

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

**CHOLA SURROGATE AND OOCYTE DONOR PROTECTOR**

CHOHLIP24093V012324

PROSPECTUS

This product is specially designed to cover surrogate mother or Oocyte donor for complications arising out of pregnancy including Medical Termination of Pregnancy (in case of life threatening medical condition to the surrogate mother as authorised by the appropriate authority) and also covering post- partum delivery complications with respect to Surrogate mother resulting from Altruistic Surrogacy and complications arising due to oocyte retrieval with respect oocyte donor, as per the cover opted.

❖ Eligibility for Proposer

1. The Intending Couple or Intending Woman is eligible to propose for an insurance cover in favour of the Surrogate mother or Oocyte Donor
 - i. **"intending couple"** means a couple who have a medical indication necessitating gestational surrogacy and who intend to become parents through surrogacy;
 - ii. **"intending woman"** means an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail the surrogacy;
2. The intending couple/woman proposing to cover the surrogate mother, should fulfil the following conditions:
 - (I) the intending couple should be married and between the age of 23 to 50 years in case of female and between 26 to 55 years in case of male on the day of certification;
 - (II) the intending couple/woman have not had any surviving child biologically or through adoption or through surrogacy earlier: Provided that nothing contained in this item shall affect the intending couple who have a child and who is mentally or physically challenged or suffers from life threatening disorder or fatal illness with no permanent cure and approved by the appropriate authority with due medical certificate from a District Medical Board;
3. Medical indications necessitating gestational surrogacy.- A woman may opt for surrogacy if; -
 - a) she has no uterus or missing uterus or abnormal uterus (like hypoplastic uterus or intrauterine adhesions or thin endometrium or small uni-cornuate uterus, T-shaped uterus) or if the uterus is surgically removed due to any medical conditions such as gynaecological cancer;
 - b) intended parent or woman who has repeatedly failed to conceive after multiple In vitro fertilization or Intracytoplasmic sperm injection attempts. (Recurrent implantation failure);
 - c) multiple pregnancy losses resulting from an unexplained medical reason. unexplained graft rejection due to exaggerated immune response;
 - d) any illness that makes it impossible for woman to carry a pregnancy to viability or pregnancy that is life threatening
4. Proposer shall not be eligible for coverage under the policy.
5. An intended couple or intended woman shall not have the service of more than one surrogate at any given time.
6. An intended couple/Woman shall not have simultaneous transfer of embryos in the woman and in a surrogate.

❖ Who can be the Insured

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1. Surrogate Mother between the age of 25 to 35 years
2. Female Oocyte donor between the age of 23 to 35 years

*Age mentioned above refers to completed age at the commencement date of this policy

Specific conditions applicable to the Insured:

1. The Insured Person shall be eligible only once in her entire lifetime to avail the coverage for Surrogacy or Oocyte retrieval.
2. **Surrogate Mother** should be
 - (I) a married woman having a child of her own and between the age of 25 to 35 years on the day of implantation of embryo in her womb and willing woman to act as a surrogate mother and undergo surrogacy procedures as per the provisions of the Surrogacy Act.
 - (II) Should not provide her own gametes for the purpose of surrogacy.
 - (III) Should not act as a surrogate mother more than once in her lifetime.
 - (IV) Should possess a certificate of medical and psychological fitness for surrogacy and surrogacy procedures from a registered medical practitioner.
 - (V) Number of attempts of surrogacy procedures: The number of attempts of any surrogacy procedure on the surrogate mother shall not be more than 3 times during the policy period.
 - (VI) Only Indian citizens shall have a right to act as a surrogate, and no ART bank/ART clinics shall receive or send an Indian for surrogacy abroad
 - (VII) Any woman agreeing to act as a surrogate shall be duty-bound not to engage in any act that would harm the foetus during pregnancy and the child after birth, until the time the child is handed over to the designated person(s).
 - (VIII) Number of embryos to be implanted in the uterus of the surrogate mother.- The gynaecologist shall transfer one embryo in the uterus of a surrogate mother during a treatment cycle: Provided that only in special circumstances up to three embryos may be transferred
3. **Oocyte donor** should be
 - (I) a woman between 23 to 35 years of age and
 - (II) shall donate oocytes only once in her life

❖ **Type of Sum Insured:** Sum Insured shall be offered on Individual basis.

❖ **Policy Tenure:**

Insured	Policy Tenure	Policy Commencement
Surrogate Mother	36 Months	Policy shall commence from the date of realization of premium or acceptance of the proposal by the Company, whichever is later. The policy will be issued for a period of three continuous years

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Oocyte Donor	12 Months	Policy shall commence from the date of realization of premium or acceptance of the proposal by the Company, whichever is later. The policy will be issued for a period of one year
Specific Condition: <ol style="list-style-type: none"> 1. Policy should be availed before commencement of the Surrogacy Procedures or oocyte retrieval 2. Policy shall not be renewable at the end of the respective policy period 		

❖ **SUM INSURED OPTIONS: Rs. 3 Lakhs / Rs. 5 Lakhs / Rs.7.5 Lakhs / Rs. 10 Lakhs.**❖ **PREMIUM PAYMENT OPTIONS:** Single premium payment mode❖ **Pre policy medical checkup:** There is no pre policy medical checkup for this policy.❖ **SCOPE OF COVER:****In-patient Hospitalisation Expenses:**

This Policy shall indemnify the **Reasonable and Customary Medical Expenses** incurred for **In-patient** hospitalization including AYUSH treatment as defined in the policy of the Insured Person, towards:

- a. complications arising out of pregnancy including Medical Termination of Pregnancy (in case of life threatening medical condition to the surrogate mother as authorised by the appropriate authority) and also covering post- partum delivery complications for the Surrogate mother resulting from **Altruistic Surrogacy** or
- b. complications arising due to oocyte retrieval with respect to the Oocyte donor

under different heads mentioned below, during the **Policy Period** upto the **Sum Insured** as mentioned in the **Policy Schedule** (other than any sub-limits as specified in the policy), subject to terms, conditions and exclusions mentioned in the Policy.

- i. **Room Rent**, Boarding, Nursing expenses as provided by the Hospital/Nursing Home upto 1% of Sum Insured subject to maximum of Rs 5,000/- per day
- ii. **Intensive Care Unit (ICU)** expenses upto 2% of Sum Insured subject to maximum of Rs 10,000/- per day.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants ,Specialist Fees upto 30% of Sum Insured per claim, whether paid directly to the treating doctor /surgeon or to the hospital
- iv. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.
- v. Expenses incurred on road Ambulance subject to a maximum of Rs 2,000/- per hospitalization.
- vi. **Proportionate Deduction:** In case of admission to a room exceeding the limits as mentioned in the point no. (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges

❖ **GENERAL EXCLUSIONS :**

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The policy does not cover any losses caused directly due to the following:

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.

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.

3. 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. 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**

5. 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. 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.

7. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl12

8. 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

9. 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

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 – Excl15**

11. Any illness, sickness or disease other than complications arising out of pregnancy and post-partum delivery for the surrogate mother or complications arising out of oocyte retrieval for the oocyte donor.

12. Medical Expenses incurred towards:

- a. Normal delivery or caesarean section of the Surrogate Mother
- b. The New Born Baby through Surrogacy to the Surrogate Mother

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- c. Complication of Pregnancy to the Surrogate Mother, which is for other than 'Altruistic Surrogacy' and / or for the second Surrogacy and / or if the Surrogate Mother donates her own gametes
 - d. Miscarriage (including miscarriage due to accident) and lawful medical termination of pregnancy during the policy period of the Surrogate Mother
 - e. Complications arising due to oocyte retrieval, if the insured is donating for the second time
 - f. Treatment of any pre-existing condition/disease of the Insured including its complications
 - g. Day Care Treatments / Procedures administered to the Insured
 - h. Treatment taken on OPD basis by the Insured
 - i. Pre and Post Hospitalisation of the Insured
13. Complications of pregnancy resulting from:
- i. the Surrogacy procedure conducted in a Clinic which is not registered as per the provisions of The Surrogacy (Regulation) Act, 2021
 - ii. Surrogacy which is for commercial purposes or for commercialisation of surrogacy or surrogacy procedures
 - iii. Surrogacy which is for producing children for sale, prostitution or any other form of exploitation
14. Any claim arising due to non-compliance of the provisions stated in the respective Surrogacy law, The Surrogacy (Regulation) Act, 2021, The Surrogacy (Regulation) Rules, 2022, the Assisted Reproductive Technology Law, The Assisted Reproductive Technology (Regulation) Act, 2021, The Assisted Reproductive Technology (Regulation) Rules, 2022 and any subsequent additions / modifications to the Law / Act / Rules.
15. 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.
16. Intentional self-injury or attempted suicide whether sane or insane.
17. 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.
18. Any travel or transportation costs or expenses excluding ambulance charges.
19. Vaccination or inoculation of any kind
20. 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 an Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury.
21. Any internal and external Congenital Anomaly, diseases or defects.
22. 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.
23. Treatment rendered by a Registered Medical Practitioner which is outside his discipline or the discipline for which he is licensed;
24. 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, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.
25. Treatment other than Allopathy and AYUSH
26. Voluntary Termination of Pregnancy

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27. Non-medical Expenses incurred during Hospitalisation. The list of such Non-medical Expenses is placed at Annexure 1 under List I. List 1 – Items for which coverage is not available in the policy’.

❖ CLAIM PROCEDURE**A. HOSPITALISATION CLAIM:****a. Claim Procedure**

If the Insured happens to suffer and get hospitalized for treatment of any complication arising out of pregnancy or Postpartum delivery complication in respect of Surrogate Mother or complications arising due to oocyte retrieval in respect of oocyte donor, which gives rise to or may give rise to a claim, then it is a **condition precedent** to our liability that the Insured or Proposer shall immediately:

- a. Give us intimation of the claim irrespective of notice provided to any other insurer for the same **illness** in case you are holding multiple insurance policies.
- b. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by the us

Type of hospitalization	Claim Intimation - Turn Around Time	
Cashless - Admission in Network Hospital	Planned Hospitalization: pre-authorization has to be obtained 72 hours prior to the date of planned admission	Emergency Hospitalization: within 48 hours of an emergency admission
Reimbursement - Admission in Non - Network Hospital (E mail: customercare@cholams.murugappa.com) or phone (@ Toll free no. 1800-208-9100)	Planned Hospitalization - Claim intimation has to be given to us on email or at the Toll free Number within 48 hours for planned hospitalization	Emergency Hospitalization: Claim intimation has to be given to us on email or at the Toll free Number within 24 hours of an emergency hospitalization

b. Procedure for Cashless facility: Obtain our pre-authorization for the medical treatment in any of our **Network Hospitals** as well as identified list of hospitals by GIC for common empanelment through anywhere cashless facility by mentioning the **Membership Number** / Policy Number. Insured can view or download the updated Network Hospitals from the Company's website www.cholainsurance.com as well as Chola MS mobile application and access any of our network hospitals to avail cashless facility.

In case of planned admission, pre-authorization has to be obtained 72 hours prior to the date of admission and within 48 hours of an emergency admission. Pre-authorization request shall, if we are satisfied as to the validity of the claim, specify:

1. the treatment authorized;
2. the place at which it has been authorized, and
3. Any other conditions applicable to either.

c. Procedure for submission of Reimbursement Claims

1. Upon Hospitalization, the insured Person or his/her dependents or the proposer shall provide us with fully particularized details of the quantum of any claim to be reimbursed and any and all other information and

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documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.

2. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.
3. The Insured shall obtain and furnish to the Company all copy of bills, receipts and any other documentation upon which a claim is based. `Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'. The expenses towards doctors' fees for any additional medical examination required by us, at the time of claim shall be borne by us.
4. We shall only make payment (unless already paid direct to the service provider/hospital) to the Proposer or the Nominee mentioned in the Policy Schedule
5. Proposer / Insured hereby acknowledge and agree that the payment of any claim by or on behalf of us shall not constitute on the part of us any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by You, it being agreed and recognized by You that we are not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution (including a **Network Hospital**) whether pre-authorized or not.

d. Claim documentation:

Following documents are to be submitted for processing of the claim along with the duly filled & signed claim form by the Proposer / nominee in addition to the documents listed in the table:

- KYC of the Insured and KYC of the nominee / legal heir in case of death claim under the policy.
- Account details with proof for NEFT of the Insured and of nominee / legal heir in case of death claim under the policy i.e. cancelled cheque, passbook copy has to be submitted with the below listed claim documents.
- Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

Covers	Documents
In-Patient Hospitalization Expenses	<ul style="list-style-type: none"> - Original Discharge summary in the hospital letter head with the seal and sign of the doctor with complete details of diagnosis, treatment given, treatment advised etc. - Original Main bill from the hospital with cost wise break up - Original payment receipt (Receipt should have Serial No) - Original investigation reports (such as X Ray, Lab Reports, Scan reports etc.) These are required for supporting the ailment, hence all reports taken prior / at the time or after the hospitalization are required. - All pharmacy bills should be accompanied with relevant prescriptions. Bills should contain date and patient name. If pharmacy is charged in the Main Hospital bill, then proper itemized break up of those medicines should be obtained from the hospital. - Implant stickers or invoice where ever applicable - In case of Road traffic accident (RTA), copy of FIR and/or Medico legal Certificate (MLC) would be required.

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There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policyholders.

Chola MS customer support operates 24 /7 basis and the contact details are as followed for any queries / grievances:

Toll Free Phone No : **1800-208-9100**

E-Mail : customercare@cholams.murugappa.com

Address of Chola MS Health Claims Office:

Cholamandalam MS General Insurance Company Limited

Chola MS HELP – Health Claims Department

New No.2, Old No. 234, Parry House,

3rd Floor, N. S. C. Bose Road

Chennai - 600001

Customer Care Toll Free No: 1800-208-9100

E-Mail: customercare@cholams.murugappa.com

❖ **Cancellation of 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

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

iii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, and 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.

❖ **Migration:** Migration shall not allowed under the policy

❖ **Portability:** Portability shall not allowed under the policy

❖ **Renewal of Policy:** Policy shall not be available for Renewal on expiry

❖ **Possibility of Revision of Terms of the Policy including the Premium Rates:**

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

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PROSPECTUS**❖ Multiple policies**

1. In case of multiple policies taken by an Insured during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policyholder shall be treated as the Primary Insurer and shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Insured person having multiple policies shall also have the right to prefer claims under this policies for the amounts disallowed under any other policy/policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle claim subject to the terms and conditions of this policy
3. If the amount claimed exceeds the sum insured under a single policy, the Primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions.
4. Where the insured person has policies from more than one insurer to cover the same risk on an indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

❖ 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

❖ Withdrawal of Policy:

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.

❖ Automatic Termination

This **policy** shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the **policy schedule**

- Upon the demise of the Surrogate Mother or Oocyte Donor, in which case the **Company** will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.

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- Upon exhaustion of the Sum Insured.

Annexure 1

LIST I – ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY	
Sl. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICES CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**CHOLA SURROGATE AND OOCYTE DONOR PROTECTOR**

CHOHLIP24093V012324

PROSPECTUS

38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES – SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDER LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERYKIT, ORTHOKIT, RECOVERY KIT, ETC)
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY
LIST II – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES	
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU0DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS

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PROSPECTUS

11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSE
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES
LIST III – ITEM THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES	
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD, CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT

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PROSPECTUS

15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE
LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT	
1	ADMISSION / REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP / CAPD EQUIPMENTS
7	INFUSION PUMP – COST
8	HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES – DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOLT SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Premium Chart (Excluding Tax)

Office Premium per policy term (in ₹)					
Coverage	Term of the coverage	Sum insured options (in ₹)			
		3,00,000	5,00,000	7,50,000	10,00,000
Complications of Altruistic Surrogacy Pregnancy and Post-Partum Delivery	36 months	64,726	75,711	86,704	96,577
Complications of Oocyte donation	12 months	16,935	19,809	22,686	25,269

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PROSPECTUS

DISCOUNT:

Discount in Lieu of Intermediation	
Intermediation Channel	Discount (%) on Premium
Direct	15.00%

GRIEVANCES REDRESSAL MECHANISM**Mechanism for Grievance Redressal:-**

In case of any grievance the insured person may contact the company through

Website : www.cholainsurance.com

Toll free : 1800 208 9100

E-Mail : customercare@cholams.murugappa.com

Courier : Manager , Customer Care, Chola MS General Insurance Company Limited, Hari Nivas Towers First Floor, #163, Thambu Chetty Street, Parry's Corner, Chennai -600001

Procedure of Grievance Redressal

- Please write to customercare@cholams.murugappa.com to register your complaint.
- In Case of Senior Citizen please write to seniorcitizensupport@cholams.murugappa.com 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 – Nodalescalation@cholams.murugappa.com (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 - GRO@cholams.murugappa.com (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 <https://www.cioins.co.in/Ombudsman> to get details on Insurance Ombudsman Offices.

Section 41 of Insurance Act, 1938

Section 41 of Insurance Act, 1938 – Prohibition of Rebates:(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person totake or renew or continue an insurance in respect of any kind of risk relating to livesor property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on

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PROSPECTUS

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..

Insurance is the subject matter of the solicitation.