

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY			
This document provides key information about your policy. You are also advised to go through your policy document			
Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Chola Hospital Cash Healthline (Revision)	
2	Policy Number	<<Policy Number>>	
3	Type of Insurance Policy	Benefit	
4	Sum Insured (Basis) (Along with Amount)	Individual Sum Insured - Where each member has a separate sum insured under the policy	Not Applicable
		Insured Name	Sum Insured (in Rs.)
		<<Insured 1>>	Rs.
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	a. Hospital admission longer than 24 hrs	4 Coverages 4.1.1
		b. Hospital Admission in ICU longer than 24 hrs	4 Coverages 4.1.1
		c. Lumpsum benefit for Hospitalisation more than 20 continuous days	4 Coverages 4.1.2
		The policy does not cover any losses caused directly due to the following	
6	Exclusions (What the policy does not cover)	1. Investigation & Evaluation-Code-Excl04: a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded	6 General Exclusions 6.1
		2. Obesity/Weight Control: Code-Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); a) Greater than or equal to 40 or b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe sleep Apnea iv. Uncontrolled Type2 Diabetes	6 General Exclusions 6.2
		3. 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	6 General Exclusions 6.3
		4. Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. Code-Excl08	6 General Exclusions 6.4
		5. Hazardous or Adventure sports: Expenses related to any treatment, necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. Code-Excl09	6 General Exclusions 6.5
		6. Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. Code-Excl 10	6 General Exclusions 6.6
		7. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12	6 General Exclusions 6.7
		8. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. Code-Excl14	6 General Exclusions 6.8
		9. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code-Excl15	6 General Exclusions 6.9

		10. 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	6 General Exclusions 6.10
		11. 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 General Exclusions 6.11
		12. 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	6 General Exclusions 6.12
		13. War or any act of war, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law.	6 General Exclusions 6.13
		14. 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	6 General Exclusions 6.14
		15 Hospitalisation, if applicable for the following treatments: Circumcisions (unless necessitated by illness or injury and forming part of treatment) Vaccination or inoculation unless forming a part of post-animal bite treatment Sexually transmitted disease or illness Any external congenital diseases, defects or anomalies Fitting of hearing aids, eyeglasses or contact lenses	6 General Exclusions 6.15,
		16. 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	6 General Exclusions 6.16
		17. Treatment other than Allopathy and AYUSH	6 General Exclusions 6.17
	<b>Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage</b>	<b>a. Initial Waiting Period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	Section 5 Exclusions 5.1.3
		<b>b. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months:</b> 1. Congenital Internal Diseases, 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&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	Section 5 Exclusions 5.1.2
		<b>c. Pre-Existing Diseases</b> will be covered after a waiting period of thirty six (26) months of continuous coverage	Section 5 Exclusions 5.1.1
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>	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	

	<p>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))</p>	Not Applicable	
	iv. Any other limit (as applicable)	Not Applicable	
9	Claims/ Claim Procedure	<p>a. For Cashless Service: Not Applicable</p> <p>b. For Reimbursement of Claim: 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 TAT for Pre-authorisation of cashless facility - Not Applicable TAT for cashless final bill authorisation - Not Applicable <b>Network Hospital details:</b> Not Applicable</p> <p><b>Helpline Number:</b> For any assistance on claims, please contact us at our toll free number: 1800-208-9100</p>	7 General conditions 7.25
		<p><b>Hospitals which are blacklisted</b> or from where no claims will be accepted by Insurer - 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.</p>	7 General conditions 7.5
		<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:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> or call us at 1800-208-9100</p>	
10	Policy Servicing	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:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a>	8 Grievances
11	Grievances / Complaints	<p>Procedure of Grievance Redressal Please write to <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> to register your complaint. 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 ) 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. 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 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) 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) 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</p>	8 Grievances
		<p><b>Free Look Cancellation:</b> Insured will have a free look period of 30 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. Please write to <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> for cancellation of the policy during free look period</p>	7 General conditions 7.3

12	<b>Things to remember</b>	<b>Policy renewal:-</b> 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	7 General conditions 7.10
		<b>Migration:</b> Not Applicable	
		<b>Portability</b> - Not Applicable	
		<b>Change in Sum Insured:</b> Sum Insured can be changed (increased) only at the time of renewal, subject to health condition and reported claim status of the Insured. The additional Sum Insured shall be available subject to the waiting period under the policy	7 General conditions 7.29
		<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 7.4
		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 customercare@cholams.murugappa.com to intimate any change to the material information affecting the policy.	
13	<b>Your obligations</b>		