

## CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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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	GROUP HEALTH INSURANCE					
2	Policy Number	<<Policy Number>>					
3	Type of Insurance Policy	Both Indemnity and Benefit					
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><tr><th>Insured Name</th><th>Sum Insured (SI) (in Rs.)</th></tr><tr><td>&lt;&lt;Insured 1&gt;&gt;</td><td>Rs.</td></tr></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)	Inpatient Hospitalization Expenses	Coverage 2.1				
		Pre-Hospitalization Expenses	Coverage 2.2				
		Post-Hospitalization Expenses covers	Coverage 2.3				
		Emergency Ambulance Expenses	Coverage 2.4				
		Day Care Procedures/Treatment Expenses	Coverage 2.5				
		AYUSH Treatment:	Coverage 2.6				
		Maternity	Coverage				
		Health Check up	Coverage				
		The benefit applicable to the Insured under the policy will depend on the plan and Sum Insured opted and as mentioned in the Policy Schedule					
		The policy does not cover any losses caused directly due to the following <b>GENERAL EXCLUSIONS</b>					
		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.	4.1				
		2. Rest Cure, rehabilitation and respite care – code – Excl05: a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	4.2				
		3. 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 comorbidities 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	4.3				
		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	4.4				
		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	4.5				
		6. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12	4.6				
		7. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code-Excl13	4.7				
		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	4.8				

6	Exclusions (What the policy does not cover)	9. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less 7.5 dioptries. Code – Excl15	4.9
		10. 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	4.1
		11. 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.	4.11
		12. Circumcision unless necessary for the treatment of an Illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury.	4.12
		13. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent	4.13
		14. 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 .	4.14
		15. Any expenses incurred towards hearing aids, eyeglasses or contact lenses	4.15
		16. Any travel or transportation costs or expenses.	4.16
		17. Outpatient prescribed or non-prescribed medical supplies including elastic stockings, bandages, gauze, syringes, diabetic test strips, and similar products; non-prescription drugs and treatments.	4.17
		18. War, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law, terrorism or terrorist acts.	4.18
		19. Ionising radiation or contamination by radioactivity from any nuclear waste or from combustion of nuclear fuel or otherwise; or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products	4.19
		20. Sexually transmitted disease or illness	4.2
		21. Treatment other than Allopathy and AYUSH	4.21
		22. Any condition after the point at which it is certified by the attending Doctor to be of such a nature that further medical treatment may serve to stabilise or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.	4.22
		23. Any congenital external disease	4.23
		24. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 1 of the Policy Wordings	4.24
		<b>Initial Waiting Period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	3.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 PreExisting 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: Cataracts, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, internal congenital disease, Sinusitis and related disorders. If these diseases are pre-existing at the time of proposal, the same will be considered under the policy as per exclusion 3.a.i above</p>	3.III
	Pre-existing Diseases: Covered after 36 consecutive months under the policy		3.I
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
	i. Sublimit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following sub-limits:	
		Charges beyond the limit on Room Rent, if any as mentioned in the Master Policy Schedule / Certificate of Insurance	Coverage
		Charges beyond the Sublimit on procedures, if any as mentioned in the Master Policy Schedule / Certificate of Insurance	Coverage
	ii. Co-Payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/insured)	Co-payment, if any as mentioned in the Master Policy Schedule / Certificate of Insurance	Coverage
	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))	Not Applicable	
	iv. Any other limit (as applicable)	Not Applicable	
	Claims / Claims Procedure	<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</p> <p>TAT for Pre-authorisation of cashless facility for initial approval - 60 minutes</p> <p>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:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> or call us at 1800-208-9100</p>	General Conditions 5.18

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:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a>	Section 6-Grievances Redressal Mechanism
11	<b>Grievances / Complaints</b>	<p>Procedure of Grievance Redressal</p> <p>.Please write to <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> to register your complaint.</p> <p>.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 )</p> <p>.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.</p> <p>.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.</p> <p>Escalation Matrix</p> <p>.In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer</p> <p><a href="mailto:Nodalescalation@cholams.murugappa.com">Nodalescalation@cholams.murugappa.com</a> (Quoting the previous Service request number)</p> <p>.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)</p> <p>.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>	Section 6-Grievances Redressal Mechanism
12	<b>Things to remember</b>	<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.	General Conditions 5.7
		<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	General Conditions 5.12, 5.13
		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	
		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 can be changed (increased) only at the time of renewal, subject to reported claim status and health condition of the insured. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	General Conditions 5.21
		<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	General Conditions 5.6
13	<b>Your Obligations</b>	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.	