



HOSPITAL BENEFIT PLUS INSURANCE

Insurance to cover your incidental expenses during hospitalisation

HOSPITAL BENEFIT PLUS INSURANCE

Royal Sundaram is pleased to offer you a product, which provides a daily cash benefit for each 24 hours of hospitalization, due to illness or accident. This daily cash benefit can be used by you to take care of expenses incurred by family members staying with the patient, special diet expenses, conveyance expenses to and from hospital and so on.

In addition to the above, this product also provides you a Personal Accident Benefit, in the event of an accident, which causes death or permanent total disablement.

Hospital Benefit Plus is a very useful product, which can supplement your existing health insurance cover. It can also be taken by members who do not have a health insurance cover.

ELIGIBILITY

This insurance cover can be taken by members who are between the age of 1 year and 70 years.

Cover is available for self, spouse, dependent children and dependent parents.

KEY FEATURES

- No medical test required for enrollment
- Minimum documentation
- Daily Hospital Cash Benefit for 180 days in a year, up to a maximum of Rs2,000/- per day
- Personal Accident Benefit up to a maximum of Rs10 lakhs.
- Life long renewal
- 3 different plan options to choose from.
- **Save Tax:** Income tax benefits on premium paid for the Hospital Cash coverage, under section 80-D of the IT Act.

KEY BENEFITS

This scheme provides payment of daily benefit for every 24 hours of hospitalization up to 180 days per policy period.

It also offers a double the daily benefit for accident related admittance and triple the daily benefit for admittance in a ICU.

HOSPITAL CONFINEMENT BENEFIT

Hospital Confinement Benefit - Illness:

For each 24 hour period of a hospital confinement due to illness, the benefit payable will be as per the plan selected by you.

Hospital Confinement Benefit - Accident:

In case of confinement due to Accident, the benefit will be double the illness benefit. This benefit will be payable, if the insured person sustains bodily injury due to road, rail or air accident, involving vehicles.

Above two benefits are subject to maximum of 180 days during policy period per Insured person.

ICU Benefit :

In case of confinement in Intensive Care Unit, the benefit will be triple the chosen daily benefit. This triple benefit is paid up to a maximum of 21 days during the policy period.

Note: The number of days considered for daily benefit under all the benefits put together will be upto a maximum of 180 days during the policy period.

Reduction of Benefits: Benefits payable are reduced by 50% for first 10 days of hospital confinement for dependent children, aged below 18 years and Insured persons who are above 60 years of age.

Convalescence Benefit:

If hospitalization exceeds 21 continuous days, then a lump sum benefit of ₹15000/- is payable, in addition to daily benefit according to plan chosen. This benefit is payable only once per disease/accident/policy period.

PERSONAL ACCIDENT BENEFIT

Accidental Death Benefit:

Due to an accident which happens during the policy period, if the Insured person dies within 12 Calendar months from the date of accident, then the Company will pay the sum insured to the nominee as per plan chosen.

Permanent Total Disablement Benefit:

Due to an accident which happens during the policy period, if the Insured person loses completely the physical capabilities of the use of 2 limbs (hand / foot), 2 eyes or 1 eye and one 1 limb, by separation or permanent impairment, then the Company will pay the sum insured as per plan chosen.

Cumulative Bonus:

A cumulative bonus of 5% will be given for every completed claim free year, subject to maximum of 25%. This cumulative bonus is applicable only to the personal accident benefit.

TABLE OF BENEFITS AND PREMIUM

(Amount in ₹)

Benefits	Gold	Platinum	Diamond
Hospital Confinement Benefit - Illness (Up to 180 days)	1,000	1,500	2,000
Hospital Confinement Benefit - Accident (Up to 180 days)	2,000	3,000	4,000
ICU Benefit (Up to 21 days)	3,000	4,500	6,000
Convalescence Benefit (for admittance beyond 21 consecutive days)	15,000	15,000	15,000
Accidental Death Benefit	5,00,000	7,50,000	10,00,000
Permanent Total Disablement Benefit	5,00,000	7,50,000	10,00,000
Premium			
1 Year to 45 years	3,100	4,650	6,199
46 Years to 70 years	4,134	6,202	8,267
*71 years and above	4,960	7,441	9,921

*For renewals only.

The premium is inclusive of 14% Service Tax. The Service Tax rate is subject to change, as and when there is an amendment passed by the government.

Under section 80D of Income Tax Act, 1961, you can avail tax benefit for Hospital cash coverage premium.

FAMILY DISCOUNT

A discount of 10% is allowed on the premium payable by you if three or more persons of your family are covered under the same policy.

CLAIMS PROCEDURE

Hospital Confinement Benefit:

The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge.

- Photo copy of bills, receipt, lab reports and discharge certificate/card from the Hospital.
- Photocopy of FIR in case of an accident, if available.
- Complete set of Hospital/medical records if specifically sought by Us.

Personal Accident Benefit:

Documents to be submitted for Death claim

Death Claim (Submit the duly filled in claim form with the following documents, within 30 days of occurrence of the accident).

- Original Death Certificate.
- Post Mortem Report.
- Inquest report.
- Accident report.
- First Information Report / Medico Legal Case copy.
- Hospital records.
- News Paper cuttings if any and any other relevant records.
- Chemical Analysis Report if available.

Documents to be submitted for Permanent Total Disablement claim

- Disability Certificate issued by attending physician.
- Accident report.
- First Information Report / Medico Legal Case copy.
- Hospital records.

English Translation of vernacular documents.

If the bills/vouchers/reports are in a language, other than English/Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person/ his/her legal heir(s).

The documents should be sent to:

Health Claims Department

M/s. Royal Sundaram Alliance Insurance Co. Ltd.,

Vishranthi Melaram Towers, No. 2 / 319,

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097

IMPORTANT EXCLUSIONS*

Hospital Confinement Benefit Plan

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

1. a) Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease.
b) Any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre-existing Hypertension/Diabetes.
2. 30 Days Waiting Period-Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy.
3. First Year Exclusions: Treatment of Congenital Internal Anomaly, any type of Migraine/Vascular head ache, Stones in the Urinary and Biliary systems, Surgery on Tonsils/Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/Nodules/Polyps, any type of Breast Lumps, Spondylosis/Spondylitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee/Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma/Sarcoma/Blood Cancer, Osteoarthritis of any joint during the first year of the operation of the Policy with us.
4. Treatment arising from or traceable to pregnancy/ childbirth.
5. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
6. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.

7. Confinement in Hospital arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
8. Confinement at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
9. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.
10. Directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).

Personal Accident Benefit:

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

- a) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- b) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an Accident.
- c) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the sum insured under this section.
Example: If a person has opted for the Diamond plan, and a Permanent Total Disablement claim has been settled for Rs10 lakhs, then a Death claim at a later date in the same policy period, will not be considered, as the available sum insured of Rs10 lakhs, would have already been exhausted.
- d) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement, as mentioned in Table of benefits.
- e) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- f) Any claim for Death or Disablement of the Insured Person from (i) intentional self-injury, suicide or attempted suicide

- (ii) whilst under the influence of intoxicating liquor or drugs
- (iii) self-endangerment unless in self-defense or to save life.

- g) In the event the insured is a victim of culpable homicide, i.e. where the insured dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing bodily injury as is likely to cause death, or with the knowledge that such act is likely to cause death.

- h) Nuclear, Chemical and Biological Terrorism.

**Above lists of exclusions are illustrative only and are not exhaustive. For a detailed list refer to the Policy terms and conditions which will be made available on request.*

FREE LOOK / REFUND DETAILS

This plan, at inception, has a free look period of 15 days from the date of receipt of policy. On review of the policy terms and conditions, If you are not satisfied with this plan, then you can cancel your plan within this 15 days free-look period. You shall be eligible for a refund of premium, after deducting applicable risk premium, provided your intimation of cancellation reach us within the free look period. You will have to produce the original certificate of insurance along with your request for cancellation.

In case you cancel your coverage after the free-look period, refund of premium shall be as per the short period rates mentioned in the Policy.

The Company may terminate the policy on grounds like misrepresentation, false representation of a matter of fact or non-disclosure of material fact by the applicant/insured and in such cases the policy shall be terminated immediately, from inception, and applicant / insured shall not be eligible for any refund.

RENEWAL DISCLOSURES

Premium will be charged based on the age band in the premium table and is subject to a maximum increase of 25%. Any further increase is subject to IRDAI's approval.

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.

The sum insured/plan can be enhanced at the time of renewal upto a maximum of 100% of the expiring sum insured/plan if there are no claims lodged / paid during all years of insurance. However, the quantum of increase shall be at the discretion of the company.

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 period of break in insurance.

Disclaimer

Insurance is the subject matter of solicitation. Hospital Benefit Plus Insurance product is underwritten by Royal Sundaram Alliance Insurance Company Limited. Claims will be settled by Royal Sundaram Alliance Insurance Company 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 Hospital Benefit Plus Insurance product of Royal Sundaram is approved by IRDAI.

Amsure is the licensed Corporate Agent of Royal Sundaram Alliance Insurance Co.Ltd, vide IRDAI license number 2129452

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 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.
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AMSURE INSURANCE AGENCY LIMITED
Registered Office:

1st Floor, Elegance Tower, Plot No. 8,
Non Hierarchical Commercial Centre,
Jasola, New Delhi - 110025

IRDAI License Number - 2129452

Toll Free: 1800 200 4242 | Visit: www.amsure.in



Royal Sundaram
General Insurance

Royal Sundaram Alliance Insurance Company Limited

Corporate Office: 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

HOSPITAL BENEFIT PLUS INSURANCE PROPOSAL FORM

Proposal No

ABO Number

Application

ABO Non ABO

Sourcing Agent Code

Order Location

**PLEASE ENSURE THAT ALL QUESTIONS IN THE FORM ARE ANSWERED IN CAPITAL LETTERS. PLEASE TICK IN THE RELEVANT BOXES. ALL DETAILS ARE MANDATORY.
ENSURE THAT THE DESIRED SUM INSURED IS SELECTED**

Title Mr. Mrs. Miss Others _____
(please specify)

Proposer's Full Name _____
First Name Middle Name Last Name

Date of Birth / / Marital Status: Married Single

Add Line 1

Add Line 2

Add Line 3

Landmark

City State Pincode

Landline Phone(s) _____
STD CODE - R E S I D E N C E a n d / O F F I C E

Mobile Number PAN Number[#]

E-mail*

Annual Income (₹) upto 5 Lacs above 5 Lacs

Period of insurance - 1 year from the date of inception

* Please share your correct email address to ensure receipt of E-Policy

PLEASE TICK AGAINST THE APPLICABLE DESCRIPTION, IF YOU FALL UNDER ANY OF THE BELOW LISTED CATEGORIES. IF YOU FALL UNDER MORE THAN ONE OF THE LISTED TITLES BELOW, PLEASE TICK AGAINST ALL THE APPLICABLE HEADS.

- Head of State or of Government Senior Politician Senior Government/Judicial/Military Officer
 Senior Executive of State-Owned Corporation Important Political Party Official

Details of Persons to be covered (It is mandatory to give all information sought. Incomplete proposals are subject to rejection):

Persons covered under the head 'Adult': Proposers, Spouse, Dependent Parents who are upto 70 years of age

Persons covered under the head 'Child': Dependent children of Proposers who are financially dependent.

Sl. No	Name	Date of birth	Gender	Relation to proposer	Profession/ trade occupation	Nominee Name	Nominee Relationship	Premium
1.		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
2.		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
3.		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
4.		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
5.		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
6.		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
7.		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
8.		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						

Plan Options: Gold(₹1000) Platinum (₹1500) Diamond (₹2000)

Please confirm if any of the proposed family members have any physical disability / mental disability / HIV / AIDS

Yes No

If any person proposed have suffered any accident/ diagnosed of any other disease/ illness please provide details

Sl. No	Name of the Proposed Person	Nature of illness/disease/injury	Date first diagnosed	Treatment taken/now being taken/surgery done	Name of the attending medical practitioner with phone number
1					
2					
3					
4					

If the space provided above is not sufficient, please share the required information in a separate paper and attach the same to the form.

Declaration : I declare that persons proposed include my family members only and they are not engaged in any high risk occupation. I have given explicit information of instances of pre-existing diseases and understand that such pre-existing medical conditions will not be covered under the policy. I understand that the premium if paid by cash will not be eligible for deduction under section 80 D of Income Tax Act, 1961.

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 assured/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 Governmental and/or Regulatory authority. I understand and note that this proposal form shall form the basis of contract and any statement, answer, particulars which are incorrect or untrue shall entitle the Insurers to deny any liability under the Policy. I hereby agree to enroll myself and/or my dependants to the Hospital Benefit Plus Insurance Policy offered by Royal Sundaram.

Payment Details: Please tick (✓) payment option Premium Amount (₹)

Cash

Cheque /Demand Draft Payment Option: Cheque/DD Number

Cheque/DD Date Bank

Please fill in bank details for refund process : Customer's Account Number

IFSC Code Name of the customer as in his bank account _____

Drawee Bank's Name : _____ Branch _____ City _____

Date : Signature or thumb impression of the Proposer

Place : _____ Signature of Amsure Insurance Planner

Acceptance of proposal is purely within the discretion of Royal Sundaram.

Amsure is the licensed Corporate Agent of Royal Sundaram Alliance Insurance Co.Ltd, vide IRDAI license number 2129452

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 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.

UIN: IRDAI/NL-HLT/RSAL/P-H/V.I/57/13-14



Royal Sundaram Alliance Insurance Company Limited
Corporate Office: 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

Amsure Toll Free Number : 1800 200 4242
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