



## **RURAL HOSPITAL CASH (VARIANCE OF DR. CASH PLUS)**

### **PROSPECTUS**

#### **Eligibility**

Rural Hospital Cash (Variance of Dr. Cash Plus) is available to Farmers / Co operative members / members of Rural institution / Social Sector People / unorganized sectors / People residing in Rural areas. Rural Hospital Cash (Variance of Dr. Cash Plus) is available to persons between the age of 91 days and 65 years at the commencement date of the Policy. (For the purpose of this insurance, "age" shall mean completed years of age). The set age limit is for entry stage only and there is no exist age for renewal of existing insured person. The cover can be extended to his family members i.e., spouse, dependant children who are financially dependent upon the proposer and dependant parents.

#### **Special features of the cover**

- It is a simple benefit policy that offer a lump sum payment if the insured is hospitalised due to illness or accidental injury.
- For all in-patient hospitalisation a fixed daily benefit as per plan chosen for a maximum of 14 days per hospitalisation and 90 days for the entire policy period will be paid irrespective of actual expenses incurred by the insured. A minimum of 24 hours hospitalisation is necessary.
- Payment is made on the basis of actual number of days the insured stayed at the Hospital as inpatient
- In other words the insured is entitled to receive the amount according to the stay in the hospital as an inpatient.

#### **Convalescence Benefit**

If hospitalisation is for continuous period of more than 21 days then a fixed sum of Rs.10,000/- will be paid as convalescence benefit. This benefit is followed by admissible liability under hospital confinement benefit and is payable only once per period of insurance per Insured person.

#### **Important Exclusions**

- All diseases/injuries existing at the time of proposing this insurance.
- Diseases contracted during first 30 days from date of inception of cover.
- During the first year of the operation of the Policy the expenses on treatment of Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Diseases, Fistula in Anus, Piles, Sinusitis are not payable.
- Any treatment in connection with pregnancy or Maternity.
- Circumstances unless necessary for treatment of disease.
- Dental treatment or surgery of any kind unless requiring hospitalisation.
- Convalescence, general debility, "run down" condition or rest cure.
- Hospitalization in connection with or arising out of any condition directly or indirectly caused by or associated with AIDS.
- Treatment of psychiatric, mental or nervous conditions, insanity.
- War and nuclear risk
- Sex change or treatment which results from or in any way related to sex change.
- Treatment outside India

**Plans Offered:**

<b>Daily Benefit</b>
Rs.500/-
Rs.1000/-
Rs.2000/-

**Premium :**

<b>Daily Benefit Limit</b>	<b>Insured alone</b>	<b>Insured and spouse</b>	<b>For inclusion of dependent children</b>	<b>For inclusion of dependent parent</b>
<b>Rs. 500/-</b>	<b>Rs. 400/-</b>	<b>Rs. 650/-</b>	<b>Rs. 200/- (Per Child)</b>	<b>Rs. 400/- (Per parent)</b>
<b>Rs. 1,000/-</b>	<b>Rs. 650/-</b>	<b>Rs. 1,150/-</b>	<b>Rs. 270/- (Per Child)</b>	<b>Rs. 650/- (Per parent)</b>
<b>Rs. 2,000/-</b>	<b>Rs. 1,150/-</b>	<b>Rs. 1,940/-</b>	<b>Rs. 375/- (Per Child)</b>	<b>Rs.1,150/-(Per parent)</b>

**Notes:**

The above table shows the annual premium inclusive of 12.36% Service Tax. Rate may vary due to any change in Service Tax and Educational Cess by Government notification

**Claims Procedure**

In the event of hospitalisation of any insured person, Claim intimation should be given forthwith or within 10 days from date of discharge.

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 and discharge certificate/card from the Hospital.
- Photo copy of F.I.R. copy in case of an Accident.
- Complete set of Hospital/medical records if specifically sought by Us.
- If required, the Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
- If required, the Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

The documents should be sent to the policy issuing office or to:

Health Claims Department M/S Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097 Phone- 044 - 7117 - 7117
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**Payment of Claim:**

- The claim if admissible shall be paid to the Insured or to the nominee of the Insured person in case if the insured person is not surviving at the time of payment of claim.
- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.



- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

**Free Look in:**

At the inception of the policy you will be allowed a period of 15 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 you have not made any claim during the free look period, you 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 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.

**Portability**

This product can be ported to another company before renewal date. In case you wish to port, to ensure continuous coverage of the policy without any break in insurance, please get in touch with the other insurance company 45 days before the renewal date to initiate the necessary porting formalities there.

**Cancellation**

The insured may cancel the policy by giving 15 days notice in writing to the company and in that event the company shall refund the premium after adjusting the premium for the period, the policy is in force on the short period scale, as shown below:

Short period scales

For a period not exceeding	1 month	20% of the Annual Premium
-do-	2 months	30% of the Annual Premium
-do-	3 months	40% of the Annual Premium
-do-	4 months	50% of the Annual Premium
-do-	5 months	60% of the Annual Premium
-do-	6 months	70% of the Annual Premium
-do-	7 months	75% of the Annual Premium
-do-	8 months	80% of the Annual Premium
-do-	9 months	85% of the Annual Premium
For a period exceeding	9 months	Full Annual Premium

The company can cancel the policy on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving 14 days notice in writing & in that event, company will refund the premium after adjusting the premium for the period, the policy is in force on the pro rata basis.



Royal Sundaram

**ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED**

Regd Office: 21, Patullos Road, Chennai 600 002.

Corporate Office: Vishranthi Melaram Towers, No.2/319,

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097

Ph: 91-44- 71177117 Fax: 91-44- 7113 7114

**Renewals**

This Policy can be renewed and in such event the renewal premium shall be paid to the Company on or before the date of expiry of this Policy. 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.

At renewal, the coverages, terms & conditions & premium may change, in which case a three months notice shall be sent to the Insured Person at his last known address as recorded in the policy. Any change in premium on account of change of age will not require any prior notice.

This is only a summary of the product features. For complete details refer policy document.