus: 1. Benign Brain Tumor 2. Blindness 3. End Stage Lung Failure 4. End Stage Liver Failure 5. Loss of Speech 6. Loss of Limbs 7. Major Head Trauma 8. Primary (Idiopathic) Pulmonary Hypertension 9. Third Degree Burns 10. Angioplasty 11. Deafness.
 - (9) OPD Treatment covers Medical Practitioner Consultation, Medicine and Diagnostic Tests, Dental, Contact lenses, Spectacles and Hearing Aids are covered once in 2 years with a sublimit of 30% of Sum Insured.
 - (10) Maternity Benefit - Covers up to 2 deliveries if both husband and wife are covered under the same family floater policy, New Born Baby Cover and Vaccination for new born (only in Elite Plan). 36 month waiting period applies to maternity benefit. # - Vaccinations would be covered till the next policy anniversary after which the new born baby has to be included in the policy for the coverage to continue at the time of renewal.
 - (11) Refresh of sum insured will be applicable for same illness for same Insured Person in the same Policy year. Refresh benefit is part of Re-load benefit. Available only once during the Lifetime of the Policy. Only payable to one member in case of a floater policy during the policy at a policy level.
 - (12) Inpatient for PED in case of Life threatening Condition can only be payable under reimbursement mode and can be claimed once in Lifetime of the Policy. Only payable to one member in case of a floater policy during the policy lifetime.
 - (13) Waiting Period for Bariatric Surgery in case of Supreme Plus is 72 months and in case of Elite Plus is 48 months. Any complications arising out of bariatric treatment post surgery will not be covered.
 - (14) We will pay cost of devices such as walkers, manual wheelchair, Crutches, Splints, External Prosthetics, Slings, Plasters etc. in case of any inpatient hospitalization due accidental injury.
 - (15) Waiting Period for IVF treatment will be 48 months and benefit can be claimed only in India for maximum for 3 IVF cycles. Benefit will be provided only in floater policies subject to the condition that both husband and wife are covered as a floater cover for a continuous period of 48 months.
- \$ Worldwide Emergency Hospitalization and International Treatment abroad for specified critical illness cover is excluding US and Canada. However, Customer has option to include US and Canada by paying an additional premium. This benefit can be availed only at the inception of first policy with us.
- Note: Policy offers both individual and family floater cover options with defined relationships allowed of Husband, Wife & Dependent Children.
Maximum Family Combination Allowed: 2 Adults + 4 Children.



Health Insurance plan with wellness benefits that works for you

WAITING PERIOD & MAJOR EXCLUSIONS

1. Initial Waiting Period - 30 Days
2. Initial Waiting Period For Critical Illness - 90 Days
3. For Pre-Existing Disease:
 - A. Classic - 48 Months
 - B. Supreme - 36 Months
 - C. Elite - 24 Months
4. For Maternity benefits - 36 Months
5. Specific Waiting Period of 24 months for 16 specified illnesses listed below:
 - Stones in Biliary and Urinary systems • Lumps / Cysts / Nodules / Polyps / Internal Tumours • Gastric and Duodenal Ulcers • Surgery on Tonsils / Adenoids
 - Osteoarthritis / 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 / Prolapse Uterus / Endometriosis • Hysterectomy for any Benign Disorder.
6. Permanent exclusion list:

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 and consequences, 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, 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, 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 above exclusions are indicative and not exhaustive. For a detailed list of exclusions, refer to policy terms and conditions available at royalsundaram.in.



Health Insurance Plan that works for you

Lifeline Health Insurance Plan

Get Classic, Supreme or Elite Plans under Lifeline for Unparalleled Benefits

 Serviced by a Dedicated Team of Doctors	 Premier Hospitals in India and Abroad with No-Room-Rent-Cap	 Wellness Benefits, E-Chat with Doctors and Free Health Check-up
 Widest Sum Insured from INR 2 Lakhs to 1.5 Crore	 Emergency Domestic Evacuation	 Covers Hospitalisation for Ayush Treatments
 Return Airfare for International Treatment	 Second Opinion for 11 Critical Illnesses	 Income Tax saving on Premium paid Under Section 80D of the IT Act
 Worldwide Emergency Hospitalisation for up to INR 20 Lakhs	 Reload Benefit Doubles your Sum Insured at No Extra Cost	 EMI Options
 International Cover for 11 Specified Critical Illnesses	 Double your Sum Insured in 5 Claim-Free Years with our Accelerated No-Claim Bonus	 Health & Wellness
 Vaccination in case of Animal Bite		
 Service & Claims Standards + Innovative Health Insurance Plans, Serviced by Doctors + ISO 9001-2008 Certified Health & Accident Claim Services + Exclusive Customer Service Help Desk		

ELIGIBILITY CRITERIA & POLICY TERMS

Minimum Entry Age	91 days for dependent children, 18 years for proposer or adults.
Minimum Entry Age	25 years for dependent children, lifetime entry age for adults.
Policy Type	Individual or family floater.
Family Coverage	Self, spouse and up to 4 dependent children. Separate floater plan can be taken for parents or other dependents.
Sum Insured Enhancement	Only at the time of renewals.
Policy Tenure	Option of 1 year, 2 years as well as 3 years. Discount of 7.5% if you opt for 2 years tenure and 12% if you opt for 3 years tenure.
Premium	For the purpose of calculating premium, the country has been divided into 2 Zones. Zone 1: Delhi/NCR, Mumbai (including Thane and Vashi), Bengaluru, Chennai, Pune, Hyderabad, Kolkata and Gujarat. Zone 2: Rest of India. A discount of 15% for members in Zone 2 will be applicable.
Renewal Conditions	Lifetime renewability.
Renewal Premium	Premium payable on renewal based on the age at the time of renewal. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
Grace Period for Renewal	30 days from the date of expiry to renew the annual policy 15 days for installment premium option.
15 days Free Look Period	If after purchasing the policy, you do not find it suitable, you can cancel and return the policy to us in the free look-in period of 15 days (only for new policies).

INDIVIDUAL PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	3,740	4,301	4,675	4,852	5,822	6,345	7,090	7,791	8,435	11,655	12,989	28,923	31,271	42,480	50,046	56,229
30	4,285	4,928	5,356	5,558	6,670	7,269	7,718	8,480	9,180	12,682	14,133	31,934	34,526	43,959	50,912	62,082
35	5,286	6,079	6,608	6,858	8,229	8,968	9,495	10,023	10,846	14,961	16,673	35,257	38,120	47,789	55,000	68,543
40	6,873	7,904	8,592	8,916	10,700	11,660	12,346	13,032	13,650	16,745	18,660	38,927	42,087	53,622	61,194	75,677
45	9,175	10,551	11,469	11,902	14,283	15,564	16,480	17,396	17,853	20,142	22,446	42,978	46,468	59,772	69,077	83,554
50	12,320	14,168	15,400	15,982	19,179	20,900	22,130	23,359	23,974	27,047	30,141	49,031	53,987	72,226	80,377	88,726
55	16,438	18,904	20,548	21,325	25,589	27,886	29,526	31,167	32,159	37,122	41,368	58,641	64,798	83,557	92,248	1,02,035
60	21,658	24,907	27,072	28,096	33,715	36,741	38,902	41,063	43,375	54,933	61,217	73,269	81,344	98,437	1,07,044	1,18,629
65	28,108	32,324	35,135	36,463	43,756	47,683	50,488	53,293	56,194	70,699	78,786	88,605	98,694	1,22,160	1,31,725	1,46,778
70	35,918	41,306	44,898	46,595	55,914	60,932	64,516	68,100	72,505	94,525	1,05,338	1,14,476	1,27,976	1,56,011	1,70,689	1,89,405
75	45,217	51,999	56,521	58,658	70,389	76,706	81,219	85,731	90,476	1,14,203	1,27,267	1,59,029	1,78,547	2,28,900	2,49,793	2,77,895
80	56,133	64,553	70,167	72,819	87,383	95,225	1,00,827	1,06,428	1,11,519	1,36,973	1,52,642	2,21,436	2,49,152	3,30,526	3,52,985	3,96,543
85	68,796	79,116	85,996	89,246	1,07,096	1,16,707	1,23,572	1,30,437	1,33,870	1,51,032	1,68,310	2,90,543	3,27,390	4,38,341	4,65,677	5,28,333

1ADULT 1CHILD PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

1A + 1C Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	5,141	5,912	6,427	6,669	8,003	8,836	10,130	11,129	11,808	16,619	18,520	34,173	37,439	54,251	63,772	71,995
30	5,719	6,576	7,148	7,418	8,902	9,701	10,840	11,909	12,635	17,785	19,820	37,183	40,694	55,729	65,637	77,847
35	6,884	7,916	8,605	8,930	10,716	11,678	12,365	13,237	14,045	20,133	22,436	40,507	44,288	59,559	70,226	84,308
40	8,748	10,061	10,936	11,349	13,619	14,841	15,714	16,587	17,599	22,050	24,572	44,007	47,744	64,415	80,867	89,647
45	11,320	13,018	14,150	14,685	17,622	19,203	20,333	21,462	22,772	25,354	30,499	49,212	53,424	70,888	82,558	98,188
50	14,944	17,185	18,680	19,386	23,263	25,351	26,842	28,333	30,061	32,807	40,263	54,392	59,042	78,142	91,858	1,08,466
55	19,183	22,060	23,978	24,885	29,862	32,541	34,456	36,370	38,589	42,112	51,684	64,661	71,489	93,275	1,04,055	1,15,854
60	24,199	27,828	30,248	31,392	37,670	41,051	43,466	45,880	48,679	56,201	65,198	79,848	88,656	1,09,057	1,19,188	1,33,731
65	30,397	34,957	37,997	39,433	47,320	51,566	54,600	57,633	61,149	73,577	81,994	96,883	1,07,894	1,35,521	1,47,959	1,63,376
70	37,903	43,588	47,378	49,170	59,003	64,299	68,081	71,863	76,247	98,525	1,09,796	1,15,502	1,28,667	1,64,986	1,74,910	1,91,726
75	46,839	53,865	58,549	60,762	72,914	79,458	84,132	88,806	94,223	1,18,951	1,32,559	1,65,802	1,85,238	2,38,603	2,52,745	2,81,350
80	57,329	65,929	71,662	74,371	89,245	97,254	1,02,975	1,08,696	1,15,327	1,41,717	1,57,929	2,28,210	2,55,843	3,42,029	3,53,315	3,99,998
85	69,499	79,923	86,873	90,157	1,08,189	1,17,898	1,24,833	1,31,768	1,39,807	1,52,574	1,70,028	2,97,316	3,34,081	4,51,344	4,74,008	5,31,787

The above premium is exclusive of Goods and Services Tax (GST). The GST rate is subject to change, as and when there is an amendment passed by the Government. The above premium table are on indicative basis, for detailed premium for all ages & sum insured options, please get in touch with Royal Sundaram's representative.

1ADULT 2CHILDREN PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	7,157	8,230	8,946	9,284	11,141	12,141	12,855	13,569	14,397	18,919	21,084	39,423	43,607	66,021	77,498	87,490
30	7,755	8,918	9,693	10,060	12,072	13,155	13,929	14,703	15,600	20,465	22,806	42,433	46,862	67,499	80,363	95,312
35	9,012	10,364	11,266	11,691	14,030	15,289	16,188	17,087	18,130	22,703	25,300	45,757	50,456	71,329	85,452	1,02,588
40	11,315	13,012	14,143	14,678	17,614	19,194	20,323	21,453	22,761	24,840	30,485	48,562	53,316	75,751	91,388	1,08,309
45	14,693	16,897	18,367	19,061	22,873	24,926	26,392	27,859	29,558	32,257	39,588	55,446	60,380	82,005	97,839	1,16,362
50	17,912	20,599	22,390	23,237	27,884	30,386	32,174	33,961	36,033	39,323	48,260	63,053	69,135	94,095	1,07,046	1,24,830
55	21,721	24,979	27,151	28,178	33,813	36,848	39,015	41,183	43,695	47,685	58,523	70,682	78,180	1,02,992	1,15,861	1,31,198
60	26,549	30,531	33,186	34,440	41,328	45,037	47,687	50,336	53,407	58,284	71,530	86,428	95,968	1,19,676	1,33,715	1,50,031
65	32,515	37,392	40,643	42,180	50,616	55,158	58,403	61,648	65,408	74,710	87,604	1,05,161	1,17,094	1,48,883	1,64,193	1,81,301
70	39,738	45,699	49,673	51,551	61,861	67,413	71,378	75,343	79,940	1,02,525	1,14,253	1,16,529	1,29,357	1,75,961	1,99,130	2,18,275
75	48,339	55,590	60,424	62,708	75,250	82,003	86,826	91,650	97,241	1,22,498	1,36,511	1,72,575	1,91,929	2,50,305	2,76,766	3,08,090
80	58,436	67,201	73,045	75,806	90,967	99,131	1,04,962	1,10,794	1,17,553	1,44,091	1,60,575	2,34,983	2,62,534	3,58,532	3,77,296	4,27,147
85	70,148	80,671	87,685	91,000	1,09,200	1,19,000	1,26,000	1,33,000	1,41,114	1,54,000	1,71,617	3,04,089	3,40,772	4,72,346	4,95,382	5,55,767

1ADULT 3CHILDREN PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	9,558	10,669	11,409	11,754	13,660	14,708	15,447	16,185	17,173	22,669	25,263	44,237	48,978	72,595	84,588	95,268
30	10,156	11,356	12,156	12,530	14,590	15,723	16,521	17,319	18,376	24,215	26,985	47,248	52,232	74,073	87,454	1,03,090
35	11,414	12,803	13,728	14,161	16,548	17,856	18,780	19,704	20,906	26,453	29,479	50,571	55,826	77,903	92,542	1,10,365
40	13,716	15,450	16,606	17,148	20,132	21,762	22,916	24,069	25,537	28,349	33,181	53,377	58,686	82,325	98,479	1,16,086
45	17,095	19,336	20,830	21,531	25,392	27,494	28,984	30,475	32,334	34,947	42,284	60,261	65,750	88,579	1,04,930	1,24,140
50	20,314	23,037	24,853	25,706	30,403	32,954	34,766	36,578	38,809	42,013	50,956	67,868	74,505	1,00,669	1,14,136	1,32,607
55	24,123	27,417	29,614	30,647	36,332	39,415	41,607	43,799	46,471	50,375	61,218	75,496	83,550	1,09,566	1,22,952	1,38,975
60	28,950	32,969	35,649	36,910	43,847	47,605	50,279	52,952	56,183	60,974	74,226	91,242	1,01,339	1,26,250	1,40,806	1,57,808
65	34,916	39,830	43,106	44,650	53,135	57,726	60,995	64,264	68,184	78,460	90,300	1,09,976	1,22,464	1,55,457	1,71,283	1,89,078
70	42,140	48,138	52,136	54,021	64,380	69,980	73,970	77,960	82,716	1,06,275	1,18,432	1,21,343	1,34,727	1,82,534	2,06,221	2,26,052
75	50,741	58,028	62,887	65,178	77,768	84,570	89,418	94,267	1,00,017	1,26,248	1,40,690	1,77,389	1,97,300	2,56,879	2,83,857	3,15,867
80	60,838	69,640	75,508	78,276	93,486	1,01,699	1,07,554	1,13,410	1,20,329	1,47,841	1,64,754	2,39,797	2,67,905	3,65,106	3,84,387	4,34,925
85	72,550	83,109	90,148	93,470	1,11,719	1,21,568	1,28,592	1,35,617	1,43,890	1,56,690	1,74,614	3,08,903	3,46,142	4,78,920	5,02,473	5,63,545

The above premium is exclusive of Goods and Services Tax (GST). The GST rate is subject to change, as and when there is an amendment passed by the Government. The above premium table are on indicative basis, for detailed premium for all ages & sum insured options, please get in touch with Royal Sundaram's representative.

1ADULT 4CHILDRENS PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	11,960	13,107	13,872	14,224	16,178	17,276	18,039	18,802	19,949	26,419	29,442	49,052	54,348	79,169	91,679	1,03,045
30	12,558	13,795	14,619	14,999	17,109	18,290	19,113	19,936	21,152	27,965	31,164	52,062	57,602	80,647	94,544	1,10,867
35	13,816	15,241	16,191	16,631	19,067	20,424	21,372	22,320	23,682	30,203	33,658	55,386	61,196	84,477	99,633	1,18,143
40	16,118	17,889	19,069	19,618	22,651	24,330	25,508	26,686	28,313	32,099	35,877	58,191	64,056	88,899	1,05,569	1,23,864
45	19,497	21,774	23,292	24,001	27,911	30,061	31,576	33,091	35,110	37,637	44,980	65,076	71,121	95,153	1,12,021	1,31,917
50	22,715	25,476	27,316	28,176	32,921	35,521	37,358	39,194	41,585	44,703	53,652	72,682	79,875	1,07,242	1,21,227	1,40,385
55	26,524	29,856	32,077	33,117	38,851	41,983	44,199	46,415	49,247	53,065	63,914	80,311	88,920	1,16,140	1,30,042	1,46,753
60	31,352	35,408	38,112	39,380	46,366	50,173	52,871	55,569	58,959	64,529	76,922	96,057	1,06,709	1,32,824	1,47,896	1,65,586
65	37,318	42,269	45,569	47,120	55,653	60,294	63,587	66,880	70,961	82,210	92,996	1,14,791	1,27,835	1,62,031	1,78,374	1,96,856
70	44,542	50,576	54,599	56,491	66,898	72,548	76,562	80,576	85,492	1,10,025	1,22,611	1,26,158	1,40,097	1,89,108	2,13,311	2,33,830
75	53,142	60,467	65,349	67,648	80,287	87,138	92,011	96,883	1,02,793	1,29,998	1,44,869	1,82,204	2,02,670	2,63,453	2,90,947	3,23,645
80	63,239	72,078	77,971	80,746	96,005	1,04,266	1,10,146	1,16,027	1,23,105	1,51,591	1,68,933	2,44,612	2,73,275	3,71,679	3,91,478	4,42,703
85	74,952	85,547	92,611	95,940	1,14,238	1,24,135	1,31,184	1,38,233	1,46,666	1,60,440	1,78,793	3,13,718	3,51,512	4,85,494	5,09,563	5,71,322

2ADULTS PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	5,468	6,288	6,835	7,094	8,254	9,869	11,285	12,388	13,144	18,396	20,500	44,664	48,625	55,857	68,249	73,709
30	6,073	6,983	7,591	7,878	9,312	10,728	12,273	13,473	14,295	20,022	22,312	46,777	51,048	58,643	71,075	77,872
35	7,288	8,381	9,110	9,454	11,335	12,363	13,892	15,336	16,271	23,355	26,027	51,181	56,042	66,475	76,135	82,226
40	9,308	10,704	11,635	12,075	14,614	15,790	16,719	17,648	18,724	25,840	28,796	54,322	59,650	72,326	84,897	92,538
45	12,328	14,177	15,410	15,993	19,438	20,913	22,143	23,374	24,800	30,467	33,952	60,355	66,507	81,820	98,483	1,07,347
50	16,542	19,024	20,678	21,460	26,096	28,062	29,713	31,364	33,277	39,867	45,167	72,594	79,977	1,00,516	1,12,467	1,21,464
55	22,145	25,467	27,682	28,728	34,878	37,568	39,777	41,987	44,549	54,963	61,250	94,535	1,04,710	1,20,510	1,33,438	1,45,448
60	29,332	33,731	36,665	38,051	46,072	49,759	52,686	55,612	59,005	78,149	87,089	1,26,367	1,40,611	1,51,020	1,66,424	1,81,402
65	38,296	44,040	47,870	49,679	59,968	64,965	68,787	73,634	78,126	1,13,423	1,26,398	1,59,152	1,77,671	2,04,673	2,19,084	2,38,801
70	49,232	56,617	61,541	64,324	76,856	83,518	92,234	1,01,245	1,07,421	1,57,014	1,74,976	1,97,333	2,20,959	2,50,029	2,71,486	2,95,919
75	62,336	71,686	77,920	82,264	97,025	1,05,747	1,18,179	1,29,758	1,37,674	2,05,018	2,28,471	2,75,300	3,09,458	3,75,040	4,10,004	4,51,005
80	77,801	89,471	97,251	1,00,927	1,20,763	1,31,982	1,41,816	1,55,711	1,65,211	2,46,024	2,74,168	3,84,514	4,33,017	5,53,802	5,98,249	6,64,056
85	95,821	1,10,194	1,19,777	1,24,304	1,48,361	1,62,552	1,72,114	1,81,676	1,92,759	2,61,584	2,91,508	5,05,450	5,69,932	7,63,734	8,24,034	8,98,197

The above premium is exclusive of Goods and Services Tax (GST). The GST rate is subject to change, as and when there is an amendment passed by the Government. The above premium table are on indicative basis, for detailed premium for all ages & sum insured options, please get in touch with Royal Sundaram's representative.

2ADULTS 1CHILD PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	7,554	8,317	8,826	9,061	10,498	11,867	13,591	14,926	15,836	22,235	24,778	50,497	55,478	68,935	83,500	91,226
30	8,387	9,262	9,845	10,116	11,910	12,722	14,573	16,004	16,980	23,847	26,575	52,610	57,901	71,721	86,326	95,389
35	9,892	10,980	11,705	12,042	14,439	14,935	16,170	17,840	18,929	27,124	30,227	57,014	62,896	79,553	91,386	99,743
40	11,902	13,291	14,217	14,649	17,853	18,345	19,269	20,193	21,657	29,666	33,059	59,967	65,935	82,652	97,187	1,08,059
45	14,906	16,746	17,972	18,546	22,876	23,442	24,665	25,889	27,936	34,112	38,014	67,281	74,236	94,172	1,11,462	1,23,607
50	19,099	21,567	23,213	23,985	29,808	30,554	32,196	33,838	36,601	43,441	49,665	80,120	88,341	1,12,663	1,27,225	1,38,738
55	24,673	27,977	30,180	31,216	38,952	40,009	42,208	44,406	48,030	58,409	65,490	1,02,060	1,13,073	1,32,656	1,48,196	1,62,722
60	31,822	36,199	39,117	40,490	50,607	52,137	55,049	57,961	62,600	81,595	90,929	1,33,677	1,48,736	1,62,820	1,79,917	1,98,183
65	40,740	46,454	50,264	52,059	65,076	67,265	71,067	75,672	80,686	1,16,675	1,30,022	1,66,678	1,86,035	2,16,820	2,33,842	2,56,075
70	51,619	58,966	63,864	66,173	82,660	85,722	94,021	1,03,221	1,09,518	1,60,206	1,78,533	2,05,162	2,29,065	2,58,790	2,83,883	3,13,488
75	64,655	73,957	80,158	83,083	1,03,660	1,07,836	1,20,022	1,31,796	1,39,837	2,08,238	2,32,059	2,82,826	3,17,822	3,87,187	4,24,762	4,68,279
80	80,040	91,649	99,389	1,03,041	1,28,377	1,33,934	1,43,804	1,57,908	1,67,541	2,49,495	2,78,036	3,92,039	4,41,380	5,65,948	6,13,007	6,81,330
85	97,967	1,12,266	1,21,798	1,26,297	1,57,112	1,64,346	1,73,859	1,83,371	1,95,731	2,65,454	2,95,821	5,12,975	5,78,296	7,75,881	8,38,792	9,15,471

2ADULTS 2CHILDREN PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	10,024	10,787	11,295	11,525	12,023	13,611	15,620	17,161	18,208	25,664	28,599	53,413	58,905	80,705	97,757	1,05,239
30	10,938	11,814	12,397	12,662	13,138	14,991	16,598	18,235	19,348	27,266	30,385	56,693	62,698	83,491	1,00,493	1,09,402
35	12,534	13,622	14,347	14,678	15,917	17,572	18,295	20,043	22,108	30,474	33,960	61,097	67,693	91,323	1,04,907	1,13,756
40	14,544	15,933	16,859	17,285	20,384	20,981	21,905	22,829	27,841	33,085	36,869	63,919	70,335	95,982	1,09,419	1,20,691
45	17,548	19,388	20,614	21,183	25,381	26,078	27,302	28,526	34,087	37,358	41,632	72,130	79,646	1,05,289	1,20,029	1,36,616
50	21,741	24,209	25,855	26,621	32,278	33,190	34,832	36,475	42,708	46,568	52,032	85,388	94,196	1,23,595	1,39,570	1,52,557
55	27,315	30,620	32,823	33,852	41,374	42,646	44,844	47,043	54,078	61,376	68,398	1,07,328	1,18,928	1,43,589	1,60,409	1,76,541
60	34,464	38,841	41,759	43,127	52,969	54,774	57,686	60,598	68,573	84,516	94,184	1,38,795	1,54,423	1,73,439	1,91,652	2,11,607
65	43,382	49,096	52,906	54,695	67,364	69,902	73,704	77,505	86,566	1,19,343	1,32,995	1,71,945	1,91,890	2,27,752	2,45,632	2,69,894
70	54,262	61,608	66,506	68,809	84,857	88,359	95,399	1,04,755	1,11,145	1,62,769	1,81,389	2,10,642	2,34,740	2,67,551	2,93,494	3,27,543
75	67,297	76,599	82,800	85,720	1,05,749	1,10,472	1,21,450	1,33,385	1,41,522	2,10,748	2,34,857	2,88,094	3,23,676	3,98,120	4,36,755	4,82,098
80	82,682	94,291	1,02,031	1,05,677	1,30,338	1,36,571	1,45,391	1,59,671	1,69,412	2,52,280	2,81,140	3,97,307	4,47,235	5,76,881	6,24,848	6,95,149
85	1,00,609	1,14,908	1,24,440	1,28,934	1,58,925	1,66,983	1,76,495	1,86,008	2,01,017	2,68,722	2,99,462	5,18,243	5,84,150	7,86,813	8,50,610	9,29,290

The above premium is exclusive of Goods and Services Tax (GST). The GST rate is subject to change, as and when there is an amendment passed by the Government. The above premium table are on indicative basis, for detailed premium for all ages & sum insured options, please get in touch with Royal Sundaram's representative.

2ADULTS 3CHILDREN PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	12,426	13,189	13,697	13,922	14,542	15,951	17,920	19,661	20,860	29,414	32,778	58,228	64,275	87,279	1,04,848	1,13,017
30	13,340	14,215	14,799	15,059	15,656	17,388	18,898	20,735	22,000	31,016	34,564	61,507	68,069	90,065	1,07,584	1,17,180
35	14,936	16,023	16,748	17,075	18,436	19,969	20,692	22,543	24,739	34,224	38,139	65,912	73,063	97,897	1,11,998	1,21,534
40	16,946	18,335	19,261	19,682	22,903	23,378	24,302	25,226	30,472	36,835	41,048	68,733	75,705	1,02,556	1,16,510	1,28,469
45	19,950	21,790	23,016	23,579	27,900	28,475	29,698	30,922	36,718	41,108	45,811	76,945	85,017	1,11,863	1,27,120	1,44,393
50	24,143	26,611	28,257	29,018	34,796	35,587	37,229	38,871	45,339	50,318	56,074	90,202	99,566	1,30,169	1,46,660	1,60,335
55	29,717	33,021	35,224	36,249	43,893	45,043	47,241	49,439	56,709	65,126	72,577	1,12,143	1,24,298	1,50,163	1,67,500	1,84,318
60	36,866	41,243	44,161	45,523	55,488	57,170	60,082	62,994	71,204	88,266	98,363	1,43,610	1,59,794	1,80,013	1,98,743	2,19,385
65	45,783	51,498	55,308	57,092	69,883	72,299	76,100	79,902	89,197	1,23,093	1,37,174	1,76,760	1,97,260	2,34,326	2,52,723	2,77,672
70	56,663	64,010	68,908	71,206	87,376	90,755	97,699	1,07,255	1,13,798	1,66,519	1,85,568	2,15,457	2,40,110	2,74,125	3,00,584	3,35,320
75	69,699	79,001	85,202	88,116	1,08,267	1,12,869	1,23,750	1,35,885	1,44,175	2,14,498	2,39,036	2,92,909	3,29,046	4,04,693	4,43,846	4,89,875
80	85,083	96,693	1,04,433	1,08,074	1,32,857	1,38,967	1,47,691	1,62,171	1,72,064	2,56,030	2,85,319	4,02,122	4,52,605	5,83,455	6,31,938	7,02,927
85	1,03,011	1,17,309	1,26,842	1,31,330	1,61,444	1,69,379	1,78,892	1,88,404	2,03,648	2,72,472	3,03,641	5,23,058	5,89,521	7,93,387	8,57,701	9,37,067

2ADULTS 4CHILDREN PLAN PREMIUM CHART

Rate tables - Zone 1, without Deductible, without Tiered option and without any Disease specific loading

Premium Rates are based on age of the oldest member in the family

Age	Classic			Supreme								Elite				
	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	100 Lakhs	25 Lakhs	30 Lakhs	50 Lakhs	100 Lakhs	150 Lakhs
25	14,827	15,590	16,099	16,318	17,061	18,348	20,220	22,161	23,513	33,164	36,957	63,043	69,646	93,853	1,11,938	1,20,794
30	15,742	16,617	17,200	17,455	18,175	19,784	21,198	23,235	24,653	34,766	38,743	66,322	73,439	96,639	1,14,674	1,24,957
35	17,338	18,425	19,150	19,471	20,954	22,365	23,089	25,043	27,370	37,974	42,318	70,726	78,434	1,04,471	1,19,088	1,29,311
40	19,347	20,736	21,662	22,078	25,422	25,775	26,699	27,623	33,103	40,585	45,227	73,548	81,075	1,09,130	1,23,600	1,36,247
45	22,352	24,191	25,418	25,976	30,418	30,871	32,095	33,319	39,349	44,858	49,990	81,759	90,387	1,18,436	1,34,210	1,52,171
50	26,544	29,013	30,658	31,415	37,315	37,983	39,626	41,268	47,970	54,068	60,253	95,017	1,04,936	1,36,743	1,53,751	1,68,112
55	32,118	35,423	37,626	38,646	46,411	47,439	49,638	51,836	59,340	68,876	76,756	1,16,958	1,29,669	1,56,736	1,74,590	1,92,096
60	39,267	43,644	46,562	47,920	58,007	59,567	62,479	65,391	73,835	92,016	1,02,542	1,48,424	1,65,164	1,86,587	2,05,833	2,27,162
65	48,185	53,900	57,709	59,488	72,401	74,695	78,497	82,299	91,828	1,26,843	1,41,353	1,81,575	2,02,630	2,40,900	2,59,813	2,85,449
70	59,065	66,412	71,309	73,602	89,895	93,152	99,999	1,09,755	1,16,450	1,70,269	1,89,747	2,20,271	2,45,480	2,80,699	3,07,675	3,43,098
75	72,100	81,402	87,604	90,513	1,10,786	1,15,265	1,26,050	1,38,385	1,46,827	2,18,248	2,43,215	2,97,723	3,34,417	4,11,267	4,50,937	4,97,653
80	87,485	99,095	1,06,834	1,10,470	1,35,375	1,41,364	1,49,991	1,64,671	1,74,717	2,59,780	2,89,498	4,06,937	4,57,976	5,90,028	6,39,029	7,10,704
85	1,05,412	1,19,711	1,29,244	1,33,727	1,63,963	1,71,776	1,81,288	1,90,801	2,06,279	2,76,222	3,07,820	5,27,872	5,94,891	7,99,961	8,64,791	9,44,845

The above premium is exclusive of Goods and Services Tax (GST). The GST rate is subject to change, as and when there is an amendment passed by the Government. The above premium table are on indicative basis, for detailed premium for all ages & sum insured options, please get in touch with Royal Sundaram's representative.

Disclaimer

Insurance is the subject matter of solicitation. Lifeline (UIN-RSAHLIP21054V022021) is a Health Insurance product underwritten and issued by Royal Sundaram General Insurance Co. Limited. Claims will be settled by Royal Sundaram General Insurance Co. Limited as per the terms and conditions of the policy. This brochure is not a contract of Insurance. Please refer policy document for exact terms and conditions and specific details applicable to this Insurance. Your participation in this insurance product is purely on a voluntary basis. We advise you to take your own professional advice before you participate. The Lifeline (UIN-RSAHLIP21054V022021) is a Health Insurance product of Royal Sundaram approved by IRDAI.

Section 41 of the Insurance Act, 1938 - Prohibition of rebates

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
2. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to ten lakh rupees.

Royal Sundaram IRDAI Reg. No.102

CIN: U67200TN2000PLC045611

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Royal Sundaram

General Insurance

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Registered Office: 21, Patullos Road, Chennai - 600 002.

Royal Sundaram IRDAI Registration No.102 | CIN-U67200TN2000PLC045611

DETAILS OF PERSONS TO BE COVERED

Sl. No	Insured Name (First, Middle, Last)	Date of birth (DD/MM/YYYY)	Gender Male (M)/Female (F)/Others (O)	Relationship with proposer	Height (cm)	Weight (kg)	Occupation
1.			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				
2.			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				
3.			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				
4.			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				
5.			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				
6.			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				

Relationship with proposer: Self/Spouse/Son/Daughter/Others
Occupation: Salaried/Self Employed/Housewife/Student/Others

ADDITIONAL BENEFIT

1. **Top-up Option:** You can choose a deductible (on annual aggregate basis) as per your choice- available only under Classic and Supreme Plan

Deductible Amount: 1Lakh 2Lakhs 3 Lakhs 4 Lakhs 5 Lakhs 10 Lakhs

2. **Hospital Cash Benefit:** Do you want to apply for a Hospital Cash benefit? YES NO

3. **Include US and Canada for Worldwide Emergency Hospitalization and International Treatment for specified Critical Illness:**

Do you want to avail this benefit? * YES NO

* This benefit can be availed only at the inception of first policy with Us.

4. **Supreme Plus - Available only under Supreme Plan** YES NO

Under Supreme Plus, following benefits will be offered:

- Additional facility of app based cabs as a part of Ambulance Cover
- Refresh of Sum Insured
- Inpatient for Pre-existing Disease in case of Life Threatening Conditions- upto Rs. 1 lakh
- Bariatric Surgery- upto Rs. 50,000
- Mobility Devices- 5% or Rs. 50,000 whichever is lesser
- Second Opinion for additional 11 specified Critical Illnesses (Total 22 Critical Illnesses)

5. **Elite Plus- Available only under Elite Plan** YES NO

Under Elite Plus, following benefits will be offered:

- Additional facility of app based cabs as a part of Ambulance Cover
- Refresh of Sum Insured
- International Treatment abroad for 3 additional Critical illnesses (Total 14 specified critical illnesses)
- In-patient for Pre-existing Disease in case of Life Threatening Conditions- upto Rs. 2,00,000
- Bariatric Surgery- Upto Rs. 2 lakhs
- Mobility Devices- Upto Rs. 50,000
- Second Opinion for 11 additional Critical Illnesses (Total 22 specified Critical Illness)
- In-vitro Fertilisation Treatment - Upto Rs. 2,50,000

Nomination

In the event of the death of the proposer any payment due under the policy shall become payable to the nominee proposed in the form. The receipt of the proceeds by such nominee would be sufficient discharge to the company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. Following section to be filled by the proposer:

Nominee Name (First, Middle, Last)	Relationship with the proposer	Address and contact details of Nominee
		Address
		Phone Number

Electronic Insurance Account number

Would you like to open an Electronic Insurance Account with any Insurance Repository? YES NO

If yes, please furnish the below details.*

Insurance Repository Name

*Account will be opened with your Name / DOB / Address as mentioned in this proposal form.

If you already have an Electronic Insurance Account, please share the below details

Account Number

Account Name

Insurance Repository Name

4. Medical questions

Please answer the below mentioned questions accurately to the best your knowledge in respect of each person proposed to be insured. If the answer to any of these questions is Yes, please provide the complete details in the table for additional medical information (**Important – You must answer these questions truthfully.**)

Please ensure that you are fully informed about the standard waiting periods and permanent exclusions that apply to the Lifeline.

Sl. No	Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1	Within the last 2 years have you consulted a doctor or healthcare professional? (other than Preventive Health Check-up or Pre Employment Health Check-up)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Within the last 2 years have you underwent for any detailed investigation (e.g. X-ray, CT Scan, biopsy, MRI, Sonography, etc) (other than Preventive Health Check-up or Pre Employment Health Check-up)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Within the last 5 years have you been to a hospital for an operation/medical treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Do you take tablets, medicines or drugs on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Within the last 3 months have you experienced any health problems or medical conditions which you/proposed insured person have/has not seen a doctor for	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Have any of the person proposed to be insured ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations/medication/surgery or undergone a surgery for any of the following – Diabetes; Hypertension; Ulcer/Cyst/Cancer; Cardiac Disorder; Kidney or Urinary Tract Disorder; Disorder of muscle/bone/joint; Respiratory disorder; Digestive tract or gastrointestinal disorder; Nervous System disorder; Mental Illness or disorder, HIV or AIDS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Note: In addition to the above, we may have additional questions for you or may ask you to undergo medical tests to complete your full medical assessment

Lifestyle questions:

Does any person proposed to be insured consume any of the following:

Substance		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Alcohol		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Quantity**						
	No. of Years						
Smoking		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Quantity (No./Day)						
	No. of Years						
Any other substance like Tobacco/Guthka/Pan/Pan Masala, etc		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Quantity (Pouch/Day)						
	No. of Years						
Narcotics		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Quantity						
	No. of Years						

(* Beer – No. of Pints per week, Wine & Spirit – ml/week)

If any of these habits has been in the past please mention the year of stopping it & the reason for doing the same _____ habit

5. Additional Medical Information:

If you have answered yes to any of the questions in section 4, please give full details here. If you need more space please use extra sheets. If you are unsure whether any details are relevant, please include them.

Substance	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of illness/injury suffering from or suffered in the past						
Date of first diagnosis (Month & Year)						
Treatment/medication received/receiving						
Treatment outcome (fully cured/partially cured/ ongoing, etc)						

Note:

Company may apply an exclusion/risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the members proposed to be insured). These loadings would be applied from the policy period start date including all subsequent renewals with the company.

Any exclusion/loadings, if applicable, shall be suitably intimated to the proposer based on the assessment of the proposal form and medical tests. Proposer shall be required to pay the additional premium within stipulated time of such intimation. Company shall not be at any risk during this period. In the event of the decline of proposal due to non-receipt of this additional premium within the stipulated time or due to any reason, Company shall cancel your proposal and refund the premium amount after deducting charges as per policy terms and conditions.

GENERAL INFORMATION

1. Family Physician details:

Family Physicians name _____

Contact Number _____

2. Existing Insurance Details

Is the proposer or any of the persons proposed to be insured already insured under or proposed for a health insurance policy with Royal Sundaram General Insurance Co. Limited or any other insurance company. YES NO

If YES, please indicate below the Policy/Application number(s). (Please mention application number in case of pending proposal)

Since when have you been continuously insured DD MM YYYY

Insured Name (First, Middle, Last)	Insurer Name	Policy No./ Application No.	Period of Insurance		Sum Insured (₹)	Claims details if any
			From	To		
			D D M M Y Y	D D M M Y Y		
			D D M M Y Y	D D M M Y Y		

If you want to avail the portability benefit from your existing insurance policy, please also submit to Us (as an annexure to this proposal form) all the policy documents relating to the existing policy in addition to the information given above

3. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue policy or the terms on which it is issued and you must not misrepresent any information to us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then may render any policy issued void.

4. Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

- I hereby consent that the policy documents may be sent to me by email at _____ (Please provide us your e-mail id)
- I hereby consent to and authorize Royal Sundaram General Insurance Co. Limited ("Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time.

Date :

Signature of the Proposer : _____

Place : _____

Name of Proposer : _____

5. Declaration

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory authority.
- I/We undertake that the loadings applicable have been informed and understood by me.

Date :

Signature of the Proposer : _____

Place : _____

Name of Proposer : _____

6. Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Royal Sundaram General Insurance Co. Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer and the replies have been read out to fully understood and confirmed by the proposer.

Declarants Name

Relationship with proposer

Signature of declarant : _____

Signature of applicant in vernacular : _____

7. Payment Details: Please tick (✓) payment option

Cash

Cheque/NEFT/DD

Premium Amount (₹)

Cheque/NEFT/DD Number

Cheque/NEFT/DD Date

Bank

Payment Options: Annual Monthly Quarterly Half-yearly

In case of installment payment options, ECS (Auto-debit is must)

For Auto-debit facility, you are required to submit Auto-debit authorization form separately.

For Cheque/DD (Payable in favour of 'Royal Sundaram General Insurance Co. Ltd)

Instrument No _____ Instrument Date _____ Instrument Amount _____

Bank



Royal Sundaram

General Insurance

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Registered Office: 21, Patullos Road, Chennai - 600 002.

Royal Sundaram IRDAI Registration No.102 | CIN:U67200TN2000PLC045611

☎ 1860 425 0000 | ✉ customer.services@royalsundaram.in | 🌐 www.royalsundaram.in

Insurance is the subject matter of solicitation

CIT/PR20077/N1/OCT20

Proposal No.

CHECKLIST FOR LIFELINE

MANDATORY FIELDS

S.No	Document/Check point	Intermediary Confirmation	Ops Confirmation	Remarks
1	Email id	<input type="checkbox"/>	<input type="checkbox"/>	This is a must
2	Mobile number	<input type="checkbox"/>	<input type="checkbox"/>	This is a must
3	Proposer Name & DOB	<input type="checkbox"/>	<input type="checkbox"/>	No overwriting
4	Address of proposer including pincode	<input type="checkbox"/>	<input type="checkbox"/>	In case of Zone 2 address, address proof to be submitted
5	Policy tenure (1/2/3 year)	<input type="checkbox"/>	<input type="checkbox"/>	Please tick the applicable policy tenure
6	Plan (Classic/Supreme/Elite)	<input type="checkbox"/>	<input type="checkbox"/>	Please tick the applicable plan
7	Sum Insured	<input type="checkbox"/>	<input type="checkbox"/>	Please tick the applicable sum insured
8	Policy (Individual/Family Floater)	<input type="checkbox"/>	<input type="checkbox"/>	Please tick the applicable policy type
9	No. of adult & child if Family Floater (eg.2A+2C)	<input type="checkbox"/>	<input type="checkbox"/>	Clearly mention the no of adult and children
10	PAN Number and Aadhaar Number	<input type="checkbox"/>	<input type="checkbox"/>	This is a must
11	Insured Name (all insured)	<input type="checkbox"/>	<input type="checkbox"/>	Name of all insured person to be mentioned. No Overwriting
12	Insured Date of Birth (all insured)	<input type="checkbox"/>	<input type="checkbox"/>	DOB of all insured person to be mentioned. No Overwriting
13	Insured height (all insured)	<input type="checkbox"/>	<input type="checkbox"/>	Height of all insured person either in cm or feet and inches to be mentioned
14	Insured weight in KG (all insured)	<input type="checkbox"/>	<input type="checkbox"/>	Weight of all insured to be mentioned

ACKNOWLEDGEMENT

Proposal No.

Date

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/NEFT/DD/Others _____ of amount of ₹. _____ dated _____ drawn on _____

Neither the submission to us of a completed proposal for Insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the policy terms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.

Signature of the receiver and office seal

MANDATORY FIELDS

S.No	Document/Check point	Intermediary Confirmation	Ops Confirmation	Remarks
15	Insured Relationship	<input type="checkbox"/>	<input type="checkbox"/>	Mention the relationship
16	Optional benefits - Hospital Cash, Top-up and Include US/Canada (Elite Plan)	<input type="checkbox"/>	<input type="checkbox"/>	If the customer is opting for any optional benefit, it should be ticked as Yes
17	Nominee details - Name, Relationship, address & phone number	<input type="checkbox"/>	<input type="checkbox"/>	Proposer cannot be the nominee. It has to be different from Proposer
18	6 Health questions - to be answered for all insured members	<input type="checkbox"/>	<input type="checkbox"/>	Should be answered for all insured members and not to be blank
19	Proposer declaration (point 4, 5 and 8) - signature	<input type="checkbox"/>	<input type="checkbox"/>	Sign at these places
20	Payment details (point 7)	<input type="checkbox"/>	<input type="checkbox"/>	Provide details like cheque details/cc details, etc
21	Existing insurance details (mandatory if opting portability)	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory if customer is opting for Portability

MANDATORY DOCUMENTS REQUIRED

S.No	Document/Check point	Intermediary Confirmation	Ops Confirmation	Remarks
1	Age Proof of eldest insured Member (if insured age is > 45 years)	<input type="checkbox"/>	<input type="checkbox"/>	Voter ID is not a valid age proof. Aadhaar Card can be accepted if complete DOB is mentioned on the card.
2	Proposer/Insured address proof (for Zone 2 cases)	<input type="checkbox"/>	<input type="checkbox"/>	Required where address is of Zone 2
3	For Portability cases, Portability Form and previous year policy copies	<input type="checkbox"/>	<input type="checkbox"/>	All previous year policy documents for which continuity is asked for.

Proposal Form No	Date	Signature

LIFELINE | UIN-RSAHLIP21054V022021



Royal Sundaram
General Insurance

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