

CRITICAL ILLNESS LUMP SUM

Prospectus

Critical Illness Lumpsum – Protecting what you value

At Royal Sundaram, we endeavor to protect all that you value.

Royal Sundaram brings to you Critical Illness Lumpsum, a unique Critical Illness Plan, designed to ensure that you are cushioned against financial adversity as a result of a critical illness at an affordable price.

What are the key benefits of Critical Illness Lumpsum?

This policy is specially designed to offer complete protection to you and your family against the below illness:

1. Cancer of specified severity
2. First Heart Attack - of specified severity
3. Kidney Failure requiring regular dialysis
4. Major Organ/Bone Marrow Transplant
5. Multiple Sclerosis with persisting symptoms
6. Open Chest CABG
7. Open Heart Surgery for replacement or repair of heart valves
8. Stroke resulting in permanent symptoms
9. Third Degree Burns

The Policy shall pay lump sum amount as mentioned in the Schedule subject to terms, conditions, limitations and exclusions mentioned therein, if the Insured Person is Diagnosed to be suffering from any of the defined Critical illness, contracted or sustained by the Insured Person during the Period of Insurance.

If a claim is settled for an insured, the cover for that insured person ceases. The cover shall also cease for insured person if during the waiting period critical illness is diagnosed. Cover for other insured members under the policy shall continue.

Who is providing coverage under Critical Illness Lumpsum?

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

What additional benefits do I get?

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

- **Individual Cover:** Cover is available on individual basis.
- **Tax Benefit:** This insurance scheme is approved by IRDA and the medical premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.

What are the medical examinations to be done before taking Critical Illness Lumpsum?

Medical Examination: Medical examination is required as per the table given below:

	Up to 5 lakh	5 - 10 lakh	More than 10 lakh
Upto 30 years	No MER	No MER	No MER
30 years to 35 years	No MER	No MER	Table 1
35 years to 40 years	No MER	Table 1	Table 1
40 years to 45 years	No MER	Table 1	Table 2
Above 45 years	Table 1	Table 1	Table 2

Table 1

Medical Test + Medical Examination
Fasting Blood sugar
PP Blood sugar
Lipid Profile
Liver Function Test
Kidney function
Blood Urea
Serum Creatinine
Urine Analysis
ECG

Table 2

Medical Test + Medical Examination
Fasting Blood sugar
PP Blood sugar
Lipid Profile
Liver Function Test
Kidney function
Blood Urea
Serum Creatinine
Urine Analysis
ECG
TMT
Echocardiogram
Ultrasound whole abdomen

The Company shall bear 50% & 100% of the cost of the medical examination in the event of the policy period being 1 year and more than 1 year respectively and the risk being accepted.

What is the coverage amount under Critical Illness Lumpsum Policy?

The sum insured ranges from Rs. 25,000 to Rs.2,500,000. The offer of sum insured shall be dependant on age and risk profile of the customer and shall be at the discretion of the Company.

Who is eligible for the coverage?

This insurance is available to persons who are family members of proposer from 91 days to 65 years at the Commencement Date of the Policy (Renewable Lifelong).

Family means comprising of:

Self, Spouse, Dependent children (including unmarried children, step children or legally adopted children, who are financially dependent and aged between 91 days and 25 years), dependant Parents and dependents who bear any legal relation to the Proposer, can also be insured upto the age of 65 years. Renewal is accepted upto the age of 25 years for dependent children.

You must satisfy the following conditions:

Parameter	Eligibility
Age at entry	91 days - 65 years
Maximum cover ceasing age i.e renewal age	25 years for children. For children completing 25 years can take a fresh policy. Company will issue a fresh policy with continuity benefit
Health Condition	You need to be in good health, have understood and signed the proposal form.

What do I need to pay?

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

The premiums are for a healthy life and are inclusive of applicable service tax/education cess as per the prevailing rates.

Premium table (with Service Tax)

The sum insured ranges from Rs.25,000 to Rs.2,500,000

% of rate has to be applied on the respective Sum Insured to arrive the premium rates

Annual Premium with service tax

		% of Premium Rate	
Age Band	1 Year	Age Band	1 Year
Upto 1 Yr	0.17%	64 Yrs	18.99%
1-5 Yrs	0.20%	65 Yrs	20.51%
6-10 Yrs	0.28%	66 Yrs	22.08%
11-15 Yrs	0.28%	67 Yrs	23.65%
16-20 Yrs	0.34%	68 Yrs	25.22%
21-25 Yrs	0.39%	69 Yrs	26.80%
26-30 Yrs	0.54%	70 Yrs	28.37%
31-35 Yrs	0.67%	71 Yrs	31.91%
36-40 Yrs	0.93%	72 Yrs	35.44%
41-45 Yrs	2.25%	73 Yrs	38.98%
46-50 Yrs	4.75%	74 Yrs	42.51%
51-55 Yrs	7.67%	75 Yrs	46.05%
56-60 Yrs	12.90%	76 Yrs	53.44%
61 Yrs	14.42%	78 Yrs	60.84%
62 Yrs	15.94%	79 Yrs	68.24%
63 Yrs	17.46%	80 & above	75.64%

For example – Premium in absolute numbers for Sum Insured Rs.100000, Rs.200000, Rs.300000, Rs.400000 and Rs.500000 is given below:

Annual Premium with service tax

Age Band	Sum Insured					
	50,000	100,000	200,000	300,000	400,000	500,000
Upto 1 Yr	85	170	340	510	680	850
1-5 Yrs	101	202	404	607	809	1,011

6-10 Yrs	140	281	562	843	1,124	1,405
11-15 Yrs	140	281	562	843	1,124	1,405
16-20 Yrs	169	337	674	1,011	1,348	1,685
21-25 Yrs	197	393	787	1,180	1,573	1,966
26-30 Yrs	270	539	1,079	1,618	2,157	2,697
31-35 Yrs	337	674	1,348	2,022	2,697	3,371
36-40 Yrs	466	933	1,865	2,798	3,730	4,663
41-45 Yrs	1,124	2,247	4,494	6,742	8,989	11,236
46-50 Yrs	2,376	4,753	9,506	14,258	19,011	23,764
51-55 Yrs	3,837	7,674	15,348	23,023	30,697	38,371
56-60 Yrs	6,449	12,899	25,798	38,697	51,596	64,495
61 Yrs	7,208	14,416	28,832	43,247	57,663	72,079
62 Yrs	7,972	15,944	31,888	47,832	63,776	79,719
63 Yrs	8,730	17,461	34,921	52,382	69,843	87,304
64 Yrs	9,494	18,989	37,978	56,967	75,955	94,944
65 Yrs	10,253	20,506	41,011	61,517	82,023	1,02,529
66 Yrs	11,039	22,079	44,157	66,236	88,315	1,10,394
67 Yrs	11,826	23,652	47,304	70,955	94,607	1,18,259
68 Yrs	12,612	25,225	50,450	75,674	1,00,899	1,26,124
69 Yrs	13,399	26,798	53,596	80,394	1,07,191	1,33,989
70 Yrs	14,185	28,371	56,742	85,113	1,13,484	1,41,855
71 Yrs	15,955	31,910	63,820	95,731	1,27,641	1,59,551
72 Yrs	17,719	35,438	70,877	1,06,315	1,41,753	1,77,192
73 Yrs	19,489	38,978	77,955	1,16,933	1,55,911	1,94,888
74 Yrs	21,253	42,506	85,012	1,27,517	1,70,023	2,12,529
75 Yrs	23,023	46,045	92,090	1,38,135	1,84,181	2,30,226
76 Yrs	26,719	53,438	1,06,877	1,60,315	2,13,754	2,67,192
78 Yrs	30,421	60,843	1,21,686	1,82,529	2,43,372	3,04,215
79 Yrs	34,118	68,236	1,36,472	2,04,709	2,72,945	3,41,181
80 & above	37,820	75,641	1,51,282	2,26,922	3,02,563	3,78,204

The above rates can be loaded up to 40%

The premium for multi-year policies would be by the following table.

Policy Tenure	Discount %
2 years	2.00%
3 years	2.50%

How do I pay my Premium?

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

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

How do I Enroll?

Quick and easy enrolment process. Medical examination is required for persons above 35 years depending on the plan and term chosen. All you need to do is to complete the proposal form. Kindly ensure all details are captured accurately and completely filled in before signing.

When does the coverage start?

Coverage in respect of all customers starts from the date of receipt of premium and its acceptance thereof.

How can my coverage end?

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

Event	Parameter
End of coverage term	End of policy period unless renewed
If you cancel the coverage	Premium would be refunded as per the grid short period scales
Non receipt of renewal premium	If the renewal premium is not paid within the due date and within the Grace Period of 30 days
Detection of CI	Admission of claim
Fraudulent event/non-cooperation	The policy when not renewed on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you.

What document will I get as a proof of Insurance?

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

Geographical Area

The cover granted under this insurance is valid for diagnosis taken in India only.

When I can include my family members under the policy?

No midterm inclusions of members are allowed in Critical Illness Lumpsum Policy. On renewal you can include your family members.

Medical examination is required as per the table given under Medical Reports Required.

For Multi year policies the following conditions shall be applied:

2. A free look period up to 30 days shall be available to the insured The customer shall be eligible for 100% refund in case of the request for cancellation received during the free look in period, which shall be up to 30 days from the date of receipt of policy documents by the customer.
3. If the cancellation request is received after the free look in period, the below condition shall be applied:
 - a. Total premium shall be divided by the policy tenure to arrive annual premium
 - b. Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.

- c. Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above table shall be applied.
- d. For the remaining unexpired period the entire premium shall be refunded.

No deletion of member during the currency of the policy except due to death. During renewal, Insured will be free to delete any Insured person.

Who can cancel the policy and what will I get if the policy is cancelled?

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact relating to this insurance of the insured or non-cooperation by the Insured by sending notice in writing by Registered A/D to the insured at his last known address at least 15 days in advance in which case the Company shall not refund to the insured any portion of the premium.

The insured may at any time cancel this policy in entirety and in such event, the Company shall allow refund of premium less premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation, subject to a minimum premium retention of Rs.250 plus applicable service taxes

Short period scales

Period on Risk	Rate of Premium to be retained
Up to 1 month	25% of annual premium minus 50% refund made on MER
Up to 3 months	50% of annual premium minus 50% refund made on MER
Up to 6 months	75% of annual premium minus 50% refund made on MER
Exceeding 6 months	Full annual premium

During the course of the policy, mid term cancellation of coverage relating to any one insured person is not allowed unless by death or payment of a claim. Mid term inclusion of members is not allowed.

For Multi year policies the following conditions shall be applied:

- 3. 1. A free look in period of 30 days shall be available to the insured 2.The customer shall be eligible for 100% refund in case of the request for cancellation received during the free look in period, If the cancellation request is received after the free look in period, the below condition shall be applied:
 - a. Total premium shall be divided by the policy tenure to arrive annual premium
 - b. Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.
 - c. Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above table shall be applied.
 - d. For the remaining unexpired period the entire premium shall be refunded.

What is the claim process?

The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days from the date of first diagnosis of the illness:

- 1) Certificate from the attending Doctor of the Insured confirming, inter alia,
 - a) Name of the Insured Person;
 - b) Name, date of occurrence and medical details of the Insured Event
 - c) Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.

2. Duly completed and signed claim form.
3. Case history / Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
4. Test reports and prescriptions relating to First/Previous consultations for the same or related illness.
5. Death summary in case of death of the insured person at the hospital.
6. FIR/MLC in the case of burns and english translation of the same, if in any other language.
7. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.

During the assessment period Company will assess the condition/illness prior to making a decision on acceptance of claim.

- Insured/Insured Person must give Us at his expense, all related information We ask for about the claim.
- Insured must help Us to take legal action against anyone if required
- If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Specialist Medical Practitioner at our expense.

- If required, insured should procure from the hospital or cooperate with the Insurer in procuring the Internal Case Papers (ICP) of the hospital relating to the treatment for which claim has been made.

- Insurer has the right to investigate and appoint a Service Provider to check all details relating to claim. Insured Person / legal heir / nominee should cooperate and render all assistance at all times.

The documents should be sent to:
Health Claims Department,
M/s.Royal Sundaram General Insurance Co. Limited
Corporate office,
Vishranthi Melaram Towers,
No. 2 / 319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai – 600097
Phone: 044-7117 - 7117

If a claim is settled for an insured, cover for other insured members under the policy shall continue.

Payment of Claim

- All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached.
- All claims under this Policy shall be payable in Indian Currency.
- The Company shall be liable to pay any 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 delay in payment beyond 7 days from the date of acceptance.
- The claim if admissible shall be paid to the legal heir/nominee of the proposer in case if the proposer is not surviving at the time of payment of claim
- Any claim intimated after 30 days from the date of detection of Critical Illness shall not be entertained.
- If a claim is settled for an insured, cover for other insured members under the policy shall continue.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone.

Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such Insured Person.

What are the renewal conditions?

- i. 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.
- ii. 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.
- iii. 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 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.
- iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.
- v. 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.
- 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.

For persons above 60 years, the sum insured under the policy shall be restricted to a maximum of 10 lacs, unless otherwise stated in the schedule.

Continuation of Terms and Conditions

The Insured has to renew the policy without any break to ensure continuity of cover from the commencement. A grace period of 30 days is allowed to renew the policy and maintain continuity of coverage.

However during such grace period, the company shall not be liable for hospitalisation, if any, occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

Can I renew my policy after the stipulated period?

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

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

Can the sum insured be changed?

Any change in Sum Insured can be considered only at the time of renewal. Eligibility for enhancement of Sum Insured is not automatic and is subject to the discretion of the Company. For the increased Sum Insured the waiting period shall commence afresh.

Is there a Free Look in under the policy?

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.

What are the exclusions?

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

1. (a) Pre Existing condition and any disease, illness, medical condition, injury, which is a complication attributable to a Pre Existing condition.
(b) Any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre-existing Hypertension / Diabetes.

2. 90 days waiting period

Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days from the Commencement Date

3. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital Anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury, drug overdose or attempted suicide.
4. All expenses 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/HIV.
5. Claims directly or indirectly caused by or arising from or attributable to:
 - a. War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not)
 - b. Biological, nuclear or chemical terrorism

- c. Nuclear weapons/materials or Radioactive Contamination.
 - d. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
 - e. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
6. Any claim arising out of use / misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not) except burns.
 7. Any claim arising whilst engaging in speed contest or racing of any kind, bungee jumping, parasailing, ballooning, flying an aircraft other wise than as a passenger on a regular air carrier, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, pot holing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and boxing, caving, horse racing, jet skiing, martial arts, off piste skiing, scuba diving, any flying activity (other than as a passenger in a commercially licenced aircraft) and activities of similar hazard.
 8. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Specialist Medical Practitioner / Registered Medical Institution in their professional capacity.
 9. Any Illness, sickness or disease, other than specified as Critical Illness.
 10. Insured's / Proposer's involvement in any activities resulting in any breach of law with criminal intent
 11. Any Critical Illness based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or other non-traditional health care provider.
 12. Critical Illness when the Insured Person dies within 30 days from the date of the Diagnosis.
 13. Any expenses towards test, visits, fees etc. relating to the Diagnosis.
 14. If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure.
 15. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
 16. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
 17. Unreasonable failure to seek or follow medical advice

Is my policy Portable?

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

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

For Detailed Guidelines on Portability, kindly refer the below link:-
<https://www.royalsundaram.in/health-insurance/health-insurance-portability>

Migration

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

- i. The waiting periods specified in Section D shall be reduced by the number of continuous

preceding years of coverage of the Insured Person under the previous health insurance policy.

- ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefits shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the below link:-

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

Claims in respect of Multiple Policies

If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person issued by us then we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited. If customer has multiple policies with different insurers, on occurrence of the insured event, he can claim from all Insurers under all policies.

Moratorium

After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five continuous years would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud 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.

Renewal Disclosures

- Premium will be charged based on the age band in the premium table and subject to change as per IRDA's approval.
- Any change in the terms of cover during renewal shall be subject to IRDA's approval & a notice of 90 days before expiry of the policy shall be given.
- Increase in Sum Insured is not allowed under this policy.

Disclaimer:

Critical Illness Lumpsum Policy: Insurance is the subject matter of solicitation. The Critical Illness Lumpsum Policy is issued by Royal Sundaram General Insurance Company Limited. Claims will be settled by Royal Sundaram General 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. This plan is underwritten by Royal Sundaram General Insurance Company Limited. Your participation in this insurance product is purely on a voluntary basis.

Prohibition of rebates:

Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published Prospectuses or table of the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Grievance Redressal:

In case of any grievance the insured person may contact the company through

Website: <https://www.royalsundaram.in>

Grievance Redressal: <https://www.royalsundaram.in/customer-service>

You may call us at – 1860 258 0000, 1860 425 0000

Email:

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

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)

Fax us at: 044 – 7117 7140

Courier us your complaint at:

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

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

Karapakkam, Chennai – 600097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

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

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

For updated details of grievance officer, kindly refer the link <http://www.royalsundaram.in>

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.

Insurance Ombudsman addresses -<https://www.cioins.co.in/ContactUs>

Grievance may also be lodged at –

Registration of Complaints in Bima Bharosa by Policyholders:

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**.
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:

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.

No loading shall apply on renewals based on individual claims experience.

Insurance is the subject matter of solicitation.