

Chola Hospital Cash Healthline

Sections

1. Customer Information Sheet
2. Schedule of Benefits
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Section 1: Customer Information Sheet

S No	Title	Description	Policy Clause Number
1	Product Name	Approved Brand Name	Chola Hospital Cash Healthline
2	What am I covered for:	Hospital admission longer than 24 hrs	Section 3 Coverages 3.1
		Hospital Admission in ICU longer than 24 hrs	Section 3 Coverages 3.1
		Lumpsum benefit for Hospitalisation more than 20 continuous days	Section 3 Coverages 3.1
3	What are the Major exclusions in the policy:	War or any act of war, invasion, acts of foreign enemies, hostilities whether are be declared or not, civil war, revolution, insurrection, mutiny, martial law	Section 5 Exclusions 5.3.1
		Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane	Section 5 Exclusions 5.3.2
		Vaccination or inoculation unless forming a part of post-animal bite treatment Refer policy wordings for detailed list of exclusions	Section 5 Exclusions 5.3.7 g
4	Waiting period	Initial Waiting period: 30 days for all illness (not applicable on renewal and for accidents)	Section 6 General conditions - 6.4-6.41
		Specific Waiting period: - 24 months for 17 diseases (clauses (i) to (xvii))	Section 6 General conditions - 6.4-6.42
		Pre-existing diseases: covered after 48 months	Section 5 Exclusions 5.1
5	Payout basis	Cashless Basis Reimbursement Basis Reimbursement of 50% of the cost of pre policy health checkup	Not Applicable Benefit basis Coverage 3.1.1 and 3.1.2 6 General Conditions – 6.24
6	Cost sharing	In case of a claim, this policy requires you to share the following costs: - Expenses exceeding the following sub-limits	Not applicable
7	Renewal Conditions	The policy is ordinarily renewable till lifetime, unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured.	Section 6 General condition 6.7
		Other terms and conditions of renewal	Section 6 General condition 6.7
8	Renewal Benefits	_% increase in the Insured's annual limit for every claim free year	Not applicable
9	Cancellation	This policy would be cancelled, and no claim or refund would be due to the Insured if: Insured/Proposer has not correctly disclosed details about Insured's current and past health status OR Insured has otherwise encouraged or participated in any fraudulent claims under the policy	Section 6 General condition 6.9
10	Nomination	As per the Health Insurance Regulations, all	Section 6 General condition

	<p>proposal forms will be provided with nomination facility to the Policyholder to receive money secured by the Policy in the event of death. In case the nominee is a minor, then the Policyholder can appoint the person to receive the money secured by the policy in the event of the Policyholder's death during the minority of the nominee.</p> <p>Policy will contain an acknowledgement of having registered the nomination. Any subsequent cancellation by the Policyholder or change in nomination will be duly acknowledged.</p>	6.10
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Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.

We issue this insurance policy to You and/or Your Family based on the information provided by You / Proposer in the proposal form and premium paid by You/ Proposer. This insurance is subject to the following terms and conditions. This policy covers you and Your Family on Individual Sum Insured basis. The term **You/ Your / Insured Person /Insured/ Policyholder/ Proposer** in this document refers to **You and all the Insured persons** covered under this policy. The term **Insurer/ Us/ our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**.

Section 2 : SCHEDULE OF BENEFITS

Benefits in the table below should be read in conjunction with Section 3 Coverages and Section 4 Definitions

Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Hospitalization Cash Benefit - Illness / Accident. (more than 24 hrs hospitalisation)	Rs 1000 per day upto 20 days	Rs 2000 per day upto 20 days	Rs 3000 per day upto 20 days	Rs 1000 per day upto 25 days	Rs 2000 per day upto 25 days	Rs 3000 per day upto 25 days
Hospitalisation Cash Benefit - Intensive Care unit (more than 24 hrs hospitalisation in ICU)	Twice the limit of Daily Cash Benefit shown above per day upto 20 days	Twice the limit of Daily Cash Benefit shown above per day upto 20 days	Twice the limit of Daily Cash Benefit shown above per day upto 20 days	Twice the limit of Daily Cash Benefit shown above per day upto 25 days	Twice the limit of Daily Cash Benefit shown above per day upto 25 days	Twice the limit of Daily Cash Benefit shown above per day upto 25 days
Convalescence Benefit (Lump sum payment on continuous 20 days of hospitalisation)	Rs 10000	Rs 15000	Rs 20000	Rs 10000	Rs 15000	Rs 20000

Benefits under Hospitalisation Cash or Hospitalisation cash –ICU put together will be paid for a maximum of 20 days per person in a policy year for Plans A / B / C and for a Maximum period of 25 days per person in a policy year for plans D / E / F

Section 3 : COVERAGES

Upon the happening of the events under sections 3.1 below during the policy period, we will pay the policyholder a daily benefit in respect of medically necessary costs as mentioned in the schedule of benefits and as per the General Conditions in Section 6 of this policy.

3.1 Benefits under this policy

3.1.1 Hospital Cash Benefit:

In the event of hospitalization in India of the Insured Person due to any illness or due to accidental injuries for a consecutive period of more than 24 hrs, a daily benefit based on the plan opted as mentioned in the Schedule of the Policy is payable for a maximum of 20 /25 days as shown in the schedule of benefits during a policy year.

In case the hospital confinement is in an Intensive Care Unit for a period of more than 24 hours, the Daily Benefit payable as above shall stand doubled for the period of ICU confinement.

Only one daily benefit is payable for any one day of hospital confinement, regardless of number of the number of sicknesses, or diseases for which the confinement is required.

3.1.2 Convalescence Benefit:

For Hospital Confinement in India beyond 20 consecutive days a fixed amount based on the Plan opted as mentioned in the schedule is payable towards convalescence, in addition to the Hospital Confinement benefit. This benefit is payable only once per illness / accident / policy. This benefit is payable in addition to 3.1.1 only if there is an admissible claim under Hospital Confinement Cash benefit as per benefit 3.1.1 above.

Section 4 : DEFINITIONS

To help **You** understand **Your Policy** the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section.

1. **Accident means** a sudden, unforeseen and involuntary event caused by external visible and violent means.
2. **Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition)
3. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
4. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
5. **Annual Period** refers to a continuous period of insurance of 12 months within the contract period.
6. **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
7. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
8. **Condition Precedent** shall mean a policy term or condition upon which our liability under the policy is valid.
9. **Congenital Anomaly** refers to a condition(s) which is present since birth, which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly:** Which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly
 - b. **External Congenital Anomaly:** Which is in the visible and accessible parts of the body is called External Congenital Anomaly
10. **Contribution** means our right to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
11. **Day Care Centre** means any institution established for day care treatment of sickness and / or injuries or a medical set –up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment ; - has qualified medical practitioner (s) in charge ; - has a fully equipped operation theatre of its own where surgical procedures are carried out- maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
12. **Day care Procedure/ treatment** refers to medical treatment and/or surgical procedure which is

- a. undertaken under general or local anesthesia in a hospital / day care centre in less than 24 hours because of technological advancement and
 - b. which would have otherwise required hospitalization of more than 24 hours
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
13. **Dental treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
 14. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/ her independent sources of income.
 15. **Dependents** refer to family members listed below, who is financially dependent on the Primary Insured or proposer and does not have his / her independent sources of income. Spouse, dependent children, Parents, Parents-in-law, siblings.
 16. **Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us
 17. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
 18. **Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
 19. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
 20. **Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing
 21. **Excluded hospital** means any hospital which is excluded from the hospital list of the company, due to fraud or moral hazard or misrepresentation indulged by the hospital
 22. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *preexisting diseases*. Coverage is not available for the period for which no premium is received.
 23. **Hospital** means any institution established for inpatient care and day care treatment of sickness and/or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
 - a. Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places;
 - b. Has qualified nursing staff under its employment round the clock;
 - c. Has qualified medical practitioner(s) in charge round the clock;
 - d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
 24. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours
 25. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
 - a. **Acute condition** means a medical condition that can be cured by Treatment
 - b. **Chronic condition** means a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
 26. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
 27. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
 28. **In Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event
 29. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards
 30. **Long Term** means the continuous period of insurance more than 12 months with in the Policy period.

- 31. Medical Advise** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- 32. Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 33. Medical Practitioner/Doctor** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
The registered practitioner should not be the insured or close family members.
- 34. Medically necessary** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by You;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 35. Membership Number** means an identification number of every insured person for our In-house Claims administration team. Membership number will be mentioned in the health card provided to each insured person.
- 36. Network Provider/ Hospital** mean Hospitals or health care providers enlisted by the insurer to provide medical services to an insured on payment by a cashless facility. The list is available with the insurer and subject to amendment from time to time.
- 37. Non- Network** means any hospital, day care centre or other provider that is not part of the network.
- 38. Notification of claim** is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified
- 39. Policy** means the policy schedule (including endorsements if any), the terms and conditions in this document, any annexure thereto (as amended from time to time) and your statements in the Proposal form.
- 40. Policy period** means the period between the inception date and earlier of
- The Expiry Date specified in the Schedule
 - The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition (6.10) below.
 - In a multi Tenure Policy, a policy year would be reckoned from the date of inception to 12 months of continuous cover.
- 41. Policy Schedule** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
- 42. Pre-Existing Diseases** means any condition, ailment or injury or related conditions for which the insured had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 48 months prior to inception of his / her first policy issued by the insurer.
- 43. Portability** means the right accorded to an individual health insurance policy holder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
- 44. Proposal Form:** The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy
- 45. Proposer** means the person who has signed in the proposal form and named in the Schedule. He may or may not be insured under the policy
- 46. Reasonable Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services taking into account the nature of the illness/injury involved.
- 47. Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- 48. Schedule of Benefits** means the table of benefits, with the limit of Sum Insured under each benefit, that will be paid by us as per the plan opted by you.
- 49. Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

- 50. Hospitalisation cash benefit** means the amount shown in the policy schedule which shall be our maximum liability per day of admissible normal Hospitalisation for each Insured Person during the Annual Period (i.e per annum for multi year tenure) within the policy period
- 51. Hospitalisation cash benefit – ICU** means the amount shown in the policy schedule which shall be our maximum liability per day of admissible ICU Hospitalisation for each Insured Person during the Annual Period (i.e per annum for multi year tenure) within the policy period.
- 52. Surgery** or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner
- 53. Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.
- 54. Waiting period** refers to the period during which we shall not be liable to make any payment for any claim for treatment. This is not applicable if caused directly due to an accident during the policy period.

Section 5: EXCLUSIONS

5.1 Pre-Existing Disease (PED)

Benefits will not be available for any pre-existing condition(s) as defined in the policy, until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with Us / any other Indian insurer.

5.2 General Exclusions

- 5.2.1** War or any act of war, invasion, acts of foreign enemies, hostilities whether are be declared or not, civil war, revolution, insurrection, mutiny, martial law
- 5.2.2** Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane
- 5.2.3** The use, misuse or abuse of alcohol, Tobacco and related products, banned substances or narcotic drugs (whether prescribed or not)
- 5.2.4** All hospitalisation caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
- 5.2.5** Experimental or unproven treatment
- 5.2.6** The Insured Person's participation in any hazardous activities, including but not limited to scuba diving, motor-racing, parachuting, hang-gliding, rock or mountain climbing, as a member of the armed forces, the paramilitary, the security forces, the fire or ambulance services, lifeboat service, police force and the like whether part time or full time, voluntary or paid
- 5.2.7** Hospitalisation, if applicable for the following treatments:
- Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run-down conditions, rest cure, treatment of sleep apnea.
 - Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services
 - Circumcisions (unless necessitated by illness or injury and forming part of treatment)
 - Laser treatment for correction of eye due to refractive error
 - Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment to do or undo changes in appearance or any procedure which is aimed to improve physical appearance
 - Cosmetic treatments (including any complications arising out of cosmetic treatments) unless necessitated by traumatic injury, burns or cancer
 - Vaccination or inoculation unless forming a part of post-animal bite treatment
 - HIV (Human Immunodeficiency Virus) /AIDS (Acquired Immune Deficiency Syndrome) and/or infection with HIV including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex)), Sexually transmitted disease or illness
 - Psychiatric, mental disorders (including mental health treatments)
 - Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury. The Items as mentioned above may be amended as per the schedule of benefits being attached to the policy
 - Any external congenital diseases, defects or anomalies, genetic disorders

- l. Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury
 - m. Fitting of hearing aids, eyeglasses or contact lenses
 - n. Diagnostic X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the illness or injury for which the Insured Person was hospitalized
- 5.2.8** Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like, spouse, daughter, son, father, mother, father-in-law, mother-in-law & siblings
- 5.2.9** Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription
- 5.2.10** Hospitalisation towards pregnancy (other than ectopic pregnancy), childbirth and their consequences, including changes in chronic conditions as a result of pregnancy.
- 5.2.11** Claims arising out of the treatment / operation undertaken to cure impotence or to improve potency.
- 5.2.12** Naturopathy Treatments.

Section 6: GENERAL CONDITIONS

6.1 Observance of Terms & Conditions

It is a condition precedent to our liability that the insured person shall comply in all respects with the terms and conditions of this Policy in so far as they require anything to be done or complied with by You or Your dependent.

6.2 Change of Address / Contact details

It is in the Insured person's interest to intimate us if there is any change in residential address and phone numbers.

6.3 Claim Procedure

If the Insured Person happens to suffer Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim, then it is a condition precedent to our liability that the insured Person shall immediately:

- a. Give us notice of the claim at the earliest irrespective of notice provided to any other insurer for the same illness in case you are holding multiple insurance policies
- b. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by the us
- c. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with fully particularised details of the quantum of any claim and any and all other information and documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.
- d. The Insurer shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity of the Insured Person's claim, and may for these purposes require the Insured Person to be examined by a medical advisor nominated by the Insurer as often as and to the extent that either considers to be reasonably necessary.
- e. The Insurer shall only make payment to the insured person or nominee whose name is mentioned in the policy schedule.
- f. The Insured Person acknowledges and agrees that the payment of any claim by or on behalf of the Insurer shall not constitute on the part of the Insurer any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the Insured Person, it being agreed and recognised by the Policyholder that the Insurer is not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution.
- g. Claim submission should be made irrespective of the same being intimated to any indemnity insurer. However the company shall consider the claim as valid if the documents so required are submitted in original or in any of the following mentioned manner.
 - 1. Duly filled & signed claim form.
 - 2. Detailed discharge summary specifying the DOA, DOD, ailment & treatment details (The insured may collect back originals after the same has been verified by the company).
 - 3. All investigation reports including radiology reports supporting the diagnosis.
 - 4. FIR / MLC copy in case of RTA's cases.
 - 5. AML documents (Proof of Identity with photo, Address proof) for above 1 lac claims.

6. All previous consultation papers pertaining to the present ailment
- h. Upon acceptance of the offer of claim settlement by the Insured, the claim amount will be settled by the Company within 7 days from the date of acceptance of the offer by the Insured. In case of delay in the payment, the Company shall be liable to pay interest at the rates stipulated by IRDA from time to time.
- i. There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policyholders

The documents should be sent to:

“Health Claims Department,
Cholamandalam MS General Insurance Company Limited,
HARINIVAS Building,
2nd Floor, No.163,
Thambu Chetty Street,
Chennai – 600 001”

Customer Care Toll Free No: 1800-200-5544

6.4 Waiting Periods

6.4.1 A waiting period of 30 days will apply to all claims from the commencement date of the policy except in case of injuries caused by accidents. This exclusion does not apply for subsequent renewals with the Company without a break

6.4.2 Hospitalisation for treatment of following diseases within the first 2 years from the commencement of the Policy will not be payable:

- a. Congenital Internal Diseases,
- b. Varicose veins and Varicose Ulcers
- c. Rheumatism and arthritis of any kind
- d. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum
- e. Stones in the Urinary and Biliary systems
- f. Gastric or Duodenal Ulcer
- g. Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps
- h. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders
- i. Cataract
- j. Benign Prostatic Hypertrophy
- k. Myomectomy, Hysterectomy unless because of malignancy
- l. Dilatation and curettage (D&C)
- m. Anal Fistula, Fissure and Piles
- n. All types of Hernia
- o. Hydrocele
- p. Chronic Renal Failure
- q. Joint replacement Surgery unless because of accident

If these diseases are pre-existing at the time of proposal, the same will be considered under the policy as per general exclusion 5.1 above.

6.5 Authority to Obtain Records

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense

6.6 Transfer

Transferring of interest in this Policy to anyone else is not allowed

6.7 Free Look Period

The Insured shall be allowed a period of 15 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable.

The Insured can return the policy within 15 days of its receipt if he/she is not satisfied with its coverage or terms and conditions. In such a case the policy will be cancelled from date of cancellation request received at

Insurer's office provided no claim is reported and considered. Refund of premium would be after retaining charges towards medical tests, stamp duty charges and pro-rata premium from the risk start date till date of cancellation.

6.8 Renewal of Policy

- a. We agree to renew your policy unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured.
- b. The renewal is subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts the expiry of the policy.
- c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy
- d. Sum Insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal then the coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to 30 day, 2 years and 4 years waiting periods as per General condition 6.4 and exclusion 5.1 above.
- e. The company reserves its rights to revise the premium from time to time subject to approval of Authority.
- f. In case the policy was purchased through any bank or such Institution selling insurance on our behalf the policy can be renewed through the same channel or directly in case the said channel is discontinued at the time of renewal. Insured shall not stand to lose any benefit in case of such direct renewals for which otherwise the Insured is entitled to.
- g. If the insured was covered under a group policy with us and the cover is terminated due to the insured ceasing to be a member of the group then the insured can purchase another policy with similar covers if available with the company, without any break in policy period or with break not exceeding 30 days grace period of such termination of cover to avail the continuity benefits which would accrue as if the Insured was covered by the original policy.
- h. When an insured Person is added to this Policy either by way of endorsement or at the time of renewal the pre-existing disease clause, exclusion and waiting periods will be applicable to that insures considering such policy period as the first policy with us.
- i. This product may be withdrawn from the market by informing the Authority giving details of the product and the reasons for withdrawal. We will intimate the Insured person in writing about such withdrawal atleast 30 days prior to the renewal date. The Insured person will have the option to purchase another policy with similar covers if available with the company. This will be subject to portability conditions laid down by IRDA.
- j. Any revision or modification in a policy subject to the approval from the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification

6.9 Portability:

On renewal from any other Indian insurer's health insurance policy with similar type of covers and same Sum insured, Continuation of benefits would be ensured for the following.

- a. **30 days Waiting Period:** A waiting period of 30 days would be considered to have been served if You were insured continuously and without interruption for at least 1 year under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.
- b. **2 Yrs waiting period** on specific diseases would be considered to have been served if You were insured continuously and without interruption for at least 2 years under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital. In case you insured for 1 year in the previous policy, above specific diseases would be covered after completion of 1 year of Insurance with us.
- c. **Pre-Existing diseases** will be covered in the policy if You were insured continuously and without interruption for at least 4 years under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.

In case of a difference in Sum insured between old policy and new policy, it would be treated as in point no 6.8) d) above.

6.10 Cancellation of cover

This policy may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. On such cancellation by us, the insured person shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation.

The insured person may also cancel the policy at any time in which event, he/she shall be entitled to premium at Short Period Scale for the unexpired portion on the date of cancellation. Any excess premium available with us after adjustment at Short Period Scale as provided herein below shall be refunded to the Insured except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

1 Yr Policy Term		2 Yrs Policy Term		3 Yrs Policy Term	
No of Months	% of Premium to be retained	No of Months	% of Premium to be retained	No of Months	% of Premium to be retained
0 to 1	25%	0 to 1	15%	0 to 1	10%
1 to 2	50%	1 to 3	20%	1 to 3	15%
2 to 3	50%	4 to 6	30%	4 to 5	25%
3 to 4	75%	7 to 8	40%	6 to 7	30%
4 to 5	75%	9 to 11	50%	8 to 10	40%
5 to 6	75%	12 to 13	60%	11 to 15	50%
6 to 7	100%	14 to 16	75%	16 to 18	60%
7 to 8	100%	17 to 18	80%	19 to 21	70%
8 to 9	100%	19 to 20	90%	22 to 24	80%
9 to 10	100%	21 to 22	95%	25 to 30	90%
10 to 11	100%	22 to 23	100%	31 to 32	95%
>11	100%	>23	100%	>32	100%

6.11 Nomination:

The Insured person is entitled to nominate the person/ persons to whom the money secured by the Policy shall be paid in the event of his death as per the provisions of S.39 of the Insurance Act, 1938. In case the nominee is a minor, the Policyholder can appoint a person who will receive the money secured by the policy in the event of the Policyholder's death during the minority of the nominee.

The details of nomination will be acknowledged by the Company in the Policy issued by the Company. The Policyholder is entitled to cancel or withdraw the nomination at any time and the Company upon request shall make the necessary endorsement in the Policy.

6.12 Notification

- a. Any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as specified in the Schedule.
- b. Any and all notices and declarations for the attention of any or all of the insured Persons shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

6.13 Arbitration

- a. Any dispute or difference between the Insurer and the Insured Person or the Policyholder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language.
- b. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.
- c. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

6.14 Fraud

If You and or Your dependent shall:

- a. Make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
- b. Permit another to use his ID Card or use another's ID Card
- c. Do/ omit to act in manner abetting fraud against Us,

this Policy shall be void in relation to that Insured Person. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the policyholder/s who shall be jointly and severally liable for the same.

6.15 Subrogation

The Policyholder:

- a. Shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Insurer shall be or would become entitled or subrogated upon the Insurer paying for any claim under this Policy, whether before or after indemnification;
- b. Shall not do or cause to be done anything that may cause any prejudice to the Insurer's right of subrogation;
- c. Agrees that any recoveries made shall first be applied in making good any sums paid out by or on behalf of the Insurer for the claim and the costs of recovery.

This clause is not applicable for benefit sections of the policy.

6.16 Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

6.17 Entire Contract

The Policy constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the Insurer shall be evidenced by a duly signed and sealed endorsement on the Policy.

6.18 Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact by the insured person(s).

6.19 Territorial Limits

The Insurer's liability to make any payment towards illness or accidental injury shall be to make payment within India and in Indian Rupees only for medical services or procedures rendered in or undertaken within India.

6.20 Delay in intimation of claim

It is essential and imperative that any loss or claim under the policy has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto. Any genuine delay, beyond Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

6.21 Disclaimer

It is also hereby further expressly agreed and declared that if we shall disclaim liability to You for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6.22 Option to migrate to suitable health insurance policy:

Specific age group such as maternity covers, children under family floater policies, students, etc, we shall offer an option to migrate to a suitable health insurance policy at the end of the specified exit age or at the renewal of the policy by providing suitable credits for all the previous policy years, provided the policy has been maintained without a break.

6.23 Excluded Hospital- The Company will issue informatory documents to its insured about excluded hospitals through website or mail or email. And in case of claim the same may be settled on reimbursement basis only after satisfactory due diligence

6.24 Cost of Pre Insurance Health Check up

Based on acceptance of the proposal and issuance of policy, we would reimburse to the insured 50% to 100% of the cost of examinations as per the plan selected. This will be provided as refund of expenses for pre-policy health check-up to the proposer after policy issuance.

Original receipt for medical tests undergone is required to be submitted to us for reimbursement. This has to be claimed within 30 days of approval of policy. Any claim beyond 30 days shall be considered, if the delay is because of any genuine reason.

6.25 Two Policy period

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal / due date of premium of this health policy, if not received earlier.

6.26 Any one illness / relapse period

If the hospitalization is continuous and the illness relapses within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken will be treated as same illness

Section 7 : GRIEVANCES

7.1 Mechanism for Grievance Redressal:-

As an esteemed customer of our Company, You can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the insurance policy issued to You. The contact details of our office are given below for Your reference.

Cholamandalam MS General Insurance Company Limited

Customer services

Address: H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001.

Toll free: 1800 200 5544

SMS: "CHOLA" to 56677* (premium SMS charges apply)

E-MAIL: customercare@cholams.murugappa.com

WEBSITE: www.cholainsurance.com

If You have not received any reply from us within 3 days from the date of the lodgment of complaint or if You are not satisfied with the reply of the Company, You can also contact the nearest Insurance Ombudsman, whose addresses are mentioned below:

Sl. No	Office of the Ombudsman	Name of the Ombudsman and Contact Details	Areas of Jurisdiction
1	AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Ph(O) 079-27546150, 27546139 Fax: 079-27546142 E-mail: insombahd@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
2	BHOPAL	Office of the Insurance Ombudsman 1st Floor, 117, Zone-II,	Madhya Pradesh & Chhattisgarh

		Above D.M. Motors Pvt. Ltd. Maharana Pratap Nagar, Chhattisgarh BHOPAL - 462 011 Ph(O): 0755-2769200, 2769202, 2769201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	
3	BHUBANESWAR	Office of the Insurance Ombudsman 62 Forest Park BHUBANESHWAR - 751009 Ph (0): 0674-2535220,2533798 Fax: 0674-2531607 E-mail: joobbsr@dataone.in	Orissa
4	CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017 (0) 0172-2706196, 2705861 EPBX: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5	CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Flr., No 453(old no 312), Anna Salai, Teynampet, CHENNAI -600 018 (0) 044-24333678, 24333668 Fax: 044-24333664 E-mail: jnsombud@md4.vsnl.net.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
6	DELHI	Office of the Insurance Ombudsman 2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road,,NEW DELHI - 110 002 (0) 011-23239611, 23237539, 23237532 Fax: 011-23230858 E-mail : jobdelraj@rediffmail.com	Delhi & Rajasthan
7	GUWAHATI	Office of the Insurance Ombudsman Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (0) 0361-2413525, EPBX: 0361-2415430 Arunachal Pradesh, Fax: 0361-2414051 E-mail: omb_ghy@sify.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
8	HYDERABAD	Office of the Insurance Ombudsman 6-2-46, 1st Floor, Moin Court, Lane Opp.Saleem Function Palace, A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004. (0) 040-23325325, 23312122, 65504123 Fax: 040-23376599 E-mail: hyd2_ insombud@sancharnet.in	Andhra Pradesh Karnataka and UT of Yanam - a part of the UT of Pondicherry
9	KOCHI	Office of the Insurance Ombudsman 2nd Fir., CC 27/ 2603 Pulinat Building Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 (0) 0484-2358734, 2359338, 2358759 Fax: 0484-2359336 E-mail: ombudsmankochi@yahoo.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe - a Part of UT of Pondicherry
10	KOLKATA	Office of the Insurance Ombudsman North British Bldg. 29, N. S. Road, 3rd Fir., KOLKATA -700 001.	West Bengal, Bihar, Jharkhand and

		(0) 033-22134869, 22134867, 22134866 Fax: 033-22134868 E-mail : jombkol@vsnl.net	UT of Andaman & Nicobar Islands, Sikkim
11	LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (0) 0522-2201188, 2231330, 2231331 Fax: 0522-2231310 E-mail: joblko@sancharnet.in	Uttar Pradesh and Uttaranchal
12	MUMBAI	Office of the Insurance Ombudsman 3rd Flr., Jeevan Seva Annexe, S.v. Road, Santa Cruz (W) MUMBAI - 400 054 022-26106928, 26106360 EPBX: 022-6106889 Fax: 022-26106052 Email: ombudsman@vsnl.net	Maharashtra, Goa