

Note on Regulatory Changes wef 1st Oct 2024,

as applicable to all health, personal accident and travel insurance products

IRDAI, through its Master Circular on Health Insurance Business dated 29th May 2025 (Ref IRDAI/HLT/CIR/PRO/84/5/2024), has mandated that insurers comply with the provisions of the Master Circular, as well as IRDAI (Insurance Products) Regulations, 2024 and IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024. Insurers are required to ensure full compliance with these regulatory requirements by 30th September, 2024.

These regulatory changes have been incorporated in our health products as applicable (covering all health, personal accident and travel insurance products), which are as follows:

Health/ PA/ Travel products

SI	Product Name	UIN
1	Suraksha Kawach	RSAHLGP19010V011819
2	EMI Protection Plus	RSAHLGP23218V012223
3	EMI Advantage	RSAHLIP25007V012425
4	Smart Cash Plan	IRDAI/HLT/RSAI/P-H/V.II/181/14-15
5	Surgical Shield Insurance Policy	IRDA/NL-HLT/RSAI/P-H/V.I/186/13-14
6	Surgicare	IRDA/NL-HLT/RSAI/P-H/V.I/194/13-14
7	Critical Illness Lumpsum	RSAHLGP06010V030506
8	Life Line - V3	RSAHLIP24146V032324
9	Arogya Sanjeevani Policy (Revision)	RSAHLIP25013V022425
10	Family Plus	RSAHLIP22200V032122
11	SECURE ALL	IRDA/NL-HLT/RSAI/P-H/V.I/190/13-14
12	Top Up Insurance- Health XS and Super Health XS Policy	IRDA/NL-HLT/RSAI/P-H/V.I/209/13-14
13	Advanced Top up Health Insurance Plan	RSAHLIP23029V012223
14	Multiplier Health Insurance Plan	RSAHLIP23030V012223
15	Group Multiplier Health Insurance Plan	RSHLGP23157V012223
16	Divyang Plus, Royal Sundaram General Insurance co. Ltd	RSAHLIP23188V012223
17	Group Advanced Top Up Health Insurance plan	RSAHLGP24029V012324
18	NeXT Gen Health Insurance Plan	RSAHLIP24078V012324
19	Surrosafe Health Insurance	RSAHLIP24110V012324
20	Group Arogya Sanjeevani Policy	RSAHLIP20177V011920
21	Health EcoAdvantage	RSAHLIP25006V012425
22	Saral Suraksha Bima,	RSAPAIP21632V012021
23	Accident Shield	IRDA/NL-HLT/RSAI/P-P/V.I/192/13-14
24	Accident Shield Classic	IRDA/NL-HLT/RSAI/P-H/V.I/214/13-14
25	Group Personal Accident Policy (APA 002)	IRDA/NL-HLT/RSAI/P-P/V.I/180/13-14
26	Income Protector Plus Policy	IRDA/NL-HLT/RSAI/P-H/V.I/183/13-14
27	Individual Personal Accident Policy	IRDA/NL-HLT/RSAI/P-H/V.I/215/13-14
28	Personal Accident Care Gold Insurance	IRDA/NL-HLT/RSAI/P-P/V.I/188/13-14

29	Personal Accident Care Platinum Insurance	IRDA/NL-HLT/RSAI/P-P/V.I/187/13-14
30	Citi PA Plus Insurance Policy	IRDA/NL-HLT/RSAI/P-P/V.I/53/13-14
31	Suraksha Personal Accident Insurance	IRDA/NL-HLT/RSAI/P-P/V.I/54/13-14
32	Group Bharat Yatra Suraksha,	RSATGDP22114V012122
33	Bharat Yatra Suraksha	RSATIDP22118V012122
34	Travel Shield - Single Trip	IRDA/NL-HLT/RSAI/P-H/V.I/216/13-14
35	Travel Shield Plus - Corporate Frequent Traveller	IRDA/NL-HLT/RSAI/P-H/V.I/272/13-14
36	Travel Secure	RSATIOP18116V011718
37	Travel Tune	RSATGBP24140V012324

Group Health and Mass Health Products

1	Group Health Insurance	RSAHLGP22167V032122
2	Micro Health Shield	RSAHMIP21440V022021
3	Rural Hospital Cash	RSAHLGP21442V022021

The regulatory changes have been carried out in the product documents and updated on the website (which can be accessed [here](#)). The documents in which changes have been carried out are as follows:

1. Policy Wordings
2. Prospectus/Sales Literature
3. Customer Information Sheet

A summarized list of these changes, has been detailed in Annexure 1 for policyholders' reference.

This is to be noted by our policy holders, that these changes will be applicable to all the existing policies with effect from 1st Oct 2024.

Annexure 1:

Sr. No.	Clause Name		Details (post changes)
1.	Definitions	AYUSH treatment	AYUSH treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
		Break in policy	Break in policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
		Grace period	Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
		Migration	Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
		Portability	Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
		Pre-existing disease	Pre-existing disease (PED) means any condition, ailment, injury or disease: a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
		Specific waiting period	Specific waiting period means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
3	Waiting Periods	Pre-existing disease	a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
2.	Free Look Period	Modified as	At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force: a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or; b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or; c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period. d) Free-look will not be applicable for policies with tenure less than one year. e) Free-look not applicable in case of renewals.

			All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.
3.	Moratorium period	Modified as	After completion of <u>five continuous years</u> under this policy no look back would be applied. This period of <u>five years</u> is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of <u>five continuous years</u> would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.
4.	Cancellation (applicable for all indemnity health products)	Modified as	The policyholder may cancel his/her policy at any time during the term, by giving <u>7 days'</u> notice in writing. The Company shall: a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period. b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy. The Company may cancel the Policy at any time on grounds of misrepresentative, non-disclosure of material facts, fraud by the Insured Person, by giving <u>7 days'</u> written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
5.	Premium Payment in Instalments (Fixed Benefit, Personal Accident and Indemnity health policies where premium can be paid in instalments)	Modified as	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. In case of <u>monthly mode</u> of premium payment, grace period of <u>15 days is allowed</u> and would be given maximum two times in a policy period. <u>In case of quarterly and half-yearly and yearly mode</u> of premium payment, grace period will be allowed maximum only once for a period of <u>30 days</u> for payment of the instalment premium due for the policy. ii. <u>If the premium is paid in instalments, coverage will still be available during the grace period.</u> iii. The Benefits provided under — “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period. iv. 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. In the event of a claim, all subsequent premium instalments shall immediately become due and payable. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
6.	Renewal of Policy	Modified as	Where premium is paid in instalments- Renewal of Policy: The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due to renewal. i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period

			<p>iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the <u>Grace Period of 15 days in monthly and 30 days in case of quarterly, half- yearly and yearly payments</u> to maintain continuity of benefits without break in policy. If the premium is paid in instalments, <u>coverage will still be available during the grace period.</u></p> <p>iv. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.</p> <p>v. If not renewed within Grace Period after due renewal date, the Policy shall terminate. No loading shall apply on renewals based on individual claims experience.</p>
7	Grievance Redressal	Modified as	<p>Grievance redressal mechanism now made more robust in compliance with the Master Circular and regulations.</p> <p>It is now stated as follows:</p> <p>In case of any grievance the insured person may contact the company through Website: https://www.royalsundaram.in</p> <p>Grievance Redressal: https://www.royalsundaram.in/customer-service</p> <p>You may call us at – 1860 258 0000, 1860 425 0000</p> <p>Email:</p> <ol style="list-style-type: none"> 1. Please raise a complaint with us through e mail – care@royalsundaram.in, and we would come back to you with a response in 24 hours. 2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to manager.care@royalsundaram.in 3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to head.cs@royalsundaram.in 4. In case you are not happy with our response or have not received any response in 2 business days, you may approach gro@royalsundaram.in - GRO Contact Number – 7228087400 <p>Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in - Senior Citizen Grievance Number - 7228933501 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)</p> <p>Fax us at: 044 – 7117 7140</p> <p>Courier us your complaint at:</p> <p>Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097</p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at</p> <p>Mr. T M Shyamsunder Grievance Redressal Officer Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097</p> <p>For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in</p> <p>If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.</p> <p>Insurance Ombudsman addresses -https://www.cioins.co.in/ContactUs</p> <p>Grievance may also be lodged at –</p> <p>Registration of Complaints in Bima Bharosa by Policyholders:</p> <ol style="list-style-type: none"> 1. Can directly register complaint in the Bima Bharosa Portal https://bimabharosa.irdai.gov.in/ 2. Can send the complaint through Email to complaints@irdai.gov.in. 3. Can call Toll Free No. 155255 or 1800 4254 732.

			<p>4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:</p> <p>General Manager Insurance Regulatory and Development Authority of India(IRDAI) Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell. Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032.</p>
8	Claim settlement (as stated in Customer Information Sheet)	Modified as	<p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorisation of cashless facility is 1 hour</p> <p>ii. TAT for cashless final bill authorisation is 3 hours</p>