

# CUSTOMER INFORMATION SHEET

## Multiplier Health Insurance Plan

Customer Information Sheet		
TITLE	DESCRIPTION	REFER TO POLICY SECTION NUMBER
Product Name	Multiplier Health Insurance Plan	
What am I covered for:	<ul style="list-style-type: none"> <li>• Inpatient Care: Medical Expenses for Medical Practitioner's fees, Diagnostic tests, Medicines, drugs and consumables, Treatment Charges, Nursing Charges, Operation Theatre charges, Intensive Care Unit charges, Intravenous fluids, blood transfusion, injection administration charges, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.</li> <li>• Modern Treatments- Listed modern treatments will be covered up to Sum Insured.</li> <li>• Pre-Hospitalisation Expenses: Related medical expenses incurred 60 days prior to hospitalization.</li> <li>• Post-Hospitalisation Expenses: Related medical expenses incurred within 90 days from date of discharge.</li> <li>• Day-care Treatment: All Day Care procedures requiring less than 24 hours' hospitalization.</li> <li>• Organ Donor Expenses: Medical Expenses for an organ donor's treatment for harvesting of the organ. Organ donor expenses will be covered within the sum insured for the patient who is insured with us i.e. recipient of the Organ (who is undergoing the transplant)</li> <li>• Domiciliary Hospitalization: Medical Expenses upto Sum Insured for medical treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization.</li> <li>• AYUSH Treatment – We will cover medical expenses for Alternative Treatment taken in government hospital or in any institute recognized by the government and /or as defined under definition of AYUSH hospital in the Policy Document, upto Sum Insured.</li> <li>• Emergency Ambulance Cover including App based cabs.</li> <li>• Vaccination in case of Animal Bite –We will cover medical expenses for OPD treatment for vaccination or immunization for treatment post an animal bite.</li> <li>• Emergency Domestic Evacuation – Available once during Policy year in case of medical emergency and on advise of treating doctor.</li> <li>• Annual Health Check-up - Cost of a health check-up as per eligibility of insured. This benefit is over and above the Base Sum Insured.</li> <li>• Preventive Healthcare &amp; Wellness and Disease Management – We will provide various preventive healthcare &amp; wellness related activities like health related articles on your registered email ids. We will also provide Disease Management Services wherein for certain specified Health Risks such as Heart, Kidney, Liver, Cancer, Hypertension, Diabetes and other conditions as defined from time to time, you will be provided assistance to manage your disease condition better through preventive check-ups, advise on Nutrition, diet, exercise regime etc. Any information provided under this will be recommendatory in nature and will not be substitute of doctor consultation.</li> <li>• Second Opinion for Critical Illness – Available once during Policy period for 22 critical illness.</li> <li>• 4X Multiplier Benefit- In Life Threatening condition, an additional amount equivalent to 4(four) times of Sum Insured including No Claim Bonus will be available to the Insured Persons for all claims admissible during the Policy Year. This Benefit will be available only 4(Four) times in the Lifetime of Policy/Person across all insured members.</li> <li>• Flexi Reload of Sum Insured – We will Reload Your Sum Insured, once in a Policy Year, up to 100% of Base Sum Insured, subject to the following               <ol style="list-style-type: none"> <li>I. Flexi Re-load will be triggered only if Base Sum Insured and No Claim Bonus (if any) is insufficient or exhausted as a result of any claims in that Policy Year;</li> <li>II. Flexi Reload shall not apply to first claim in the Policy Year.</li> <li>III. Flexi Reload once triggered can be used for the same illness to same insured also.</li> <li>IV. If the policy is issued on a floater basis, the Reload Sum Insured will also be available on floater basis;</li> </ol> </li> </ul>	<p style="text-align: right;">D.1</p> <p style="text-align: right;">D.2</p> <p style="text-align: right;">D.3</p> <p style="text-align: right;">D.4</p> <p style="text-align: right;">D.5</p> <p style="text-align: right;">D.6</p> <p style="text-align: right;">D.7</p> <p style="text-align: right;">D.8</p> <p style="text-align: right;">D.9</p> <p style="text-align: right;">D.10</p> <p style="text-align: right;">D.11</p> <p style="text-align: right;">D.12</p> <p style="text-align: right;">D.13</p> <p style="text-align: right;">D.14</p> <p style="text-align: right;">D.17</p> <p style="text-align: right;">D.16</p>

	<ul style="list-style-type: none"> <li>• Pre-Existing Disease Coverage During the Pre-Existing diseases waiting period, for 2nd and 3rd year, we will cover the expenses for treatment of Pre-Existing diseases declared by the insured person with 50% Co-payment and up to a maximum of Rs. 2 lakhs.</li> </ul> <p><b>Optional Benefits</b></p> <p><b>1. Health &amp; Wellness Plus</b></p> <p>If Health and Wellness Plus cover is opted, you will have access to the following:</p> <ol style="list-style-type: none"> <li>1. Health and Wellness app –       <ol style="list-style-type: none"> <li>a. This app will have mechanism to track your physical activities such as walking, running, cycling, treadmill, swimming etc., synching facility with your fitness wearables such as Fitbit, Garmin and other similar fitness wearables. This app will also have an capability to calculate your fitness activity score basis your Physical activity.</li> <li>b. Health and Wellness app shall also capture Resting Heart rate, sleep patterns, moderate to rigorous exercise per week and number of steps taken on daily basis.</li> <li>c. On the basis of level of Physical activity, Health and Wellness app will calculate the reward points and accumulated reward points can be redeemed only after renewal of the policy for following:           <ul style="list-style-type: none"> <li>• Discounts on Diagnostic tests within network of empanelled Diagnostic centres</li> <li>• Discounts on OPD consultations on specified network</li> <li>• Discount on Mobility Devices including but not limited to walkers, manual wheelchair, crutches, splints, external prosthetics, plasters, bandages, knee caps, slings. Scope will be restricted to the items mentioned in the app.</li> <li>• Discount on Medical Devices including but not limited to thermometer, glucometer, oximeter, BPMeter. Scope will be restricted to the items mentioned in the app.</li> </ul> </li> <li>d. This benefit can be availed only if Insured Person has a smart phone and able to download the specified Health and Wellness app provided by Royal Sundaram.</li> <li>e. To avail the rewards under this benefit, Insured Person should have a fitness wearable device which is typically worn on your wrist and activity captured on the wearable device should be synched with Health and wellness app. Royal Sundaram may advice list of wearable device from time to time which can be used for availing this benefit.</li> <li>f. Criterion for Reward Points will be based on following:           <ol style="list-style-type: none"> <li>I. Being active by walking 10,000 steps on an average per day- if you clock 30 lakhs steps in a Policy year; and/or</li> <li>II. By doing Moderate to rigorous exercise of 150 minutes per week on an average- if you clock 5000 active minutes of moderate to rigorous exercise in a Policy year. Exercise means running, swimming, cycling, jogging, Weight training and cardio exercises in Gymnasium etc.</li> </ol> </li> </ol> <p>Note: Criterion of Reward Points mentioned hereunder is not exhaustive but an indicative.</p> <ol style="list-style-type: none"> <li>1. Teleconsultations (video consultations) – Insured member can avail 4 teleconsultations per quarter (3 months) of calendar year with General Physicians/ specialized doctors on the Health and Fitness app.</li> <li>2. Virtual Health Coach- A virtual health professional (not chat bot) specialized in the area of Diet &amp; Nutritional Management, Exercise and Fitness management who will resolve your queries relating to Food to be eaten/to be avoided, diet to be followed keeping in mind the regional variations of food. Virtual Health Coach will also advise customers on fitness and exercise related queries i.e. quantum and intensity of physical activity Running, jogging, gymnasium, treadmill, cross-trainer and other physical activities/exercise.</li> </ol> <p>Important Terms and conditions of Health and Wellness Plus Benefit:</p> <ol style="list-style-type: none"> <li>1. This Benefit is available only for Insured Members who are 18 years and above.</li> <li>2. This benefit is available to maximum 2 Insured Persons either to Adult or Children more than 18 years in the Floater Policy.</li> <li>3. Health and Wellness Plus benefit is complimentary for customers who have opted ABCD Benefit</li> </ol> </li></ol>	<p>D.18</p> <p>Endorsement-1</p>
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Waiting period	<ul style="list-style-type: none"> <li>Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents)</li> <li>Specific Waiting periods: 24 months for 16 diseases</li> <li>Pre-existing diseases: Covered after 36 months (Covered with 50% Co-pay max up to Rs. 2 lacs in 2nd and 3rd policy year)</li> </ul>	E1.2 E1.3 E1.1
Payment basis	<ul style="list-style-type: none"> <li>Cashless facility or reimbursement of covered expenses up to specified limits.</li> </ul>	
Loss Sharing	<p>In case of a claim, this policy requires you to share the following costs:</p> <ul style="list-style-type: none"> <li>50% of each claim as Co-payment for Pre-existing diseases in 2nd and 3rd policy year. For this Our liability will be maximum up to Rs. 2 lakhs. In case of any underwriting Co-payment applied under the Policy, higher of the 2 Co-payments will be applicable on the claim amount i.e. 50%.</li> <li>If you have opted for Voluntary Co-payment, there will be co-payment on each claim equivalent to percentage opted by you. Voluntary Co-payment will be additive to any other Co-payment applicable under the Policy.</li> <li>Co-payment may be applied as a part of Underwriting.</li> </ul> <p><b>Co-payment:</b></p> <ul style="list-style-type: none"> <li>As this policy also has voluntary co-payment option, the interplay between Underwriting co-payment, Pre-existing Coverage Co-payment and voluntary co-payment will be as under:</li> </ul> <ul style="list-style-type: none"> <li><b>Scenario 1:</b> If the insured is suffering from any pre-existing condition, for which underwriting co-payment has also been applied. In this case, Co-payment applicable on the Claim amount will be higher of Co-payment under Pre-Existing Coverage or Underwriting Co-payment i.e. 50% Co-payment will be applicable on the Claim amount.</li> <li><b>Scenario 2:</b> If the customer has opted for voluntary co-payment for availing a discount and Insured Person has made a claim for Pre-existing conditions i.e. Voluntary Co-payment and Pre-existing Coverage Co-payment will be additive.</li> <li><b>Scenario 3:</b> If the insured is suffering from any pre-existing condition, for which underwriting co-payment has also been applied at the time of Underwriting and also customer has also opted for voluntary co-payment. In this case Underwriting Co-payment and Voluntary Co-payment will be additive.</li> </ul>	D.18 Endorsement-4
Renewal Conditions	<ol style="list-style-type: none"> <li>This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.</li> <li>We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.</li> <li>The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. For the purpose of this provision, Grace Period means a period of 30 days in case of one year and 15 days in case of monthly, quarterly and half-yearly payments immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases. Coverage is not available for the period for which premium is not received by Us and We shall not be liable for any Claims incurred during such period. The provision of Section 64VB of the Insurance Act shall be applicable.</li> <li>Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.</li> <li>We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.</li> </ol>	F2.12

	<p>vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.</p> <p>vii. In case of floater policies, children attaining 25 years at the time of renewal will be moved out of the floater into an individual cover however all continuity benefits on the policy will remain intact.</p>																																									
Renewal Benefits	<p>No Claim Bonus:</p> <ul style="list-style-type: none"> <li>• 20% increase in your Sum Insured for every claim free year</li> <li>• There will not be any reduction in No Claim Bonus as a result of claim by the Insured Person in any Policy year.</li> </ul>	D. 15																																								
Cancellation	<p>a. The Insured may cancel this Policy by giving 15 days written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.</p> <table border="1"> <thead> <tr> <th>Cancellation date upto (x months) from the Policy Period Start Date</th> <th>1 Year</th> <th>2 Year</th> <th>3 Year</th> </tr> </thead> <tbody> <tr> <td>Upto 1 month</td> <td>75%</td> <td>87%</td> <td>91%</td> </tr> <tr> <td>Upto 3 months</td> <td>50%</td> <td>74%</td> <td>82%</td> </tr> <tr> <td>Upto 6 months</td> <td>25%</td> <td>61.5%</td> <td>73.5%</td> </tr> <tr> <td>Upto 12 months</td> <td>0%</td> <td>48.5%</td> <td>64.5%</td> </tr> <tr> <td>Upto 15 months</td> <td>NA</td> <td>24.5%</td> <td>47%</td> </tr> <tr> <td>Upto 18 months</td> <td>NA</td> <td>12%</td> <td>38.5%</td> </tr> <tr> <td>Upto 24 months</td> <td>NA</td> <td>0%</td> <td>30%</td> </tr> <tr> <td>Upto 30 months</td> <td>NA</td> <td>NA</td> <td>8%</td> </tr> <tr> <td>Beyond 30 months</td> <td>NA</td> <td>NA</td> <td>0%</td> </tr> </tbody> </table> <p>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.</p> <p>b. 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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p> <p><b>For half- yearly payment mode</b>  Upto 90 days- 50% Refund  Post 90 days- Nil</p> <p><b>For Quarterly payment mode</b>  Upto 30 days- 50%  After 30 days- Nil</p> <p><b>For Quarterly payment mode</b>  Cancellation- No refund</p>	Cancellation date upto (x months) from the Policy Period Start Date	1 Year	2 Year	3 Year	Upto 1 month	75%	87%	91%	Upto 3 months	50%	74%	82%	Upto 6 months	25%	61.5%	73.5%	Upto 12 months	0%	48.5%	64.5%	Upto 15 months	NA	24.5%	47%	Upto 18 months	NA	12%	38.5%	Upto 24 months	NA	0%	30%	Upto 30 months	NA	NA	8%	Beyond 30 months	NA	NA	0%	F.1.7
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Claims	<p>cashless service – web link of network hospital  royalsundaram.in/health-insurance</p> <p>Intimation – Before 3 days in case of planned hospitalisation and within 2 days of admission in case of emergency hospitalisation.</p> <p>Claim Document submission: within 30 days from the date of discharge.</p>																																									
Policy Servicing/ Grievances/ Complaints	<p>Grievances/Complaints -Company Officials:  E-mail: customer.services@royalsundaram.in  Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in</p>	F1.16																																								

	<p>Mr. T M Shyamsunder – Grievance Redressal Officer  IRDAI/(IGMS/Call Centre): - <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a> - IRDA Grievance toll-free number: 155255</p> <ul style="list-style-type: none"> <li>• Ombudsman Details– Please refer Annexure 1 to Policy Wordings</li> </ul>	
Insured's Rights	<ul style="list-style-type: none"> <li>• Free Look: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.  The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.  If the insured has not made any claim during the Free Look Period, the insured shall be entitled to <ol style="list-style-type: none"> <li>a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</li> <li>where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</li> <li>Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;</li> </ol> </li> <li>• Implied renewability: Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.</li> <li>• Migration and Portability related queries please email us at <a href="mailto:healthpolicy.helpdesk@royalsundaram.in">healthpolicy.helpdesk@royalsundaram.in</a> and write us at:  Royal Sundaram Insurance Co. Ltd.  2nd Floor, Delphi C-wing,  Hiranandani Business Park, Powai,  Mumbai- 400076.</li> <li>• Increase in SI during the Policy term is not allowed.</li> <li>• Turn Around Time (TAT) for issue of PreAuth and settlement of Reimbursement  Cashless - 3 hours from time of receipt of all requisite documents  Reimbursement – 7 days from the date of receipt of all requisite documents</li> <li>• Customer has an option to choose instalment payment options i.e. Monthly, quarterly and half-yearly mode.</li> </ul>	F1.15
Insured's Obligations	<ul style="list-style-type: none"> <li>• Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</li> <li>• Disclosure of Material Information during the policy period such as change in occupation</li> </ul>	

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

#### WHAT IF I EVER NEED TO COMPLAIN?

*We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.*

*In all instances, call our Customer Services at our Chennai office at 1860 425 0000 or e-mail at [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in) or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.*

*Royal Sundaram General Insurance Co. Limited*

*IRDAI Registration No.102. | CIN: U67200TN2000PLC045611*

