

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

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 FLEXI HEALTH SUPREME	
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 Insured Name Sum Insured (in Rs.) <<Insured 1>> Rs.	Not Applicable
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	Medical Expenses for Inpatient Hospitalisation of more than 24 hours	4 Policy Coverage 4.1.1
		Related medical expenses incurred 30 days under Basic Plan and 60 days under Plus & Premiere Plan prior to date of admission	4 Policy Coverage 4.1.2
		Related medical expenses incurred 60 days under Basic Plan and 90 days under Plus plan and 120 days under Premiere Plan from date of discharge	4 Policy Coverage 4.1.3
		Day care procedures requiring hospitalization less than 24 hours	4 Policy Coverage 4.1.4
		AYUSH Coverage Expenses	4 Policy Coverage 4.1.5
		Domiciliary Hospitalisation	4 Policy Coverage 4.1.6
		Organ Donor Hospitalisation Expenses	4 Policy Coverage 4.1.7
		Emergency Ambulance Expenses - upto 1% of SI subject to a maximum of Rs.2,000/- under Basic & Plus Plan and Rs.5,000/- under Premiere Plan per hospitalisation	4 Policy Coverage 4.1.8
		New born Baby Cover - Coverage from Day one provided mother is covered under the policy for continuous 12 months under Basic Plan	4 Policy Coverage 4.1.9
		Additional Covers	
		Sum Insured Restoration - Automatic Sum Insured Restoration in the event of exhaustion or insufficient Base Sum Insured & Cumulative Bonus (Applicable for Sum Insured of Rs. 3 Lakhs and above under Basic Plan)	4 Policy Coverage 4.2.1
		Additional Sum Insured for claims due to Road Traffic Accident (RTA) - Upto 25% of SI upto to a maximum Rs.5 lakhs under Basic & Plus Plan and Rs. 5 lakhs under Premiere Plan once during the policy Year	4 Policy Coverage 4.2.2
		Daily Care Benefit - Daily Benefit of Rs.500/- under Basic & Plus plan and Rs.1000/- under Premiere plan per day towards accompanying person expenses upto a maximum of 10 days per policy period subject to an admissible claim under basic cover	4 Policy Coverage 4.2.3
		Compassionate Travel - Reimbursement of travel expenses upto a maximum of Rs.5000/- under Basic & Plus plan and Rs.25000/- under Premiere plan per policy year (per annum in case of multi-year tenure) by air incurred to visit the hospitalized insured by an immediate family member for a life threatening emergency medical condition subject to an admissible claim under basic cover	4 Policy Coverage 4.2.4
		Repatriation of Mortal Remains: - Upto Rs.3,000/- under Basic & Plus plan and Rs.10,000/- under Premiere plan subject to an admissible claim under the policy subject to an admissible claim under basic cover	4 Policy Coverage 4.2.5
		Specialist Consultation Charges : - Reimbursement of the cost of obtaining Specialist Medical Opinion up to a maximum of Rs.25,000/- under Basic & Plus plan and Rs.50,000/- under Premiere plan subject to an admissible claim under basic cover	4 Policy Coverage 4.2.6
		Global Hospitalisation Cover - Reimbursement of In-patient hospitalization / Day Care Expenses incurred outside India upto Base SI. Diagnosis has to be within India under Plus & Premiere Plan	4 Policy Coverage 4.2.7
		Personal Accident cover - Lumpsum benefit equal to Sum Insured in the event of Accidental Death of the Insured covered under the policy (under Plus & Premiere Plan)	4 Policy Coverage 4.2.8
		Child Education Benefit - Fixed benefit of Rs.25,000/- under Plus Plan & Rs.50,000/- under Premiere plan to dependent children, subject to admissible claim under Personal Accident cover. This will be a fixed one time benefit irrespective of the no. of Children during the entire lifetime of the policy with Us	4 Policy Coverage 4.2.9
		Consumables cover - Reimbursement of expenses of list of 'Items for which coverage is not available in the policy' subject to an admissible In-Patient hospitalization claim (under Plus & Premiere Plan)	4 Policy Coverage 4.2.10
		Homecare Expenses - Reimbursement of expenses per day upto Rs.3000/- under Plus plan & Rs.5000/- under Premiere plan towards treatment of listed illness upto a maximum of 15 days per policy year	4 Policy Coverage 4.2.11

Vaccination charges - Reimbursement of Vaccination charges upto Rs.5000/- for the new born baby under Plus and Premiere plan upto one year of age	4 Policy Coverage 4.2.12
Maternity cover - Reimbursement of Maternity expenses upto Rs.50,000/- under Plus plan / Rs.1 lakh under Premiere plan per delivery and Coverage for New Born Baby	4 Policy Coverage 4.2.13
Infertility Treatment - Reimbursement of medical expenses incurred towards infertility treatment of female insured upto Rs.2,00,000/- per policy year under Premiere plan	4 Policy Coverage 4.2.14
Bariatric Surgery - Reimbursement of expenses incurred towards Bariatric surgery under Premiere plan	4 Policy Coverage 4.2.15
Recovery Benefit - Lumpsum Benefit equal to 0.5% of Base SI, for continuous hospitalization of more than 10 days subject to an admissible claim under Basic In-patient hospitalization expenses under Premiere plan	4 Policy Coverage 4.2.16
Specs/ Contact lens/hearing aids - Reimbursement of expenses upto Rs.10,000/- per policy towards purchase of listed items under Premiere plan	4 Policy Coverage 4.2.17
High End Diagnostics - Reimbursement of expenses incurred on OPD basis for High End Diagnostics listed in the policy upto a max. of Rs.25,000/- per policy year under Premiere plan	4 Policy Coverage 4.2.18
Emergency Air Ambulance cover - Reimbursement of expenses for emergency Air Ambulance upto Rs.5 Lakhs per policy year under Premiere plan	4 Policy Coverage 4.2.19
Wellness Advantage - Health Assessment , Digital Health Coaching, Medicines Delivery, Preventive Health Checks & Diagnostic Tests from network Labs, Emergency helpline connect, Health Discount @ Renewal under Plus & Premiere plan	Policy Coverage 4.4
Medical Second Opinion - Add On Cover - In the event of any Insured Person, being diagnosed with any Medical Condition during the Policy Year, he or she can obtain the Medical Opinion from the World's Leading Medical Centres (WLMC) tied up with our Service Provider	9. Medical second Opinion -Add On Cover
Flexi OP Care - Add On Cover - Out-Patient coverage for Consultation, Diagnostics, Pharmacy and other value added and Wellness features on Cashless basis	10. Flexi OP Care-Add On Cover
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	
GENERAL EXCLUSIONS	
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. 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.	6. General Exclusions 6.2
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 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 6.3

4. 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 6.4
5. 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 6.5
6. 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 6.6
7. 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 6.7
8. 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	6. General Exclusions 6.8
9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12	6. General Exclusions 6.9
10. 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	6. General Exclusions 6.10
11. 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 6.11
12. 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 6.12
13. 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 6.13
14. 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 6.14
15. 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 6.15
16. 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 6.16
17. intentional self-injury or attempted suicide whether sane or insane.	6. General Exclusions 6.17
18. All expenses 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 6.18
19. Any travel or transportation costs or expenses excluding ambulance charges.	6. General Exclusions 6.19
20. Circumcisions (unless necessitated by illness or injury and forming part of treatment).	6. General Exclusions 6.20
21. Vaccination or inoculation unless forming a part of post-animal bite treatment.	6. General Exclusions 6.21

22. 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	6. General Exclusions 6.22
23. Any external congenital diseases, defects or anomalies	6. General Exclusions 6.23
24. Expenses incurred for any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anaesthesia and is necessitated by Illness or Accidental Bodily Injury	6. General Exclusions 6.24
25. Any expenses incurred towards hearing aids, eyeglasses or contact lenses	6. General Exclusions 6.25
26. 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	6. General Exclusions 6.26
27. 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 6.27
28. Treatment other than Allopathy and AYUSH	6. General Exclusions 6.28
29. Claims arising out of the treatment/operation undertaken to cure impotence or to improve potency	6. General Exclusions 6.29
30. Non-medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure1.	6. General Exclusions 6.30
SPECIFIC EXCLUSIONS APPLICABLE TO PERSONAL ACCIDENT COVER	
In addition to the General Exclusions listed in the Policy, this policy does not provide benefits for any death benefit attributable directly to the following:	
1. Any Pre-existing condition or any complication arising from the same.	6. General Exclusions 6.C.1
2. Any kind of murder which was caused by pre-meditated and dominant intention to kill the person. Any murder caused by an act which was originally unintended to kill the person does not fall under this exclusion	6. General Exclusions 6.C.2
3. Any loss arising out of any kind of insect bite	6. General Exclusions 6.C.3
4. Any loss directly resulting due to Pregnancy or childbirth or in consequence thereof	6. General Exclusions 6.C.4
5. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kings, princes, and people of whatsoever nation condition or quality	6. General Exclusions 6.C.5
6. Nuclear, Chemical and biological terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, disablement or injury resulting directly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement "Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. "Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/ or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.	6. General Exclusions 6.C.6

		7. The Insured Person 's participation in naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy with foreign or domestic	6. General Exclusions 6.C.7
		8. any Injury sustained whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying otherwise) in any duly licensed standard type of aircraft anywhere in the world;	6. General Exclusions 6.C.8
		9. any Injury sustained while the Insured is participating in contests of speed using a motorized vehicle or bicycle and/or hunting and/or skiing and/or skydiving and/or gliding and/or mountaineering and/or winter sports;	6. General Exclusions 6.C.9
		10. Resulting in injury whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs	6. General Exclusions 6.C.10
		11. Consequential losses of any kind or actual or alleged legal liability	6. General Exclusions 6.C.11
		12. Any Events/incidences that happened before the policy inception would not be covered. All events should fall under the policy duration.	6. General Exclusions 6.C.12
		13. While you are participating or training for any sport as a professional	6. General Exclusions 6.C.13
		14. This Insurance does not cover any loss, damage, cost or expense directly arising out of or due to any act of terrorism. For the purpose of this Exclusion, an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and / or to put the public, or any section of the public in fear	6. General Exclusions 6.C.14
7	Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage	Initial Waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	5. Waiting Periods iii
		Specific Waiting Periods (Not applicable for claims arising due to an accident): 24 months for the diseases/procedures listed below: Ear, Nose, Throat (ENT) - Adenoids - (Deviated Nasal Septum, Paranasal sinuses, Treatment of diseases on ears, Tonsils, ENT disorders & Surgery) Eye - (Cataract) Gynaecological - (Hysterectomy unless because of malignancy, Myomectomy, Dilatation and curettage (D&C)), Gastrointestinal - (All types of Hernia, Fissure, Fistula in Anus, Piles, Cirrhosis (however alcoholic cirrhosis is permanently excluded)), General (applicable to all organ systems/organs whether or not described above) - (Any type of benign Cyst/ Nodules/ Polyps/ Tumors/ Breast Lumps unless malignant), Others - (Congenital Internal Anomaly, Varicose Veins, Varicose Ulcers, Genetic Disorders), Orthopaedic-(Rheumatism and arthritis of any kind, Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders, Joint replacement Surgery unless because of accident, Spondylosis / Spondylitis and other Degenerative Disc Disorders, Ligament, Tendon and Meniscal tear), Urogenital - (Benign Prostatic Hypertrophy, Hydrocele, Stones in the Urinary and Biliary Systems)	5. Waiting Period ii
		24 months for Infertility treatment	4 Policy Coverage 4.2.14
		24 months for Specs/Contact lens/hearing aids cover	4 Policy Coverage 4.2.17
		36 months for Maternity cover	4 Policy Coverage 4.2.13
		Pre-existing Diseases: Covered after 36 (Basic & Plus Plan) / 24 (Premiere plan) consecutive months under the policy	5. Waiting Period 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:	
		Room charges beyond Rs.2000/- for Sum Insured of Rs.50,000/-, Rs.1, Rs. 2 Lakhs	Policy Coverage 4.1.1
	ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)	Not Applicable	
	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	

9	Claims / Claims Procedure	<p>• For Cashless Service: Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com</p> <p>• 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 must 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>Network Hospital details: Download the updated Network Hospitals from www.cholainsurance.com or Chola MS App</p> <p>Helpline Number: For any assistance on claims, please contact us at our toll-free number: 1800-208-9100</p> <p>Hospitals which are excluded or from where no claims will be accepted by Insurer - Refer to our website www.cholainsurance.com 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>Downloading/getting claim form: Please visit our website www.cholainsurance.com and download the claim form or write to us at customercare@cholams.murugappa.com or call us at 1800-208-9100</p>	7 General Conditions -27
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 customercare@cholams.murugappa.com	Section 8-Grievances Redressal Mechanism
11	Grievances / Complaints	<p>Procedure of Grievance Redressal</p> <p>.Please write to customercare@cholams.murugappa.com to register your complaint.</p> <p>.In Case of Senior Citizen please write to seniorcitizensupport@cholams.murugappa.com 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>Nodalescalation@cholams.murugappa.com (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 -</p> <p>GRO@cholams.murugappa.com (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 https://www.cioins.co.in/Ombudsman to get details on Insurance Ombudsman Offices</p>	Section 8-Grievances Redressal Mechanism
12	Things to remember	<p>Free Look Cancellation: 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 customercare@cholams.murugappa.com for cancellation of the policy during free look period</p>	7. General Conditions 15
		<p>Policy 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</p>	7. General Conditions 10
		<p>Migration and Portability:When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer</p>	
		<p>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</p>	7. General Conditions 8
		<p>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</p>	7. General Conditions 9

		<p>Change in Sum Insured: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.</p>	7. General Conditions 31
		<p>Moratorium Period: 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</p>	7. General Conditions 12
13	Your Obligations	<p>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.</p> <p>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.</p>	