

Chola SUPER
TOPUP INSURANCE



Make your
health insurance
stronger!
Get Chola Super
TopUp Insurance.



Chola MS
CALL TOLL FREE
1800 208 9100

SMS CHOLA to 56677*
cholainsurance.com



Hospitalisation
expenses



Policy available for
1/2/3 years



For Individual
and family



Chola MS
GENERAL INSURANCE

Make your health insurance work harder for you. Get more cover easily!

Chola MS cures all the problems with your current Health Insurance, by just adding to it! With our Chola Super Topup Plan you can get a health insurance top-up that's up to four times higher than what's covered by your actual Health Insurance Policy!!

Yes! Immunise yourself, get the Chola Super Topup Plan today.

Who is covered?

- Persons aged between 3 months and 70 years. Proposer should be > 18 years of age.
- No maximum cover ceasing age for children.
- You can avail the policy on Individual or on Family Floater Sum Insured basis.
- Covers all your family members (self, spouse, children, parents and other family members like parents in laws, grandfather, grandmother, grandson, granddaughter, daughter in law, son in law, sister, sister-in-law, brother, brother-in-law, nephew, niece, etc.) on individual Sum Insured basis. (Or) Cover yourself, your spouse, children and parents up to a maximum of 6 members of the family on floater Sum Insured basis.

What does the Chola Super Topup Plan offer?

- It offers more cover than any normal health insurance policy. Normally you would opt for a health insurance with a large Sum Insured for self, spouse, children and parents. This would mean you would end up paying a high premium. However, the Chola Super Topup Insurance gives you the flexibility to opt for a health policy with a smaller Sum Insured and then, top it up with a Chola Super Topup Insurance for additional coverage of your extended family, thereby covering all the members of the family at a much lesser premium.

Illustration:

Scenario	Individual Cover	Family Floater - Self+Spouse+2 Children
If Mr. A aged 40 yrs avails an Individual Health Policy for a SI of ₹10 lacs, his premium will be	₹10600/-	₹21200/-
However, if he avails an Individual Health Policy for a SI of ₹5 lacs, his premium will be	₹5894/-	₹11789/-
and a Chola Super Topup Insurance plan with SI of ₹5 lac & deductible ₹5 lac, his premium will be	₹1452/-	₹3486/-
Total premium to be paid for a cover of ₹10 lacs	₹7346/-	₹15275/-
Total Savings	₹3254/-	₹5925/-

Tax Exemption under Section 80(D) of Income Tax Act*

Premium paid under this policy for self, spouse, dependent children and parents is eligible for deduction under Section 80D of Income Tax Act.

*Tax benefits are subject to change in the tax laws.

What is the tenure of this policy?

You can avail this policy for a policy term of 1 / 2 / 3 year(s).

- Savings on premium for long duration policy.
- Saves the hassle of renewing every year.

Do you need a Pre-policy check-up?

No, you don't need a pre-policy health check-up till 55 years of age.

Cost of pre-policy health check-up will be reimbursed up to 100% on issuance of policy.

Why should you take the Chola Super Topup Plan?

In case you are wondering, here is why this policy makes sense to you. It ticks all the necessary boxes while letting you save on the premium you pay. As to what the necessary boxes are, see below:

COVERS / PLANS	PREMIERE	SUPREME
In-patient treatment - Hospitalisation expenses due to an illness or accident	✓	✓
Emergency ambulance expenses	✓	✓
Day care procedures	✓	✓
AYUSH coverage expenses	✓	✓
Domiciliary hospitalisation	✓	✓
Pre-hospitalisation expenses	✗	60 days
Post-hospitalisation expenses	✗	90 days

Note: In case the day care procedure is done in a non-network hospital, the same must be pre-authorised by us.

Our bouquet of Sum Insured Options

Sum Insured (SI) Options (in lacs)	Deductible Options (in lacs)
3	1 / 2 / 3
5	2 / 3 / 4 / 5 / 10
7.5	3 / 4 / 5 / 7.5
10	5 / 7.5 / 10
15	5 / 10
20	5 / 10 / 15
25	10 / 15 / 20

Deductible is a cost sharing requirement under this Policy, where the Company will not be liable for medical expenses up to a specified rupee amount of the covered expenses, which will apply before any benefits are payable by you. A deductible does not reduce the Sum Insured.

Deductible opted will apply over aggregate of all admissible claims under the policy per annum by you (Individual cover) or your family (in case of Family Floater cover).

Illustration				
Sum Insured opted by the Insured	₹5,00,000/-			
Deductible opted	₹3,00,000/-			
Policy Period	One year from 01st Jan to 31st Dec			
Individual Cover				
Claim	Month	Claim Amount	Deductible Applicable	Claim admissible under Chola Super Topup Insurance
1	June	₹1,50,000/-	₹3,00,000/-	₹1,00,000/-
2	September	₹2,50,000/-		
Total		₹4,00,000/-	₹3,00,000/-	
Family Floater Cover				
Claim	Month	Claim Amount	Deductible Applicable	Claim admissible under Chola Super Topup Insurance
1 - Insured 1	April	₹75,000/-	₹3,00,000/-	₹3,75,000/-
2 - Insured 3	August	₹2,00,000/-		
3 - Insured 4	November	₹4,00,000/-		
Total		₹6,75,000/-	₹3,00,000/-	

How strong is our network?

You can avail cashless hospitalisation at any of our largest list of network hospitals.

How do you get cashless procedure done at a network hospital?

- For planned hospitalisation or day care procedure, intimation and pre-authorisation to be obtained 72 hours prior to admission.
- Network hospital list can be downloaded from our website www.cholainsurance.com.
- For emergency hospitalisation, intimation and pre-authorisation to be obtained within 48 hours of admission.

What is the procedure to claim reimbursement?

Claim documents to be submitted to the Insurer within 30 days from the date of discharge along with duly filled in and signed claim form

Renewal

The health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium clause of the policy.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

Possibility of revision of terms of the policy including premium rates

- The company may revise or modify the terms of the policy including the premium rates with prior approval of the Product Management Committee, of the Company. The insured person shall be notified three months before the changes are effected.

Withdrawal of the Product

- a. In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the policy.
- b. Insured person will have the option to migrate to similar health insurance product available with the company at the time of renewal with all the accrued continuity benefits to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.

Free Look Period

Every policyholder of new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy and to return the same if not acceptable.

Free Look Period shall not be applicable on renewals or at the time of porting/migrating the policy.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of premium paid less any expenses incurred by the company on medical examination of the insured person and the stamp duty charges, where the risk has not commenced or
- ii. 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, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges or
- iii. Where only a part of the insurance coverage has commenced, such

proportionate premium commensurate with the insurance coverage during such period, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges.

What if you needed to cancel the policy?

- i. The policyholder may cancel this policy at any time during the term, by giving 7 days written notice in writing and in such an event, the Company shall
 - a. refund proportionate premium for the unexpired policy period, if the term of policy upto one year and there is no claim(s) made during the policy period
 - b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced
- ii. The Company may cancel the policy at any time on grounds of misrepresentation, 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.

Can I migrate from another insurer/plan?

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.

What is not covered? (Exclusions)

(The list of exclusions below is illustrative only. For detailed list of exclusions, please refer to the policy wordings)

- A waiting period of 30 days will apply to all claims from the commencement date of the policy except in case accidents. This exclusion does not apply for subsequent renewals with the company without a break.
- Expenses incurred on treatment of following diseases within the first year from the commencement of the policy will not be payable: Congenital Internal Anomaly, Varicose veins and Varicose Ulcers, Rheumatism and arthritis of any kind, Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum, Stones in the Urinary and Biliary systems, Gastric or Duodenal Ulcer, Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps, Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders, Cataract, Benign Prostatic Hypertrophy, Myomectomy, Hysterectomy unless because of malignancy, Dilatation and curettage (D&C), Anal Fistula, Fissure and Piles, All types of Hernia, Hydrocele, Chronic Renal Failure, 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 exclusion 3 below. Waiting period of 1 year will not be applicable if hospitalization is caused directly due to an accident during policy period.

- Pre-existing Diseases (PED): Pre-existing Diseases will be covered after a waiting period of 36 consecutive months (under Premiere Plan / Supreme Plan) of coverage since inception of the first policy.

With you
when you need us most



Health



Personal
Accident



Assets

For more details on the plans, call us at **1800 208 9100 (toll free)**
or **SMS CHOLA to 56677*** or visit **www.cholainsurance.com**

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*SMS charges as applicable.

For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. Terms and Conditions apply.

Prohibition of rebates 41. (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 tables of the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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