



Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number				
1	Name of Insurance Product/Policy	<b>Chola Group Topup Protect</b>					
2	Policy Number	<<Policy Number>>					
3	Type of Insurance Policy	Indemnity					
4	Sum Insured (Basis) (Along with Amount)	Individual Sum Insured - Where each member has a separate sum insured under the policy or Floater Sum Insured - Where all members under the policy have a single sum insured limit which may be utilised by any or all members.	Not Applicable				
		<table border="1"> <thead> <tr> <th>Insured Name</th><th>Sum Insured (SI) (in Rs.)</th></tr> </thead> <tbody> <tr> <td>&lt;&lt;Insured 1&gt;&gt;</td><td>Rs.</td></tr> </tbody> </table>	Insured Name	Sum Insured (SI) (in Rs.)	<<Insured 1>>	Rs.	
Insured Name	Sum Insured (SI) (in Rs.)						
<<Insured 1>>	Rs.						
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	Medical Expenses for Inpatient Hospitalisation of more than 24 hours Pre-Hospitalisation Post Hospitalisation Emergency Ambulance Expenses Day care procedures requiring hospitalisation for less than 24 hours Domiciliary Hospitalisation AYUSH	4 Coverage 1 4 Coverage 2 4 Coverage 3 4 Coverage 4 4 Coverage 5 4 Coverage 6 4 Coverage 7				
6	Exclusions (What the policy does not cover)	The policy does not cover any losses caused directly due to the following <b>GENERAL EXCLUSIONS</b> 1.Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. Code-Excl07 2.Excluded Providers: Code-Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses upto the stage of stabilization are payable but not the complete claim 3.Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code-Excl15 4.Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code-Excl16 5.Sterility and Infertility: Code – Excl17 Expenses related to Sterility and infertility. This includes: (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (iii) Gestational Surrogacy (iv)Reversal of sterilization 6.Maternity: Code-Excl18: i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period 7. Injury / illness directly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not), ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel, civil war, revolution, insurrection, mutiny, martial law. 8. Expenses incurred for any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it 9. Any treatments or Investigation taken outside India 10. Treatment other than Allopathy and AYUSH	6.1 6.2 6.3 6.4 6.5 6.6 6.7 6.8 6.9 6.1				
		<b>Initial Waiting Period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	5.a.iii				

7	Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage	<p><b>Specific Waiting Periods (Not applicable for claims arising due to an accident):</b> : a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.</p> <p>d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>f) List of specific diseases/procedures are as below</p> <p>1. Congenital Internal Anomaly, 2. Varicose veins and Varicose Ulcers 3. Rheumatism and arthritis of any kind 4. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum 5. Stones in the Urinary and Biliary systems 6. Gastric or Duodenal Ulcer 7. Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps 8. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders 9. Cataract 10. Benign Prostatic Hypertrophy 11. Myomectomy, Hysterectomy unless because of malignancy 12. Dilatation and curettage (D&amp;C) 13. Anal Fistula, Fissure and Piles 14. All types of Hernia 15. Hydrocele 16. Chronic Renal Failure 17. Joint replacement Surgery unless because of accident</p>	5.a.ii
		<b>Pre-existing Diseases:</b> Covered after 36 consecutive months under the policy	5.a.i
8	<b>Financial limits of coverage</b>	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
	<b>i. Sublimit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</b>	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following sub-limits:  Not Applicable	
	<b>ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</b>	Not Applicable	
	<b>iii. Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount))</b>	Deductible as mentioned in the Policy Certificate	
	<b>iv. Any other limit (as applicable)</b>	Not Applicable	
	<b>Claims / Claims Procedure</b>	<p>• <b>For Cashless Service:</b> Insured can view or download the updated Hospital Network from the Company's website <a href="http://www.cholainsurance.com">www.cholainsurance.com</a></p> <p>• <b>For Reimbursement of Claim:</b> Advance claim intimation of at least 48 hours is required for planned hospitalisation and intimation within 24 hours for emergency hospitalisation. This would help us to pre-process your claim for a smooth experience. Claim Documents as listed in the Policy Terms have to be submitted at the earliest possible opportunity not exceeding 30 days from date of discharge.</p> <p>Turn Around Time (TAT) for claims settlement: 30 days from the date of receipt of last necessary document TAT for Pre-authorisation of cashless facility for initial approval - 60 minutes TAT for cashless final bill authorisation / enhancements - 180 minutes</p> <p><b>Network Hospital details:</b> Download the updated Network Hospitals from <a href="http://www.cholainsurance.com">www.cholainsurance.com</a> or Chola MS App</p> <p><b>Helpline Number:</b> For any assistance on claims, please contact us at our toll free number: 1800-208-9100</p> <p><b>Hospitals which are excluded or from where no claims will be accepted by Insurer</b> - Refer to our website <a href="http://www.cholainsurance.com">www.cholainsurance.com</a> or Chola MS app for latest list of excluded hospitals, as we will not consider / pay any claim from these hospitals. However, in case of life-threatening situations or following an accident, expenses incurred for the treatment up to the stage of stabilization are payable but not the complete claim.</p> <p><b>Downloading/getting claim form:</b> Please visit our website <a href="http://www.cholainsurance.com">www.cholainsurance.com</a> and download the claim form or write to us at <a href="mailto:customer@cholams.murugappa.com">customer@cholams.murugappa.com</a> or call us at 1800-208-9100</p>	7. General Conditions 25
10	<b>Policy Servicing</b>	For queries related to policy / claim servicing, please contact us at our Toll free number 1800-208-9100 or write to us at <a href="mailto:customer@cholams.murugappa.com">customer@cholams.murugappa.com</a>	Section 8-Grievances Redressal Mechanism

11	Grievances / Complaints	<p>Procedure of Grievance Redressal</p> <ul style="list-style-type: none"> <li>• Please write to <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> to register your complaint.</li> <li>• In Case of Senior Citizen please write to <a href="mailto:seniorcitizensupport@cholams.murugappa.com">seniorcitizensupport@cholams.murugappa.com</a> or call our Toll free @ 1800 208 9100 ( for Health products )</li> <li>• On lodging the complaint, a complaint reference number will be provided. An acknowledgement will also be sent with the details of turn around time for resolution and complaint registration details.</li> <li>• In case you are not happy with the resolution provided or delay of greater than 7 working days, you may follow the below escalation matrix. Escalation Matrix</li> <li>• In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer – <a href="mailto:Nodalescalation@cholams.murugappa.com">Nodalescalation@cholams.murugappa.com</a> (Quoting the previous Service request number)</li> <li>• In case you are still unhappy with the response or have not received a response within 7 working days, you may escalate the same to our Chief Grievance Officer - <a href="mailto:GRO@cholams.murugappa.com">GRO@cholams.murugappa.com</a> (Quoting the previous Service request number)</li> <li>• If after having followed the above steps and your issue still remain unresolved, you may approach the Insurance Ombudsman for Redressal. Login to <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a> to get details on Insurance Ombudsman Offices.</li> </ul>	Section 8-Grievances Redressal Mechanism
12	Things to remember	<b>Free Look Cancellation:</b> Not Applicable	
		<b>Policy renewal:</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied. This policy can be renewed 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. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy.	7. General Conditions 10
		<b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer	
		In case the insured wish to migrate to another policy with the same insurer, he/she has to apply for migration atleast 30 days before the policy renewal date	7. General Conditions 8 and 9
		In case the insured wish to port out of the policy, without break in insurance, he/she has to get in touch with the other insurance company at least 45 days before, but not earlier than 60 days from the policy renewal date to initiate the necessary porting formalities	
		<b>Change in Sum Insured</b> Sum insured or Deductible can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If the Insured decides to increase the Sum Insured or Deductible at the time of renewal, subject to our acceptance, 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 days, 1 year and 3 year waiting periods as per section 5.1, 5.2 and 5.3 of the Policy Terms. Sum Insured Enhancement will not be considered for Insured Persons over 65 years of age	7. General Conditions 29
		<b>Moratorium Period:</b> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits	7. General Conditions 12
13	Your Obligations	Insured is at obligation to disclose all pre-existing diseases or condition in the Proposal form. In the event of misrepresentation, misdescription or non-disclosure of any material fact by the Insured, the Policy shall be void and all premium paid hereon shall be forfeited to the Company and no claims shall be payable. Insured can contact our toll free no. 1800 208 9100 or write to us at <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> to intimate any change to the material information affecting the policy.	