

Chola MS Critical Healthline Insurance

CHOHLIP21302V022021

Prospectus

Suitability

This policy is meant for Individuals only. Customers have the flexibility to choose among the two plans offered. If an Insured under this policy is diagnosed as suffering from a Critical Illness the first occurrence of which manifests itself during the Policy Period, the Company shall pay a lump-sum Critical Illness Benefit as per the Sum Insured Chosen.

Age

- The minimum insurable age is 5 years
- The maximum age of entry is 65 years.

Salient Features & Benefits

Following are the salient features and benefits against each section:

	Chola MS Standard Critical Healthline	Chola MS Advanced Critical Healthline		
Critical Illnesses covered	 Cancer of Specified Severity Stroke Resulting In Permanent Symptoms First Heart Attack – Of Specified Severity Open Chest CABG Kidney Failure Requiring Regular Dialysis Multiple Sclerosis With Persisting Symptoms Major Organ /Bone Marrow Transplant Permanent Paralysis Of Limbs Surgery to Aorta Primary Pulmonary hypertension 	 Cancer of Specified Severity Stroke Resulting In Permanent Symptoms First Heart Attack – Of Specified Severity Open Chest CABG Kidney Failure Requiring Regular Dialysis Multiple Sclerosis With Persisting Symptoms Major Organ /Bone Marrow Transplant Permanent Paralysis Of Limbs Surgery to Aorta Primary Pulmonary hypertension Parkinson's Disease Motor Neuron Disease With Permanent Symptoms 		
Sum Insured in Lakhs	1/3/5/10	1/3/5/10		
Entry Age	5 to 65 yrs	5 to 65 yrs		
Survival Period after diagnosis	30 Days	30 Days		
Waiting periods for availing benefits from first purchase	vailing benefits from			
Emergency Ambulance	Not Covered	Rs.1000 per insured per policy yr		



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The premium collected under this health policy would be eligible for Income Tax benefit under Sec 80 D of IT Act.

Requirements for proposal

The proposer is required to submit the following for purchasing this policy

- 1. Completed Proposal Form and Proof of Date of Birth
- 2. A Medical examination report confirming the good health of the proposer along with reports of CBC, Serum Cholesterol, FBS, Serum Creatinine, Routine Urine Test, SGOT, Chest X-ray, ECG is required for proposals where
 - 1. the applicant is over 55 years of age as on the date of the proposal or
 - 2. where the proposer has indicated past history of illnesses for queries in the proposal form or
 - 3. where sought for by the branch head / HO underwriter as an input for decision making
 - 4. In case of renewals where there is a break of more than 15 days.

Important Points regarding Medical Examination

- 1. Each medical examination report confirming the good health of the proposer shall necessarily contain the qualified practicing medical professional's name, signature, contact number (in case of an emergency) and registration number.
- 2. A qualified practicing medical professional (minimum qualification of MBBS required) shall perform the medical examination. For this purpose, practicing means practicing as a general medical practitioner or physician
- 3. Reports from unregistered diagnostic labs and other entities will not be admissible.
- 4. Any medical examination report and test report would only be valid for 90 days from date of report.
- 5. Chola MS General Insurance Company agrees to reimburse upto 50% of the cost of examinations pertaining to the proposal or Rs 500 whichever is lesser to the insured on acceptance of the proposal and approval of the policy.

Exclusions

No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following



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- 1. Any Critical Illness arising on account of or in connection with any pre-existing disease.
- 2. Any Critical Illness diagnosed within the first 90 days from the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured in case of continuous renewal with us. This exclusion shall also not be applicable if the insured was covered under a benefit policy from any other insurer in India covering the same health condition /s and under the same terms as are being covered under this policy during the previous 12 continuous months, provided the renewal is continuous or the policy is renewed within 15 days of expiry of the previous policy.
- 3. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- 4. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies
- 5. Occupational diseases.
- 6. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, root, strike, lockout, military or popular uprising, civil.
- 7. Commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
- 8. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combat terrorists, rebels or like.
- 9. Insured person's participation in any hazardous activities including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock / mountain climbing and the like whether voluntary or paid.
- 10. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
- 11. Radioactive contamination
- 12. Consequential losses of any kind, be by the way of loss of profit, loss of business, loss of opportunity, business interruption, market loss or otherwise, or any claim arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever
- 13. Intentional self Injury and / or the use or misuse of intoxicating drugs and / or alcohol.



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Renewal of policy

a. We agree to renew your policy except on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured.

b. This policy can be renewed for a period of 12 months 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. We condone the delay and renew the policy with continuity benefits.

c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy

d. Sum insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, subject to our acceptance, then the coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to 90 days waiting period as per exclusions 5.1.

e. The Company reserve its rights to revise the premium from time to time subject to approval of the Product Management Committee of the Company.

f. In case the policy was purchased through any bank or such Institution selling insurance on our behalf the policy can be renewed through the same channel or directly in case the said channel is discontinued at the time of renewal. Insured shall not stand to lose any benefit in case of such direct renewals for which otherwise the Insured is entitled to.

g. When an insured Person is added to this Policy either by way of endorsement or at the time of renewal the pre-existing disease clause, exclusion and waiting periods will be applicable to that insured considering such policy period as the first policy with us.

h. This product may be withdrawn from the market by taking approval from the Product Management Committee of the Company giving details of the product and the reasons for withdrawal. We will intimate the Insured person in writing about such withdrawal atleast 3 months prior to the renewal date. The Insured person will have the option to purchase another policy with similar covers if available with the company.

i. Any revision or modification in a policy subject to the approval from the Product Management Committee of the Company shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification.

j. If a claim was paid during this policy period for any one of the covered critical illness, then this policy stands terminated and shall not be subsequently renewed

Cancellation

i. The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below:



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Cancellation after risk start date	Refund Rate as % of premium collected excluding taxes		
0 to 15 days	100%		
16 to 30 days	100%		
31 to 45 days	64.00%		
46 to 75 days	57.75%		
76 to 105 days	51.25%		
106 to 135 days	44.50%		
136 to 165 days	37.50%		
166 to 195 days	30.50%		
196 to 225 days	23.25%		
226 to 255 days	15.75%		
256 to 285 days	8.00%		
> 285 days	0.00%		

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.

ii. The Company may cancel the policy at any time on grounds of misrepresentation, nondisclosure of material facts, 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.

Automatic Termination:

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

- 1. Upon the demise of the insured person, in which case the insurer will refund the premium calculated on pro rata basis for the unexpired period subject to there being no claim under the policy
- 2. Upon payment of the full amount towards claim for any / more of the covered perils under the policy

Specific Exclusions:

a. A specific exclusion with waiting period may be applied on a medical condition/disease depending on the medical test done based on the Proposed Insured person's medical history and declarations as part of special conditions on the Policy with due consent from the policyholder.

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



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continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

Claim Intimation and Submission

Claims Intimation

An intimation of claim needs to be sent to the company within 4 weeks of first diagnosis of the said disease along with the following details

- 1. Insured details (name/address/age/sex/contact no)
- 2. Policy Number
- 3. Named illness contracted
- 4. Copy of First Consultation paper

This claim intimation can be done over telephone / fax through toll free 1800-425- 2200 or in writing to address mentioned herein.

Such intimation is required to be given by the insured under this policy separately irrespective of the f act of insured having given any intimation of illness under any other insurance policy either with same Insurer or with any other Insurer.

Claim Submission

Upon completion of the survival period and also disease specific waiting periods to check for permanent impact of the critical illness, the insured would need to submit the claim form along with the following original documents within 90 days of completion of the waiting/ survival periods

- 1. Detailed attending physician's report mentioning the past medical and surgical history of the patient with duration and confirming the diagnosis
- 2. All supporting reports to prove diagnosis of the critical illness (pathological, imaging or any other reports)
- 3. First consultation paper
- 4. Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

Upon acceptance of the offer of claim settlement by the Insured, the claim amount will be settled by the Company within 7 days from the date of acceptance of the offer by the Insured. In case of delay in the payment, the Company shall be liable to pay interest at the rate stipulated by IRDA from time to time.

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

If Insured is unable to produce the original bills, etc. from the insurer, if any, who has issued indemnity policy covering the same hospitalisation, copies of such documents duly certified by such insurer shall be submitted as may be required by this Insurer

The documents should be sent to or such other address as may be notified to the Insured:



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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: <u>customercare@cholams.murugappa.com</u>

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

Nomination:

The policyholder is required at the inception of the policy and at the time of renewal to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

Multiple policies

On occurrence of the insured event, the Insured Person or his Nominee can claim from all Insurers under all policies.



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How to buy?

Call the helpline no. 1800 208 5544 or Contact nearest office at the addresses mentioned herein or contact any of our Agents. **Premium Chart:** (excluding Service Tax & Cess)

Base Plan Male					Base Plan Female				
	1L	3L	5L	10L		1L	3L	5L	10L
5-19	488	734	980	1594	5-19	474	690	907	1448
20-24	529	832	1185	2004	20-24	520	804	1139	1912
25-29	589	985	1481	2597	25-29	576	948	1420	2475
30-34	676	1221	1917	3668	30-34	654	1157	1810	3276
35-39	789	1565	2571	5072	35-39	781	1552	2444	4697
40-44	1085	2585	4270	8484	40-44	1075	2495	4014	7959
45-49	1435	3674	6039	12012	45-49	1365	3465	5665	11265
50-55	1816	4968	8220	16225	50-55	1776	4596	7516	14867
56	2125	5852	8979	16847	56	2103	4985	8168	15725
57	2378	6610	10243	19374	57	2311	5611	9210	17808
58	2669	7483	11697	22282	58	2574	6398	10523	20434
59	3002	8484	13366	25620	59	2875	7303	12030	23448
60	3385	9631	15277	29443	60	3220	8338	13756	26900
61	3821	10941	17461	33811	61	3615	9521	15728	30844
62	4319	12435	19951	38791	62	4064	10870	17976	35340
63	4886	14135	22784	44457	63	4576	12405	20534	40456
64	5529	16065	26001	50890	64	5157	14147	23438	46265
65	6258	18252	29645	58179	65	5815	16122	26729	52846
66	7083	20725	33767	66422	66	6559	18355	30451	60290
67	8013	23517	38420	75728	67	7400	20876	34652	68692
68	9062	26662	43663	86214	68	8346	23716	39386	78161
69	10241	30201	49560	98009	69	9411	26911	44711	88811
70	11566	34174	56183	111254	70	10607	30499	50691	100770
71	13395.96	39287.36	65405.99	129680	71	13510.16	39774.46	66038.75	130620.13
72	15063.94	44428.45	74050.68	146946.5	72	15193.46	44980.89	74768.32	148012.75
73	16927.91	50173.66	83711.18	166242	73	17074.55	50799.12	84523.68	167449.14
74	19007.75	56584.2	94490.45	187772	74	19173.49	57291.14	95408.78	189136.41
75	21325.01	63726.56	106500.2	211759.9	75	21512.04	64524.27	107536.5	213299.44
76	23903.09	71672.81	119861.8	238447.6	76	24113.8	72571.51	121029.2	240182.09
77	26767.32	80501.04	134706.3	268097.5	77	27004.33	81511.94	136019.5	270048.51
78	29945.11	90295.74	151176	300993.3	78	30211.31	91431.12	152650.9	303184.58
79	33466.1	101148.3	169424.4	337441.8	79	33764.64	102421.6	171078.5	339899.31
80	37362.29	113157.2	189617.4	377774.3	80	37696.61	114583.2	191469.7	380526.43



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Advance Plan Male					Advanced Plan Female				
	1L	31	5L	10L		1L	31	5L	10L
5-19	542	826	1110	1821	5-19	494	746	999	1630
20-24	590	969	1347	2295	20-24	548	909	1270	2171
25-29	649	1147	1644	2888	25-29	611	1097	1583	2799
30-34	737	1409	2080	3960	30-34	689	1336	1987	3609
35-39	850	1767	2745	5367	35-39	819	1743	2621	5034
40-44	1147	2808	4469	8785	40-44	1115	2688	4212	8310
45-49	1497	3902	6240	12314	45-49	1405	3660	5874	11624
50-55	1878	5202	8510	16533	50-55	1816	4792	7751	15307
56	2200	6259	9408	17268	56	2146	5307	8418	16219
57	2453	7017	10672	19795	57	2354	5931	9490	18315
58	2743	7890	12126	22703	58	2617	6729	10855	20942
59	3077	8891	13795	26041	59	2918	7651	12642	23957
60	3460	10038	15706	29864	60	3263	8658	14152	27414
61	3909	11387	17954	34360	61	3670	9879	16189	31361
62	4407	12881	20444	39340	62	4120	11228	18437	35858
63	4974	14580	23277	45006	63	4632	12763	20995	40973
64	5617	16510	26493	51439	64	5212	14506	23899	46782
65	6346	18697	30138	58728	65	5871	16480	27190	53363
66	7183	21209	34324	67100	66	6628	18752	30976	60935
67	8114	24000	38977	76406	67	7468	21272	35177	69338
68	9162	27146	44220	86892	68	8415	24113	39911	78806
69	10342	30685	50117	98687	69	9480	27308	45236	89456
70	11666	34658	56740	111931	70	10676	30896	51216	101415
71	12289.88	35628.27	59307.51	118051.1	71	12367.67	36078.95	59903.85	118784.4
72	13809.49	40278.52	67134.14	133757.7	72	13897.71	40789.66	67810.48	134589.37
73	15507.65	45475.22	75880.45	151310	73	15607.53	46053.92	76646.18	152251.52
74	17402.48	51273.73	85639.66	170894.9	74	17515.37	51927.81	86505.14	171959.1
75	19513.62	57734.18	96512.94	192715.6	75	19641.01	58472.25	97489.56	193916.44
76	21862.37	64921.78	108610.1	216992.3	76	22005.89	65753.29	109710.3	218345.13
77	24471.82	72907.14	122049.9	243963.5	77	24633.25	73842.47	123287.5	245485.24
78	27366.93	81766.71	136961	273887.3	78	27548.25	82817.22	138351	275596.53
79	30574.72	91583.11	153482.5	307043	79	30778.06	92761.23	155041.4	308959.8
80	34124.33	102445.6	171764.6	343731.7	80	34352.05	103764.9	173510.3	345878.32

Above the age of 80 yrs the following criterion will be applied for renewals

	25 % of earlier year's premium subject to
	maximum of Factor A * Sum Insured
Age > 80 years loading	Applicable, where Factor A is given by:



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Sum Insured	Factor A	Maximum Premium Rs.	
50000	Cover Not Available		
100000	85.0%	85000	
200000	82.5%	165000	
250000	80.0%	200000	
300000	77.5%	232500	
350000	75.0%	262500	
400000	72.5%	290000	
450000	70.0%	315000	
500000	67.5%	337500	
550000	65.0%	357500	
750000	60.0%	450000	
1000000	50.0%	500000	

GRIEVANCES REDRESSAL MECHANISM

Mechanism for Grievance Redressal:-

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

Website : <u>www.cholainsurance.com</u>

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)



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- 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 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.