

**Critical illness cover** provides a second level of financial support to the Insured to cover the medical emergencies like heart attack, stroke, or cancer. Because these emergencies or **illnesses** often incur greater than average medical costs.

The Cover under this policy is offered on fixed benefit basis.

# PERSONS WHO CAN BE COVERED:

- This Insurance is available to persons aged between 05 years and 65 years (Completed age) at the commencement date of this policy.
- The Proposer should be minimum 18 years on the Commencement date of the policy.
- The proposer can avail the policy for Self, Spouse, Children upto 3, Parents and Parents-in-law on Individual Sum Insured Basis
- Each covered person will have an independent Sum Insured limit within the same policy.
- Coverage of Proposer is mandatory under the policy
- If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

# **ENTRY AGE:**

Persons	Minimum Entry Age	Maximum Entry Age
Self + Spouse + Parents + Parents-in-	18 Years	65 Years
law		
Children	05 Years	26 Years

#### **POLICY TENURE:**

- The Policy shall be issued for a term of One/Two/Three Years.
- On Renewal, policy term shall be restricted to One Year, for individuals of age 80 years and above

#### **SUM INSURED OPTIONS:**

The Insured has to mandatorily opt for the Base cover to be eligible to take this policy

Type of Cover	Benefit	Sum Insured (SI) Option	Applicability of the Benefit (illustration)
Base Cover	Diagnosis Benefit	Rs.50,000/-, Rs.75,000/-, 1, 3,5,7.5,10,15,20,25,30,40,50,75 lakhs,1 Cr/1.5 Cr/2 Cr/2.5 Cr/3 Cr/4 Cr/5 Cr	'X' is an Insured. 'X' opts for a SI of Rs.10 Lakhs. 'X' contracts and is diagnosed with one of the listed Critical illness after 90 days of policy inception and survives upto 30 days post diagnosis of the CI. In this scenario, 'X' shall be eligible for



			100% of SI, i.e. Rs. 10 Lakhs shall be payable to 'X'
Optional Covers	Double Protection Cover	Lumpsum benefit equal to 50% of the Base Sum Insured, in the event of diagnosis of a second Critical illness as defined in the policy during the same policy year. A 30-day cooling off period is applicable between the first CI diagnosis under Base Cover and diagnosis of Second CI under optional Double Protect cover The benefit payable under this cover shall be over and above the base sum insured Survival period as opted and applicable for admissibility of claim under Double Protection Cover	'X' has availed Double Protection Cover and gets diagnosed with a second CI which is not related to the first CI for which claim was admitted under Base Cover. 'X' Survives for a period of 30 days post diagnosis of second CI. 'X' shall be eligible for 50% of Base SI, i.e. Rs. 5 Lakhs shall be payable to 'X'
	Loss of Job Cover*	Sum Insured option under Gross Monthly Salary: Min. Rs.10,000/- to Max. Rs.30 Lakhs in multiples of Rs.1000/ Per month or 10% of base SI whichever is lower. Average of 3 month's Gross salary shall be considered as basis of Sum Insured Sum Insured opted should not exceed the Gross Monthly Salary. Sum Insured shall be rounded off to the nearest Thousand. The benefit payable under Loss of Job is over and above the claim payable under Base sum Insured	<ul> <li>'X' is a salaried employee and avails Loss of Job cover. 'X' earns an average Gross Monthly Salary of Rs.84,375/- as per the Pay Slip.</li> <li>He has opted a Sum Insured of Rs.15 Lakhs.</li> <li>SI - 10% of Base SI=Rs.15Lakhs*10%=1.5 Lakhs or</li> <li>Gross Monthly Salary-SI for 'X' shall be fixed at Rs.84,000/- per month and the total liability under the cover will be upto a</li> </ul>



Add-on CoverMedical OpinionSecond In the event of any Insured Person, being diagnosed with any Medical Condition during the Policy Year, he or she can obtain the Medical Second Opinion from the World's Leading Medical Centers (WLMC) tied up with our Service Provider. The Add-on cover can be opted only at the time of inception or renewal of the policy. On opting for the same, the cover will be applicable for all the Insured members under the base policy. The proposer will not have an option to exclude the insured members from this cover.Waiting90 days from the date of commencement of the policy for Base Cover, Loss of Job and Loss	Add-on	Loss of Income for Self Employed*	5% of Base SI or Rs. 10 Lakhs per month, whichever is lower The benefit payable under Loss of Income is over and above the claim payable under Base sum Insured	<ul> <li>maximum of Rs.2,52,000/- (3 months).</li> <li>Whichever is lower.</li> <li>In the event of Loss of Job of 'X', due to CI diagnosed under base cover, 'X' shall be eligible for a claim payment upto a maximum of Rs.1,50,000/-</li> <li>'Y' is a Professional and avails Loss of Income cover.</li> <li>Base SI of 'Y' under the policy is Rs. 10 Lakhs.</li> <li>SI for 'Y' shall be fixed at Rs.50,000/-per month and the total liability under the cover will be upto a maximum of Rs.1.5 lakhs.</li> <li>In the event of Loss of Income of 'Y' due to CI diagnosed under base cover, 'Y' shall be eligible for a claim payment upto a maximum of Rs.1.5 lakhs.</li> <li>In the event of Loss of Income of 'Y' due to CI diagnosed under base cover, 'Y' shall be eligible for a claim payment upto a maximum of Rs.1.5 lakhs.</li> <li>In case of base sum insured of Rs.2.5 Crores, the SI shall be fixed at Rs.10 Lakhs per month with the maximum liability of Rs.30 Lakhs</li> </ul>
			Condition during the Policy Year, Second Opinion from the World's I tied up with our Service Provider. The Add-on cover can be opted only of the policy. On opting for the sam all the Insured members under the	he or she can obtain the Medical Leading Medical Centers (WLMC) at the time of inception or renewal he, the cover will be applicable for base policy. The proposer will not
<b>Period</b> of Income cover.	-		· · · · · · · · · · · · · · · · · · ·	



Survival	NIL / 30 days (as opted and mentioned in the policy schedule)
Period	

## Note:

- 1. 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
- 2. The Maximum Sum Insured restriction under Base cover shall be on following criteria:

Age		m Insured (SI)Eligibility		
	Sum Insured options upto a maximum of 10 times of the Annual Income illustration			
	Age	Annual Income	Sum Insured Eligibility	
Upto 60 Years (Earning Members)	45 Years	Rs.15 Lakhs Per Annum	Sum Insured Eligibility: 15 Lakhs*10 times=1.5 Crores	
			The member will be eligible to choose Sum Insured from the available options not exceeding Rs.1.5 Crores	
	5 times of Ani issuance/renev Illustration:	•	max of Rs.25 Lakhs at the time of policy	
	Age	Annual Income	Sum Insured Eligibility	
	62 Years	Rs. 10 Lakhs Per Annum	Sum Insured Eligibility: 10 Lakhs*5times=50 Lakhs	
61 Years and Above			However, maximum Sum Insured that is allowed for persons above 60 years is Rs.25 Lakhs.	
(Earning Members)			Hence member will be eligible to choose Sum Insured from the available options not exceeding Rs.25 Lakhs.	
	for a period of	of Three Years, in the third year the	e time of proposal avails Sum Insured of Rs.40 Lakh n first and second year we will offer 40 Lakhs Sun sum insured will be reduced to 25 lakhs and respective	



	<ul> <li>First year – 40 Lakhs</li> <li>Second year – 40 Lakhs</li> <li>Third year – 25 Lakhs</li> </ul>
Non-Earning Members	<ul> <li>Spouse – Sum Insured options upto 50% of Proposer's Base Sum Insured or Rs.25</li> <li>Lakhs, whichever is lower</li> <li>Children – Sum Insured options upto 25% of Proposer's Base Sum Insured or Rs.15</li> <li>Lakhs, whichever is lower</li> <li>Parents/Parents in law- Sum Insured options upto 10% of Proposer's Base Sum</li> <li>Insured or Rs.25 Lakhs, whichever is lower at the time of policy issuance or renewal</li> </ul>

3. Optional Covers and Add-on covers are subject to payment of additional premium

4. \* Loss of Job and Loss of Income for Self Employed can be opted only by and for the earning member's upto the age of 65 years only.

a. **Survival period:** Survival period of 30 days or NIL days as opted and mentioned in the policy schedule would be applicable from the date of diagnosis of a condition to be eligible for this benefit. The insured has to survive for a period of 30/NIL days from the date of diagnosis to be eligible for the benefit under the policy. We will not be liable for payment of any claim in the scenario where the insured person expires within the survival period.

# **b.** Specific Condition:

Upon the diagnosis of the defined Critical Illness, the Base cover shall immediately cease to exist with reference to that Insured. It is not permissible to renew the policy after diagnosis of any insured critical illness under Base Cover.

However, the optional covers other than Double Protection Cover, if opted and mentioned in the policy schedule shall continue for the Insured until a claim becoming admissible or upto the policy period mentioned in the policy schedule, whichever is earlier.

# Financial underwriting:

Financial eligibility shall be examined basis standard income proofs such as: o Income tax return / Form 16 / Salary slips / Bank statement showing salary credits. o Audited profit and loss statement for the business.

**Note** - As sum insured options are specified, the sum insured offered should not exceed the financial viability. For example, if annual income of client is INR 13,00,000, financial eligibility for offering critical illness is INR 1,30,00,000 then cover of INR 1,00,00,000 should be offered instead of 1,50,00,000.

# **COVERAGE:**

# **BASE COVER**

a. **Diagnosis Benefit:** If at any time during the currency of this Policy, the Insured Person is diagnosed as suffering from a Critical Illness (CI) listed and defined in the Policy for the first time, during the



Policy Period mentioned in the **Policy Schedule**, the Company shall pay a Lumpsum Benefit equal to the Sum Insured specified in the **Policy Schedule** provided the critical illness is diagnosed after 90 days of commencement of the Policy.

For the purpose of this cover, Covered Critical Illness shall mean any one of the critical illness listed and defined in the Policy.

Name of the Critical Illness / Plan	Plan A-10 CI	Plan B-12 CI	Plan C-20 CI	Plan D-40 CI	Plan E-50 CI
1. Cancer of specified severity	✓	✓	✓	✓	✓
2. Stroke resulting in permanent symptoms	~	~	~	~	✓
3. Myocardial Infarction (First heart attack of specified severity)	~	~	~	~	✓
4. Open chest CABG	$\checkmark$	$\checkmark$	✓	$\checkmark$	✓
5. Kidney failure requiring regular dialysis	~	~	~	~	✓
6. Multiple sclerosis with persisting symptoms	$\checkmark$	~	~	~	$\checkmark$
7. Major organ/bone marrow transplant	~	~	~	~	✓
8. Permanent paralysis of limbs	$\checkmark$	$\checkmark$	✓	✓	✓
9. Aorta graft surgery	$\checkmark$	$\checkmark$	✓	✓	✓
10. Primary (Idiopathic) pulmonary hypertension	~	~	~	~	✓
11. Primary parkinson's disease		$\checkmark$	✓	$\checkmark$	✓
12. Motor neuron disease with permanent symptoms		~	~	~	✓
13. Open heart replacement or repair of heart valve			~	~	✓
14. Third Degree Burns			✓	✓	✓
15. Aplastic anaemia			✓	$\checkmark$	✓
16. Bacterial meningitis			✓	$\checkmark$	✓
17. COMA of specified severity			$\checkmark$	$\checkmark$	✓
18. Loss of speech			$\checkmark$	$\checkmark$	$\checkmark$
19. End stage liver failure			$\checkmark$	$\checkmark$	$\checkmark$
20. Deafness			$\checkmark$	✓	✓
21. End stage lung failure				✓	✓
22. Goodpasture's syndrome				✓	✓
23. Apallic syndrome or Persistent Vegetative State (PVS)				~	$\checkmark$
24. Systemic lupus Erythematosus with Lupus Nephritis				~	~



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25. Multiple system atrophy	✓	✓
26. Progressive scleroderma	✓	✓
27. Pneumonectomy	✓	✓
28. Pulmonary artery graft surgery	✓	$\checkmark$
29. Alzheimer's disease	✓	$\checkmark$
30. Benign brain tumour [resulting in	✓	
permanent neurological symptoms]	· ·	v
31. Cardiomyopathy	✓	$\checkmark$
32. Progressive supranuclear palsy	✓	$\checkmark$
33. Creutzfeldt-jakob disease (CJD)	✓	$\checkmark$
34. Major head trauma	✓	$\checkmark$
35. Encephalitis	✓	$\checkmark$
36. Blindness	✓	✓
37. Brain surgery	✓	$\checkmark$
38. Fulminant Viral Hepatitis	✓	✓
39. Muscular Dystrophy	✓	✓
40. Medullary Cystic Disease	✓	✓
41. Hemiplegia		✓
42. Severe Rheumatoid Arthritis		✓
43. Dissecting Aortic aneurysm		✓
44. Myasthenia Gravis		✓
45. Infective Endocarditis		✓
46. Pheochromocytoma		✓
47. Eisenmenger's Syndrome		✓
48. Chronic Adrenal Insufficiency		✓
49. Myelofibrosis		✓
50. Chronic Relapsing Pancreatitis		✓

List of Critical Illness applicable for Children from 05 to 17 years of age shall be as follows, irrespective of the plan opted under the policy. Any Critical Illness other than the below listed, shall not be payable under the policy for Claims relating to Children upto the age of 17 years.

- 1. Acquired Brain Damage
- 2. Aplastic Anaemia
- 3. Bone Marrow Transplant
- 4. Brain Surgery
- 5. Glomerulonephritis
- 6. Permanent paralysis of limbs
- 7. Leukaemia
- 8. Osteogenesis Imperfecta- Type III
- 9. Tuberculosis Meningitis
- 10. Third Degree Burns
- 11. Blindness



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12. Deafness

13. Loss of speech

## **OPTIONAL COVERS (on payment of additional premium)**

Notwithstanding anything to the contrary contained in the **Policy**, In consideration of payment of additional premium, the **Policy** is extended to cover the optional covers listed below upto the **Sum Insured's** mentioned against the covers shown within the **Policy Schedule**.

## 1. DOUBLE PROTECTION COVER

a. **Coverage:** In consideration of payment of additional premium, it is hereby understood and agreed that this policy will pay a Lumpsum benefit equal to 50% of the Base Sum Insured, in the event of diagnosis of a second Critical illness as defined in the policy during the same policy year in which the first Critical Illness was diagnosed and which is not related to the Critical Illness diagnosed and paid under Base Cover.

A 30-day cooling off period is applicable between the two claims.

## **b. Definitions applicable to Double Protection cover:**

**Cooling off period** - A 30-day cooling off period is applicable between the two claims for the Double Protection Benefit. No benefit shall be payable if the diagnosis of the second condition first occurs during the cooling off period.

#### c. Specific Exclusions applicable to Double Protection Cover:

a. The benefit under Double Protection Cover will not be payable for any of the following:

I. The same Critical Illness for which a claim was paid under Base Cover

II. A Critical Illness which, in our opinion (as confirmed by a relevant medical specialist acceptable to us):

- a. Arises in connection with,
- b. Is a complication of,
- c. Results from; or

d. Is a treatment for the condition for which the first claim was paid for.

III. A heart or vascular conditions (as defined below) if the first CI claim was also for a heart or vascular condition.

IV. Paralysis of Limbs or Hemiplegia resulting from a Stroke or Cerebrovascular Accident if the claim under Base cover was for a heart or vascular condition.

V. A heart or vascular condition if the claim under Base cover was for Paralysis of Limbs or Hemiplegia resulting from a Stroke or Cerebrovascular Accident.

VI. Kidney failure requiring regular dialysis if the claim under Base cover was for heart or vascular condition

VII. A heart or vascular condition if the claim under Base cover was for Kidney failure requiring regular dialysis

Heart or Vascular condition means any of the following defined medical events:

• Myocardial Infarction (First Heart Attack of specified severity)



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- Open Chest CABG
- Stroke resulting in permanent symptoms
- Primary Pulmonary Hypertension
- Cardiomyopathy

## d. Specific Conditions applicable to Double Protection Cover:

a. Survival period as opted and applicable under Base cover shall be applicable for admissibility of claim under Double Protection Cover

b. The benefit payable under Double Protection is over and above the claim payable under Base Sum Insured.

c. The total benefit payable under Base cover and Double Protection Cover shall not exceed 150% of Base Sum Insured.

d. This cover will stand terminated on payment of a claim under this cover for a Second Critical Illness during the same policy year or at the expiry of the policy year, whichever is earlier.

This cover is subject otherwise to the terms, exceptions, conditions and limitations of the Policy.

#### 2. LOSS OF JOB COVER

a. **Coverage:** In consideration of payment of additional premium, it is hereby understood and agreed that this policy will pay the Sum Insured equal to 10% of Base Sum Insured or Gross Monthly Salary of the Insured upto a maximum of three months, whichever is lower as a Lumpsum benefit, in case of Loss of Job of the Insured Person subject to the terms, conditions and exclusions mentioned below.

#### b. Definitions applicable to Loss of Job Cover:

For the purpose of this cover,

- 1. **Loss of Job** means involuntary termination from employment of the insured or his/her permanent dismissal or temporary suspension from employment imposed on him/her by the employer during the policy period due to the following reason: First time diagnosis of any covered critical illness for which a claim is admissible and payable under Base Cover.
- 2. **Sum Insured** means and denotes 10% of Base Sum Insured or the amount opted by the Insured Person not exceeding his/her Gross Monthly Salary against Loss of Job cover, whichever is lower and mentioned in the Policy Schedule.
- 3. **Gross Monthly Salary** will be as per the Salary slip or Certificate issued by the employer to that extent or the Form 16 Certificate for the relevant year.

### c. Specific Conditions applicable to Loss of Job Cover:

- i. The Insured should be a salaried employee
- ii. Insured shall be a permanent employee of the organization working on a full time basis and such employment has been in force for a continuous period of 12 months as at the date of termination of employment or his/her permanent dismissal or temporary suspension from employment'.



- A claim under this section shall become admissible provided the period of termination, dismissal or temporary suspension from employment of the Insured shall not be less than 30 consecutive days.
- iv. The policy shall pay 10% of Base Sum Insured or Gross Monthly Salary, whichever is lower after the commencement of Loss of Job till the reinstatement of employment with the same employer or new employer subject to a maximum of 3 months.
- v. This would be a Lumpsum payment at the end of the continuous period of unemployment upto a maximum of 3 months, for which claim has been made and is admissible under the Policy.' If the unemployment period is beyond 30 days, is part of a month, the amount payable shall be proportionately considered.
- vi. Benefit under this cover shall be payable subject to admissibility of claim under Base Cover.
- vii. No claim under Loss of Job shall be admissible for a listed Critical Illness, diagnosed and become payable/paid under the optional Double protection cover
- viii. This is a onetime benefit applicable for the entire tenure of the Policy and the cover shall terminate upon payment of this benefit.
- ix. The benefit payable under Loss of Job is over and above the claim payable under Base sum Insured

# d. Specific Exclusions applicable to Loss of Job Cover:

- a. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal or temporary suspension from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
- b. The Company shall not be liable to make any payment under this cover in connection with or in respect of:
  - i. Self employed persons;
  - ii. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
  - iii. Any voluntary unemployment
  - iv. Unemployment at the time of inception of the Policy or arising within the first 90 days of inception of the Policy Period.
  - v. Unemployment due to downsizing, cost cutting closure.
  - vi. Retrenchment and Lay offs
- c. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
- d. Any suspension from employment on account of any pending enquiry being conducted by the employer/Public Authority
- e. Any unemployment due to resignation, retirement whether voluntary or otherwise
- f. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.



- e. Claim documentation applicable for this cover in addition to the filled and signed claim form and KYC documents is as follows:
  - Appointment Letter of the insured confirming his permanent Employment (and should not be under Probation period)
  - Past 6 Months Salary Slip
  - Certificate from the employer confirming the reason for Termination/Dismissal/Suspension

This cover is subject otherwise to the terms, exceptions, conditions and limitations of the Policy.

# 3. LOSS OF INCOME FOR SELF EMPLOYED

**a. Coverage:** In consideration of payment of additional premium, it is hereby understood and agreed that this policy will pay 5% of Base Sum or Rupees Ten Lakhs whichever is lower per month, in case of Loss of income of the Insured Person subject to the terms, conditions and exclusions mentioned below.

# b. Definitions applicable to Loss of Income for Self Employed:

For the purpose of this cover,

- 1. **Loss of income** refers to the situation in which a person's source of money for expenses or lifestyle, such as **income** from a business or profession, is terminated during the policy period due to the following reason: First time diagnosis of any covered critical illness for which a claim is admissible and payable under Base Cover.
- 2. **Sum Insured** means the amount shown in the Policy Schedule against this cover and which shall be our maximum liability for any and all benefits claimed for during the policy period.
- 3. **Income** of the Insured will be as per the Income Tax returns filed for the relevant year.

# c. Specific Conditions applicable to Loss of Income for Self Employed:

- i The Insured should have a legal source of Income
- ii Insured shall file Income Tax on Regular basis as required under law
- **iii** A claim under this section shall become admissible provided, the Insured person was unable to attend to his Business/Profession for not less than 30 consecutive days and the Income from his/her Business/Profession has discontinued.
- iv Loss of income has to be proved in the form of Tax Returns filed by Insured Person
- v The policy shall pay the Sum Insured opted per month after the commencement of Loss of Income till the Insured Person returns to his business/profession subject to a maximum of 3 months.
- vi This would be a lumpsum payment at the end of the continuous period of unemployment of 3 months for which claim has been made and is admissible under the Policy.
- vii Benefit under this cover shall be payable subject to admissibility of claim under Base Cover.



- viii No claim under Loss of Income shall be admissible for a listed Critical Illness, diagnosed and become payable/paid under the optional Double protection cover
- ix This is a onetime benefit applicable for the entire tenure of the Policy and the cover shall terminate upon payment of this benefit.
- **x** The benefit payable under Loss of Income for Self-employed is over and above the claim payable under Base sum Insured

# d. Specific Exclusions applicable to Loss of Income for Self-Employed:

- a. The Company shall not be liable to make any payment under this Section in the event of Loss of Income from Insured's business/profession being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the Government Authorities or laws for the time being in force or any disciplinary action against the Insured by the Government Authorities.
- b. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
  - i Any voluntary evasion of Business/Profession
  - ii Loss of Income at the time of inception of the Policy or arising within the first 90 days of inception of the Policy Period.
  - iii Consequential loss of any kind due to Insured's inability to perform his Business or Professional activity.
- c. Second instance of loss of income during the Policy Period.

# e. Claim documentation applicable for this cover in addition to the filled and signed claim form and KYC documents is as follows:

• Audited Income Tax Returns filed by the Insured for the period in which a claim was made under this cover and for the immediate preceding Financial Year

This cover is subject otherwise to the terms, exceptions, conditions and limitations of the Policy.

# WAITING PERIODS & GENERAL EXCLUSIONS:

1. **Waiting Period:** Any Critical Illness diagnosed within the first 90 days from the date of commencement of the Policy is excluded.

# 2. General Exclusions:

This Policy does not provide for any loss resulting in whole or in part from, or expenses incurred in respect of:

- **1.** Any Critical Illness for which treatment, or advice was recommended by or received from a Medical practitioner or was diagnosed before the inception date of the policy with Us.
- 2. Any illness, sickness or disease other than those specified as Critical Illness under this Policy;
- **3.** Any Critical Illness directly caused due to treatment for, Alcoholism, drug unless prescribed by a Medical Practitioner or substance abuse or any addictive condition and consequences thereof.



- 4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
- 5. Any Critical Illness directly caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
- 6. Any Critical Illness directly caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- 7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- 8. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
- 9. Congenital external diseases, defects or anomalies or in consequence thereof.
- **10.** Any Critical Illness directly caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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 and selfie accident.
- **11.** Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- **12.** Any Critical Illness directly caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness directly due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- **13.** Any Critical Illness directly caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- **14.** Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
- **15.** Any Critical Illness directly caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- **16.** Any Critical Illness directly caused due to cosmetic or plastic surgery or any treatment to change the 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.
- **17.** Any Critical Illness directly caused due to surgical treatment of obesity that does not fulfil all the below conditions:
  - a. Surgery to be conducted is upon the advice of the Doctor
  - b. The Surgery / Procedure conducted should be supported by clinical protocols
  - c. The member has to be 18 years of age or older and
  - d. Body Mass Index (BMI):
    - greater than or equal to 40 or
    - greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:



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- i. Obesity related cardiomyopathy
- ii. Coronary heart disease
- iii. Severe Sleep Apnea
- iv. Uncontrolled Type 2 Diabetes despite optimal therapy
- **18.** Any Critical Illness directly caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- **19.** In the event of the death of the Insured Person within the stipulated survival period as set out above.
- **20.** Any Critical Illness directly caused by sterility and infertility. This includes:
  - a. Any type of contraception, sterilization
  - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - c. Gestational Surrogacy
  - d. Reversal of sterilization

# PRE-POLICY MEDICAL CHECKUP:

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

- Completed Proposal Form and Proof of Date of Birth.
- Income Proofs such as

   Income tax return / Form 16 / Salary slips / Bank statement showing salary credits.
   Audited profit and loss statement for the business.
- The acceptance of proposal in respect of persons following persons shall be based on the medical reports.
  - i. above 45 Years of age
  - ii. with adverse medical history
  - iii. Persons opting for Sum Insured above 25 Lakhs irrespective of age
- Our designated Service Provider will contact the persons falling within the above criteria for Pre-Policy Medical Checkup and arrange for the Medical Checkup at the Diagnostic Centres on Cashless basis. The various medical reports required are as under:

Age as on Last Birthday	Sum Insured upto INR Rs.25 Lakhs	Sum Insured more than INR Rs.25 Lakhs and upto INR Rs.35 Lakhs	Sum Insured more than INR Rs.35 Lakhs
18-45 Years	No Medical Test	MER, RUA, FBS, HbA1c, T Chol, GGT, S. Creat, SGOT, SGPT, HDL, ECG	MER, RUA, CBC, FBS, HbA1c, GGT, SGOT, SGPT, Total bilirubin, HBsAg, HIV, Anti HCV antibody, TCHOL, HDL, TMT, 2D Echo, S. Creat, Pulmonary Function Test, USG Whole



			abdomen, CEA, Serum
			Homocysteine
45-65 Years	MER, RUA, FBS,	MER, RUA, CBC, FBS,	MER, RUA, CBC, FBS, HbA1c,
	HbA1c, T Chol, GGT,	HbA1c, GGT, SGOT,	GGT, SGOT, SGPT, Total
	S. Creat, SGOT,	SGPT,	bilirubin,
	SGPT, HDL, ECG	Total bilirubin, HBsAg, Anti	HBsAg, HIV, Anti HCV
		HCV antibody,	antibody,
		TCHOL, HDL, TMT, 2 D	TCHOL, HDL, TMT, 2 D Echo,
		Echo,	S.
		S. Creat, Pulmonary	Creat, Pulmonary Function test,
		Function	USG whole abdomen, CEA, PAP
		test, USG whole abdomen,	Smear (Females), PSA (Males),
		CEA, PAP Smear (Females),	Serum Homocysteine
		PSA (Males), Serum	
		Homocysteine	

- If proposer answered to any of the health questions as Yes in proposal form then the minimum medicals to be called includes MER, RUA, FBS, HbA1c, T Chol, GGT, S. Creat, SGOT, SGPT, HDL, ECG.
- Depending on type of disclosure relevant medical tests shall be advised in addition to the above grid tests.
- In case the proposer has answered No to all health questions and reports are normal, the proposal can be accepted as per normal rates and terms. In case the result in any of these tests are not normal, the same will be sent for medical opinion of the company doctor and based on the opinion, proposal can be accepted with additional loading..

# **Underwriting Loading:**

Risk loading may be applied on premium payable (excluding taxes and cess) based on the details of the Insured Persons, including the health status, habits and lifestyle, past medical records, declarations on the Proposal Form and results of the Pre-Policy Medical check-up. The maximum risk loading for an individual shall not exceed 100%.

These loadings are applicable from commencement date of policy including subsequent renewal(s).

These loadings may only be applied if the proposal is accepted with the declared illness/ with the deviated value of medical test report, at the time of underwriting and only if the proposed policyholder accepts these loadings being applied for the underlying illness/condition at the time of underwriting.

# **GENERAL CONDITIONS:**

# **1. Disclosure to information:**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.



(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

# 2. Cost of Pre Policy Medical Check up

- a. Pre policy Medical Check up for the proposed customers will be arranged by our Designated Service Provider on Cashless basis.
- b. No cost will be collected from the Customers towards the same.
- c. In case after undergoing the Pre Policy Medical Check up, the Proposal gets rejected by us or Insured decides not to take the policy, the expenses incurred by the Insurer for the purpose of Pre Policy Medical Check up will be deducted from the Insured's premium and the balance premium would be refunded.

## 3. 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

#### 4. 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.

#### 5. 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.

## 6. Fraud:

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

#### 7. Territorial Limits:

The Insurer's liability to make any payment towards illness shall be to make payment within India.

#### 8. i. Claim Notification:

- a. It shall be a condition precedent for any claim to be made by the **Insured** Person under this policy or for liability attaching to us hereunder that claim intimation is provided to the Insurer within 30 days from the date of diagnosis/occurrence of the event by telephone through toll free number (1800-208-5544) or in writing by email (customercare@cholams.murugappa.com) / letter). The intimation should contain the following information:
  - Insured details (Name /Age/Gender)
  - Contact no & E-Mail ID.
  - Policy Number.
  - Illness contracted
  - Ailment



- b. The insured / claimant shall provide the Insurer with details of the claim to be paid as listed below under claim documentation of the policy within 30 days from the date of diagnosis / occurrence of the defined illness. Failure to furnish such details within such time as required shall not invalidate or reduce the claim, if the Insured person is able to satisfy the Company that it is was not reasonably possible to do so within such time.
- c. The Insurer 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 of the Insured Person's claim, and may for these purposes require the Insured Person to be examined by a medical advisor nominated by the Insurer as often as and to the extent that either considers to be reasonably necessary.
- d. The insured shall obtain and furnish to the Company copy of all bills, receipts and 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'.

# 8.ii. Claim Documentation:

Upon completion of the survival period, wherever applicable and also disease specific waiting periods to check for permanent impact of the critical illness, the Insured would need to submit the following documents within 30 days of completion of the survival period for processing of the claim along with the duly filled & signed claim form by the insured / nominee:

- KYC of the nominee / legal heir in case of death claim and KYC of the Insured for other claim under the policy.
- Account details with proof for NEFT of the nominee / legal heir in case of death claim and of the insured for other claims under the policy i.e. cancelled cheque, passbook copy has to be submitted with the below listed claim documents.
  - **a.** Detailed attending physician's report / consultation papers mentioning the past medical and surgical history of the patient with duration of the ailment and confirming the diagnosis / Diagnosis Certificate from Specialist.
  - **b.** All supporting lab reports supporting the diagnosis of the critical illness along with the relevant histological classification / stage (histo pathological, imaging or any other reports).
  - c. Detailed discharge summary / Operation theatre notes wherever hospitalization occurred.
  - **d.** Copy of FIR / MLC in case of road traffic accident injuries resulting in critical illness defined above.
  - e. Proof of identity and residence of the Insured.

# The documents should be sent to:

"Claims Department, Cholamandalam MS General Insurance Company Limited, 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** 



# 8.iii. Claim Settlement:

- i. We shall settle claims, including its rejection, within thirty days of the receipt of last `necessary' document.
- ii. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.
- iii. In case of delay in the payment, the Company shall be liable to pay penal interest at a rate which is 2% above the Bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
- iv. There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policy holders
- v. Any claim payable under the policy will be in Indian Rupees Only.

## **8.iv. Delay in intimation of claim:**

It is essential and imperative that any loss or claim under the Policy has to be intimated to us strictly as per the Policy conditions to enable us to appoint investigator wherever deemed necessary for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto.

Any genuine delay, beyond Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

#### 8.v. Authority to Obtain Records:

The Insured Person must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment/diagnosis for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense

# 9. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- ii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- iii. No loading shall apply on renewals based on individual claims experience.



- iv. If a claim was paid under the Base Cover during the policy period for anyone of the covered critical illness, then this policy stands terminated and shall not be subsequently renewed. However, the optional covers other than Double Protection Cover, shall continue till the expiry of the policy period as mentioned in the Policy Schedule or occurrence of a claim under optional cover opted, whichever is earlier.
- v. When an insured Person is added to this Policy either by way of endorsement or at the time of renewal the waiting periods will be applicable to that insured person considering such policy period as the first policy with us.
- vi. Maximum Renewal age for dependent children is 26 years. On renewal, such insured person shall be migrated into a separate similar Health policy with continuity benefits.

# **10. Enhancement of Sum Insured:**

a. Sum Insured under Base Cover can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If the Insured Person/Policy holder decides to increase the sum insured at the time of renewal, the Sum Insured revision is subject to the conditions mentioned below and our acceptance of the Sum Insured enhancement request

- a. Written application,
- b. Submission of proof of Annual Income
- c. Medical Examination or other medical tests for persons above 45 years of age and our acceptance.

The coverage for the increased sum insured, if any shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to applicable waiting periods under the policy.

b. Enhancement of Sum Insured will not be considered for:

- i. Any Insured Person over 65 years of age.
- ii. Any Insured Person who had undergone more than one Hospitalisation in the preceding two years.
- iii. Any Insured Person suffering from one or more of the following Illnesses / Conditions:
  - o Any chronic Illness
  - o Any recurring Illness
  - o Any Critical Illness

In respect of any enhancement of Sum Insured, exclusions under General Exclusion would apply to the additional Sum Insured from such date.

## 11. 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

# **12. Withdrawal of the Product**

- i. 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.
- ii. Insured person will have the option to migrate to similar health insurance product available with the company at the time of renewal with all the accrued continuity benefits such as cumulative



bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

### 13. Cancellation of cover:

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 per the below short period table:

Premium Retained			
Month	1 Yr Policy Term	2 Yrs Policy Term	<b>3 Yrs Policy Term</b>
1	0%	0%	0%
2	17%	8%	6%
3	25%	13%	8%
4	33%	17%	11%
5	42%	21%	14%
6	50%	25%	17%
7	58%	29%	19%
8	67%	33%	22%
9	75%	38%	25%
10	83%	42%	28%
11	92%	46%	31%
12	100%	50%	33%
13		54%	36%
14		58%	39%
15		63%	42%
16		67%	44%
17		71%	47%
18		75%	50%
19		79%	53%
20		83%	56%
21		88%	58%
22		92%	61%
23		96%	64%
24		100%	67%
25			69%
26			72%
27			75%
28			78%
29			81%
30			83%
31			86%
32			89%



33	92%
34	94%
35	97%
36	100%

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, non-disclosure 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.

## **14.** 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 Insured person, 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.

• Upon payment of an admissible claim and settlement of 100% of Sum Insured specified in the Policy Schedule under Base cover. However the cover in respect of optional covers other than Double Protection Cover shall continue till the expiry date mentioned in the Policy Schedule or occurrence of a claim under optional cover upto 100% Sum Insured, whichever is earlier.

# **15. Premium Payment:**

- Single Premium Payment prior to commencement date of the policy
- Taxes as applicable are to be charged on the premium payable.
- The premium paid under this policy for Self, Spouse, Children and parents are eligible for deduction under Section 80D of Income Tax Act.
- AML norms as per IRDA guidelines currently in force shall be insisted upon.

# **18. Medical Second Opinion-Add-on Cover**

(on payment of additional premium) CHOHLIA19048V011920

The Proposer shall have an option to avail Medical Second Opinion-Add-on Cover, on payment of additional premium along with Flexi Max Protect.

Medical Second Opinion is defined as a review of diagnosis and / or treatment plan requested by the patient from a healthcare provider, other than his primary physician or institution.

Medical Second Opinion cover helps the Insured to remove the geographic barriers to care and benefit from the recommendations and advice provided to improve their health and their health care from the World Leading Medical Centers.



Second opinions are frequently recommended by the medical community and can offer patients peace of mind, especially when dealing with serious medical conditions or new treatments. Also, those who live in remote areas can receive expert second opinions in spite of distance or mobility. Medical second opinions can be a life-saving tool to help patients:

- Confirm a medical diagnosis and treatment options
- Consider a different diagnosis
- Discuss preventive measures
- Learn about the best treatment options

It is often in a patient's best interest to seek a second opinion, particularly when faced with a serious or complex diagnosis that will affect quality of life. It is every patient's right to be as informed as possible about their health, diagnosis and treatment options.

- 1. It is agreed and understood that this Add On Cover can only be bought along with the Underlying Plan and cannot be bought in isolation or as a separate product.
- 2. The Add On Cover is subject to the terms and conditions stated below and the Policy terms, conditions and applicable endorsements of the Underlying Plan.
- 3. The Add On Cover shall be available under your policy only if the same is specifically opted on payment of applicable premium and specified in the Policy Schedule.
- 4. All applicable Terms and Conditions of the Underlying Policy shall apply to the Add on Cover.

On opting for the Medical Second Opinion cover by paying applicable premium, the same will be applicable for all the Individual Insured members under the base policy. The proposer will not have an option to exclude the insured members from this 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 Second Opinion from the World's Leading Medical Centers (WLMC) tied up with our Service Provider.

On the basis of the Diagnosis, a choice of 3 world leading medical centers will be provided to the Insured, from which the Insured will have an option to select one center.

All the medical records pertaining to the Insured's diagnosis will be collected by the Service Provider from the Insured and will be submitted to the Clinical Team of the WLMC selected by him/her. The clinical team will review the medical records received by them and provide a detailed Medical Second Opinion to the Insured with recommendations.

#### **3. a. Specific Conditions:**



The coverage under this policy is subject to the following special conditions

- 1. This policy shall not provide medical second opinion in respect of illnesses for which the Insured member is undergoing treatment at the time of taking the policy.
- 2. Medical Second Opinion should be specifically requested for by the Insured.
- 3. The Insured is free to choose whether or not to obtain the Second Opinion and, if obtained under this cover, then whether or not to act on it.
- 4. This opinion is given based only on the medical records submitted without examining the patient, who is covered under the policy.
- 5. This benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured's visit or consultation to an independent Medical Practitioner.
- 6. Any Medical Second Opinion provided hereunder shall not be valid for any medico-legal purposes or any insurance claim purposes.
- 7. Medical Second Opinion under this cover is facilitated by the Service Provider from the WLMC and not provided by the Company.
- 8. The Company does not make any representation as to the adequacy or accuracy of the Medical Second Opinion or the Insured's or any other person's reliance on the same or the use to which the Second Opinion is put.
- 9. The Company is not liable for any claims due to any errors or omission or consequences of any action taken or not taken in reliance of the Medical Second Opinion provided under this cover.
- 10. Utilizing this facility alone will not amount to making a claim under any health insurance policy.
- 11. No medical Second Opinion can be availed during the break in insurance

# **3. b. Specific Exclusions**

The Service Provider will not facilitate Medical Second Opinion with the WLMC in the following circumstances where the

- 1. Insured has not received a diagnosis.
- 2. Insured has not been evaluated by an attending physician within the last 12 months.
- 3. Physical Evaluation of the Insured is required.
- 4. Condition of the Insured is acute or emergency in nature. Medical Second Opinion for the Insured in such cases can be initiated or the process can be continued after the patient is stabilised.

#### 4.1 Procedure to obtain Medical Second Opinion

In order to obtain the Medical Second opinion,

- Insured has to contact the Service Provider through the Toll Free number mentioned on the Policy Schedule and provide the
  - Clinical information details,
  - Authorisation to collect medical records from the hospital or attending physician or health care provider and



- Consent to share the medical records with the WLMC for review and provide Medical Second Opinion by email.
- Based on the Clinical information shared by the Insured, Service Provider will give a choice of 3 World Leading Medical Centers to the Insured, from which the Insured will have an option to choose one WLMC to obtain the Medical Second Opinion.
- WLMC selected by the Insured will review the medical records and write a detailed report with recommendations (Medical Second Opinion).
- Medical Second Opinion received from the WLMC will be sent through secured email to the Insured by the Service Provider with translated version, if required.

In addition to the Medical Second Opinion, the Service Provider will also arrange to send a casebook by courier to the Insured Person's address within 10 days from the date of providing medical second opinion by email.

The casebook will consist of the following documents

- The Insured's Medical Second Opinion (Original and translated Version if necessary)
- Medical Records shared by the Insured with the Service Provider
- WLMC and expert physician biographies
- Related journal articles referenced by the expert physician(s)

On the request of the Insured, the Service Provider will organize for a follow up session and a communication bridge between local attending physician of the Insured and WLMC team where questions/ clarifications can be raised or sought by the Insured or the attending physician of the Insured. This service will be paid for by the Service Provider.

# 4.2 Territorial Limits

The Insured can avail Medical Second Opinion from the World Leading Medical Centers under this policy.

### 4.3. Service Provider

The Service under this Add-on cover is provided by MediGuide International, an independent Company not affiliated to us. Cholamandalam MS General Insurance Company has entered into an agreement with 'MediGuide International, LLC' and 'MediGuide India Services Private Limited' to provide Medical Second Opinion program through the WLMC empanelled with MediGuide International, LLC. 'MediGuide India' provides local administrative support in India for MediGuide Medical Second Opinion program and necessary assistance to the members who have availed the Add-on cover to obtain the Medical Second Opinion on payment of applicable premium.

# 4.4 Disclaimer

The Insured hereby understands and agrees that the Services provided under the Medical Second Opinion cover is not independent treatment or diagnosis and should not be solely relied upon as such by the Insured and those Physicians who provide the medical services contemplated by this Policy do not have the benefit of information that would be obtained by examining the Insured in person and observing his or her physical condition. Therefore, the Physician may not be aware of facts or information that would affect his or her opinion of the diagnosis or treatment alternatives or options. The Insured further understands that no



warranty or guarantee has been made concerning any particular result or cure of the disease, medical condition, or incapacity.

It is also hereby agreed and recognized by the **Insured**, that the selection of the WLMC is at the sole discretion of the Insured and that the Insurer is not responsible in any way or liable for the availability or quality of any Medical Second Opinion rendered by any World's Leading Medical Centers.

## Premium (Excl. GST)

#### **Base Cover:**

For individuals of age 80 and above, the policy term is restricted to one year:

	PLAN	NA - 10 CRITI	CAL ILLNESS	SES - Rate Per	·Mille		
Age Last	30 E	Day Survival Pe	eriod	0 D	0 Day Survival Period		
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year	
5-17 years	0.317	0.633	0.98	0.333	0.665	1.029	
18	0.275	0.6	0.983	0.289	0.63	1.033	
19	0.327	0.708	1.153	0.343	0.744	1.211	
20	0.383	0.827	1.333	0.403	0.868	1.4	
21	0.445	0.952	1.518	0.467	0.999	1.594	
22	0.507	1.075	1.698	0.532	1.129	1.783	
23	0.568	1.192	1.867	0.597	1.251	1.96	
24	0.625	1.298	2.015	0.656	1.363	2.116	
25	0.673	1.39	2.17	0.707	1.46	2.279	
26	0.717	1.497	2.337	0.753	1.572	2.454	
27	0.78	1.62	2.522	0.819	1.701	2.648	
28	0.842	1.742	2.708	0.884	1.829	2.844	
29	0.902	1.867	2.905	0.947	1.96	3.05	
30	0.965	2.003	3.082	1.013	2.104	3.236	
31	1.038	2.117	3.247	1.09	2.223	3.409	
32	1.078	2.208	3.41	1.132	2.319	3.581	
33	1.13	2.332	3.622	1.187	2.448	3.803	
34	1.2	2.492	3.893	1.26	2.616	4.088	
35	1.292	2.693	4.317	1.356	2.828	4.533	
36	1.402	3.025	4.915	1.472	3.176	5.161	
37	1.623	3.513	5.717	1.705	3.689	6.003	
38	1.89	4.093	6.657	1.985	4.298	6.99	
39	2.203	4.765	7.728	2.314	5.003	8.115	
40	2.562	5.525	8.923	2.69	5.801	9.37	
41	2.963	6.36	10.213	3.112	6.678	10.724	



	PLAN	A - 10 CRITI	CAL ILLNESS	SES - Rate Per	Mille	
Age Last	30 E	ay Survival Pe	riod	0 D	ay Survival Pe	riod
Birthday /	1	2	2 Voor	1	2	2 Voor
Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
42	3.398	7.25	11.563	3.568	7.613	12.142
43	3.853	8.167	12.925	4.046	8.575	13.571
44	4.313	9.072	14.24	4.529	9.525	14.952
45	4.758	9.927	15.97	4.996	10.423	16.769
46	5.168	11.212	18.135	5.427	11.772	19.042
47	6.045	12.967	20.732	6.347	13.615	21.768
48	6.923	14.688	23.218	7.27	15.423	24.379
49	7.765	16.295	25.733	8.153	17.11	27.02
50	8.53	17.968	28.442	8.957	18.867	29.864
51	9.438	19.912	31.49	9.91	20.907	33.065
52	10.473	22.052	34.813	10.997	23.154	36.554
53	11.578	24.34	38.36	12.157	25.557	40.278
54	12.76	26.78	42.137	13.398	28.119	44.244
55	14.02	29.377	45.56	14.721	30.846	47.838
56	15.357	31.54	48.57	16.125	33.117	50.999
57	16.182	33.213	51.117	16.991	34.874	53.673
58	17.032	34.935	53.735	17.883	36.682	56.422
59	17.903	36.703	56.425	18.799	38.539	59.246
60	18.8	38.522	59.19	19.74	40.448	62.15
61	19.722	40.39	64.588	20.708	42.41	67.818
62	20.668	44.867	73.142	21.702	47.11	76.799
63	24.198	52.473	85.335	25.408	55.097	89.602
64	28.275	61.137	99.055	29.689	64.194	104.008
65	32.862	70.78	114.193	34.505	74.319	119.903
66	37.918	81.332	130.653	39.814	85.398	137.186
67	43.413	92.735	148.365	45.584	97.372	155.783
68	49.322	104.952	167.283	51.788	110.199	175.648
69	55.63	117.962	187.36	58.412	123.86	196.728
70	62.333	131.732	208.612	65.45	138.318	219.042
71	69.398	146.278	231.075	72.868	153.592	242.629
72	76.88	161.675	254.842	80.724	169.759	267.584
73	84.795	177.962	279.975	89.035	186.86	293.974
74	93.167	195.18	306.535	97.825	204.939	321.862
75	102.013	213.37	334.59	107.114	224.039	351.32
76	111.357	232.577	364.203	116.925	244.206	382.414
77	121.22	252.847	395.442	127.281	265.489	415.214
78	131.627	274.222	428.367	138.208	287.933	449.785
79	142.595	296.742	460.158	149.725	311.579	483.166
80	154.147			161.854		



	PLAN	A - 10 CRITI	CAL ILLNESS	SES - Rate Per	Mille	
Age Last	30 D	ay Survival Pe	eriod	0 Da	ay Survival Pe	riod
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
81	163.418			171.589		
82	172.982			181.631		
83	182.847			191.989		
84	193.028			202.68		
85	203.545			213.722		
86	214.388			225.108		
87	225.615			236.896		
88	237.258			249.121		
89	249.345			261.812		
90	261.91			275.006		
91	274.983			288.733		
92	288.593			303.023		
93	302.763			317.902		
94	317.517			333.393		
95	332.87			349.514		
96	348.833			366.275		
97	365.417			383.688		
98	382.625			401.756		
99	400.458			420.481		

	PLA	N B - 12 CRITI	CAL ILLNESS	SES - Rate Per	Mille	
Age Last	30 I	Day Survival Pe	riod	0 Day Survival Period		
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
5-17 years	0.317	0.633	0.98	0.333	0.665	1.029
18	0.277	0.603	0.988	0.291	0.634	1.038
19	0.328	0.712	1.158	0.345	0.747	1.216
20	0.385	0.83	1.338	0.404	0.872	1.405
21	0.447	0.953	1.523	0.469	1.001	1.6
22	0.508	1.077	1.703	0.534	1.131	1.789
23	0.568	1.195	1.872	0.597	1.255	1.965
24	0.627	1.303	2.022	0.658	1.369	2.123
25	0.677	1.395	2.178	0.711	1.465	2.287
26	0.718	1.502	2.347	0.754	1.577	2.464
27	0.783	1.628	2.533	0.823	1.71	2.66
28	0.845	1.75	2.722	0.887	1.838	2.858
29	0.907	1.877	2.922	0.952	1.971	3.068
30	0.97	2.015	3.1	1.019	2.116	3.255



	PLA	N B - 12 CRITI	CAL ILLNESS	SES - Rate Per	Mille	
Age Last	30 I	Day Survival Pe	riod	0 D	ay Survival Pe	riod
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
31	1.045	2.13	3.268	1.097	2.237	3.432
32	1.085	2.225	3.435	1.139	2.336	3.607
33	1.138	2.348	3.652	1.195	2.466	3.834
34	1.21	2.512	3.927	1.271	2.637	4.123
35	1.302	2.717	4.357	1.367	2.853	4.575
36	1.415	3.055	4.965	1.486	3.208	5.213
37	1.64	3.552	5.78	1.722	3.729	6.069
38	1.912	4.14	6.733	2.007	4.347	7.07
39	2.228	4.823	7.823	2.34	5.065	8.215
40	2.593	5.595	9.038	2.723	5.875	9.49
41	3.002	6.443	10.348	3.152	6.766	10.866
42	3.443	7.348	11.722	3.616	7.716	12.308
43	3.905	8.28	13.107	4.1	8.694	13.762
44	4.375	9.202	14.445	4.594	9.662	15.167
45	4.827	10.07	16.205	5.068	10.574	17.015
46	5.243	11.378	18.408	5.506	11.947	19.329
47	6.135	13.163	21.05	6.442	13.822	22.103
48	7.028	14.915	23.58	7.38	15.661	24.759
49	7.887	16.552	26.143	8.281	17.379	27.451
50	8.665	18.257	28.903	9.098	19.17	30.349
51	9.592	20.237	32.013	10.071	21.249	33.614
52	10.647	22.422	35.405	11.179	23.543	37.175
53	11.775	24.758	39.028	12.364	25.996	40.98
54	12.983	27.253	42.895	13.633	28.616	45.04
55	14.272	29.912	46.403	14.985	31.407	48.724
56	15.642	32.133	49.502	16.424	33.74	51.977
57	16.492	33.86	52.135	17.316	35.553	54.742
58	17.368	35.643	54.85	18.237	37.426	57.593
59	18.273	37.48	57.65	19.187	39.354	60.533
60	19.207	39.377	60.538	20.167	41.346	63.565
61	20.17	41.332	66.142	21.179	43.398	69.449
62	21.163	45.972	75.002	22.222	48.27	78.752
63	24.808	53.838	87.63	26.049	56.53	92.012
64	29.03	62.82	101.873	30.482	65.961	106.967
65	33.79	72.843	117.632	35.48	76.486	123.513
66	39.053	83.842	134.808	41.006	88.034	141.549
67	44.788	95.755	153.328	47.028	100.543	160.995
68	50.967	108.54	173.143	53.515	113.967	181.801
69	57.573	122.177	194.102	60.452	128.286	203.807



	PLA	N B - 12 CRIT	ICAL ILLNES	SES - Rate Per	Mille	
Age Last	30 E	Day Survival Pe	eriod	0 D	ay Survival Pe	riod
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
70	64.603	136.527	216.205	67.834	143.353	227.015
71	71.925	151.602	239.48	75.521	159.182	251.454
72	79.677	167.555	264.108	83.661	175.933	277.314
73	87.878	184.432	290.15	92.272	193.653	304.658
74	96.552	202.272	317.67	101.379	212.385	333.554
75	105.718	221.118	346.74	111.004	232.174	364.077
76	115.4	241.02	377.423	121.17	253.071	396.295
77	125.622	262.023	409.792	131.903	275.125	430.281
78	136.403	284.172	443.908	143.224	298.38	466.104
79	147.768	307.505	476.848	155.157	322.88	500.691
80	159.737			167.724		
81	169.343			177.811		
82	179.253			188.216		
83	189.473			198.947		
84	200.023			210.025		
85	210.92			221.466		
86	222.155			233.263		
87	233.79			245.48		
88	245.853			258.146		
89	258.38			271.299		
90	271.4			284.97		
91	284.947			299.194		
92	299.05			314.003		
93	313.733			329.42		
94	329.022			345.473		
95	344.93			362.177		
96	361.473			379.547		
97	378.657			397.59		
98	396.488			416.313		
99	414.968			435.717		

PLAN C - 20 CRITICAL ILLNESSES (PREMIUM - PER MILLE)								
Age Last Birthday /	30 D	30 Day Survival Period0 Day Survival Period						
Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year		
5-17 years	0.317	0.633	0.98	0.333	0.665	1.029		



	PLAN C -	20 CRITICAI	LILLNESSES	(PREMIUM -	PER MILLE	)
Age Last Birthday /	30 D	ay Survival P	eriod	0 ]	Day Survival 1	Period
Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
18	0.343	0.748	1.222	0.361	0.786	1.283
19	0.405	0.878	1.423	0.425	0.922	1.495
20	0.473	1.018	1.637	0.497	1.069	1.719
21	0.545	1.163	1.85	0.572	1.222	1.943
22	0.618	1.305	2.055	0.649	1.37	2.158
23	0.687	1.437	2.243	0.721	1.509	2.356
24	0.75	1.557	2.407	0.788	1.635	2.527
25	0.805	1.657	2.578	0.845	1.74	2.707
26	0.85	1.773	2.762	0.893	1.862	2.9
27	0.922	1.912	2.967	0.968	2.007	3.115
28	0.988	2.045	3.17	1.038	2.147	3.329
29	1.055	2.182	3.387	1.108	2.291	3.556
30	1.125	2.33	3.577	1.181	2.447	3.756
31	1.205	2.45	3.752	1.265	2.573	3.939
32	1.245	2.547	3.92	1.307	2.674	4.116
33	1.3	2.675	4.147	1.365	2.809	4.354
34	1.375	2.847	4.437	1.444	2.989	4.659
35	1.472	3.063	4.897	1.545	3.217	5.142
36	1.592	3.425	5.553	1.671	3.596	5.831
37	1.835	3.962	6.432	1.927	4.16	6.753
38	2.127	4.597	7.455	2.233	4.827	7.828
39	2.47	5.327	8.618	2.594	5.593	9.049
40	2.858	6.148	9.905	3.001	6.456	10.4
41	3.29	7.047	11.288	3.455	7.399	11.853
42	3.757	7.997	12.727	3.945	8.397	13.363
43	4.242	8.97	14.168	4.454	9.419	14.877
44	4.73	9.927	15.55	4.967	10.423	16.328
45	5.197	10.82	17.375	5.457	11.361	18.244



	PLAN C -	20 CRITICAI	L ILLNESSES	(PREMIUM -	PER MILLE	)
Age Last Birthday /	30 D	ay Survival P	eriod	0	Day Survival I	Period
Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
46	5.623	12.178	19.66	5.905	12.787	20.643
47	6.555	14.037	22.4	6.883	14.739	23.52
48	7.482	15.845	25.008	7.856	16.637	26.259
49	8.363	17.527	27.637	8.782	18.403	29.019
50	9.162	19.272	30.46	9.62	20.235	31.983
51	10.11	21.297	33.637	10.616	22.362	35.319
52	11.188	23.528	37.098	11.748	24.705	38.953
53	12.34	25.912	40.793	12.957	27.207	42.833
54	13.57	28.453	44.727	14.249	29.876	46.963
55	14.882	31.157	48.282	15.626	32.715	50.696
56	16.275	33.398	51.402	17.089	35.068	53.972
57	17.125	35.127	54.033	17.981	36.883	56.735
58	18.002	36.908	56.75	18.902	38.754	59.588
59	18.907	38.748	59.557	19.852	40.686	62.535
60	19.842	40.65	62.455	20.834	42.683	65.578
61	20.808	42.612	68.147	21.849	44.742	71.554
62	21.805	47.338	77.188	22.895	49.705	81.048
63	25.533	55.385	90.105	26.81	58.154	94.61
64	29.852	64.572	104.677	31.344	67.8	109.911
65	34.72	74.827	120.803	36.456	78.568	126.844
66	40.105	86.083	138.387	42.11	90.388	145.306
67	45.977	98.282	157.36	48.276	103.196	165.228
68	52.305	111.383	177.675	54.92	116.953	186.559
69	59.078	125.37	199.188	62.032	131.639	209.148
70	66.292	140.108	221.908	69.606	147.114	233.004
71	73.818	155.617	245.873	77.509	163.398	258.167
72	81.8	172.055	271.27	85.89	180.658	284.834
73	90.257	189.47	298.173	94.77	198.944	313.082



	PLAN C -	20 CRITICAI	LILLNESSES	(PREMIUM -	PER MILLE)	)
Age Last Birthday /	30 D	ay Survival Po	eriod	0 ]	Day Survival I	Period
Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
74	99.215	207.918	326.66	104.176	218.314	342.993
75	108.703	227.447	356.815	114.139	238.819	374.656
76	118.743	248.112	388.72	124.681	260.517	408.156
77	129.37	269.977	422.465	135.839	283.476	443.588
78	140.608	293.095	458.138	147.639	307.75	481.045
79	152.488	317.532	492.738	160.113	333.408	517.375
80	165.043			173.296		
81	175.207			183.967		
82	185.735			195.022		
83	196.645			206.477		
84	207.957			218.355		
85	219.693			230.678		
86	231.395			242.965		
87	243.513			255.689		
88	256.078			268.882		
89	269.125			282.581		
90	282.688			296.823		
91	296.798			311.638		
92	311.487			327.061		
93	326.782			343.121		
94	342.705			359.84		
95	359.277			377.241		
96	376.507			395.332		
97	394.405			414.125		
98	412.978			433.627		
99	432.227			453.838		



	PLAN D - 4	0 CRITICAL	ILLNESSES (F	PREMIUM - PH	ER MILLE)	
Age Last	30 E	Day Survival Pe	riod	0 D	ay Survival Pe	riod
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
5-17 years	0.317	0.633	0.98	0.333	0.665	1.029
18	0.463	1.007	1.637	0.333	1.057	1.719
10	0.543	1.173	1.893	0.571	1.037	1.988
20	0.63	1.35	2.162	0.662	1.418	2.27
21	0.72	1.53	2.423	0.756	1.607	2.545
22	0.81	1.703	2.673	0.851	1.789	2.807
23	0.893	1.863	2.9	0.938	1.957	3.045
24	0.97	2.007	3.095	1.019	2.107	3.25
25	1.037	2.123	3.297	1.089	2.23	3.462
26	1.088	2.262	3.51	1.143	2.375	3.686
27	1.173	2.422	3.748	1.232	2.543	3.936
28	1.248	2.575	3.983	1.311	2.704	4.183
29	1.327	2.735	4.237	1.393	2.872	4.449
30	1.408	2.91	4.452	1.479	3.056	4.674
31	1.502	3.043	4.645	1.577	3.196	4.877
32	1.542	3.143	4.828	1.619	3.301	5.07
33	1.602	3.287	5.083	1.682	3.451	5.338
34	1.685	3.482	5.413	1.769	3.656	5.684
35	1.797	3.728	5.943	1.887	3.915	6.241
36	1.932	4.148	6.703	2.028	4.356	7.039
37	2.215	4.77	7.72	2.326	5.009	8.106
38	2.555	5.505	8.903	2.683	5.78	9.349
39	2.95	6.348	10.237	3.098	6.666	10.749
40	3.398	7.287	11.702	3.568	7.651	12.287
41	3.89	8.303	13.262	4.085	8.719	13.925
42	4.415	9.372	14.872	4.636	9.84	15.615
43	4.958	10.457	16.473	5.206	10.98	17.297
44	5.5	11.515	17.997	5.775	12.091	18.897
45	6.017	12.497	20.022	6.318	13.122	21.023
46	6.482	14.007	22.563	6.806	14.707	23.692
47	7.525	16.082	25.617	7.901	16.886	26.898
48	8.557	18.092	28.507	8.985	18.996	29.932
49	9.535	19.952	31.412	10.012	20.949	32.982
50	10.417	21.877	34.533	10.938	22.971	36.26
51	11.46	24.118	38.052	12.033	25.324	39.954
52	12.657	26.59	41.888	13.29	27.92	43.983
53	13.933	29.232	45.988	14.63	30.693	48.288
54	15.298	32.053	50.362	16.063	33.656	52.88
55	16.757	35.065	54.32	17.595	36.818	57.036



PLAN D - 40 CRITICAL ILLNESSES (PREMIUM - PER MILLE)						
Age Last	30 Day Survival Period			0 Day Survival Period		
Birthday /	1 waan	2 1000	3 Year	1 voon	2 1000	3 Year
Policy Term	1 year	2 year		1 year	2 year	
56	18.308	37.563	57.808	19.224	39.442	60.699
57	19.255	39.5	60.783	20.218	41.475	63.823
58	20.245	41.528	63.897	21.257	43.605	67.092
59	21.283	43.65	67.157	22.348	45.833	70.515
60	22.367	45.873	70.588	23.485	48.167	74.118
61	23.507	48.22	77.302	24.682	50.631	81.167
62	24.715	53.795	88.005	25.951	56.485	92.405
63	29.08	63.292	103.397	30.534	66.456	108.567
64	34.21	74.315	121.08	35.921	78.031	127.134
65	40.105	86.87	141.05	42.11	91.214	148.103
66	46.765	100.945	163.285	49.103	105.992	171.449
67	54.18	116.52	187.772	56.889	122.346	197.16
68	62.34	133.592	214.5	65.457	140.271	225.225
69	71.25	152.16	242.188	74.813	159.768	254.298
70	80.908	170.938	270.623	84.954	179.485	284.155
71	90.03	189.715	299.618	94.532	199.201	314.599
72	99.685	209.588	330.31	104.669	220.068	346.826
73	109.903	230.623	362.782	115.399	242.155	380.921
74	120.72	252.878	397.128	126.756	265.522	416.985
75	132.158	276.407	433.44	138.766	290.227	455.112
76	144.25	301.283	471.815	151.463	316.348	495.406
77	157.033	327.565	512.363	164.885	343.943	537.982
78	170.532	355.33	555.188	179.058	373.097	582.948
79	184.797	384.655	596.653	194.037	403.888	626.486
80	199.858			209.851		
81	211.997			222.597		
82	224.572			235.8		
83	237.585			249.464		
84	251.07			263.624		
85	265.057			278.31		
86	279.175			293.134		
87	293.795			308.485		
88	308.955			324.403		
89	324.697			340.932		
90	341.058			358.111		
91	358.082			375.986		
92	375.805			394.595		
93	394.257			413.97		
94	413.468			434.142		



PLAN D - 40 CRITICAL ILLNESSES (PREMIUM - PER MILLE)							
Age Last	30 Day Survival Period			0 Day Survival Period			
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year	
95	433.462			455.135			
96	454.25			476.963			
97	475.843			499.636			
98	498.252			523.164			
99	521.475			547.549			

PLAN E - 50 CRITICAL ILLNESSES (PREMIUM - PER MILLE)						
Age Last	30 Day Survival Period			0 Day Survival Period		
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
5-17 years	0.317	0.633	0.98	0.333	0.665	1.029
18	0.467	1.015	1.657	0.49	1.066	1.74
19	0.55	1.19	1.927	0.578	1.25	2.023
20	0.64	1.377	2.21	0.672	1.446	2.321
21	0.737	1.57	2.493	0.774	1.649	2.618
22	0.833	1.757	2.767	0.875	1.845	2.905
23	0.923	1.935	3.022	0.97	2.032	3.173
24	1.01	2.097	3.247	1.061	2.202	3.409
25	1.087	2.237	3.475	1.141	2.349	3.649
26	1.15	2.388	3.708	1.208	2.508	3.894
27	1.24	2.558	3.962	1.302	2.686	4.16
28	1.32	2.722	4.21	1.386	2.858	4.421
29	1.402	2.89	4.477	1.472	3.035	4.701
30	1.488	3.075	4.703	1.563	3.229	4.939
31	1.587	3.217	4.908	1.666	3.378	5.154
32	1.63	3.322	5.102	1.712	3.488	5.357
33	1.693	3.472	5.37	1.778	3.645	5.639
34	1.78	3.678	5.72	1.869	3.862	6.006
35	1.898	3.94	6.28	1.993	4.137	6.594
36	2.042	4.382	7.083	2.144	4.601	7.438
37	2.34	5.04	8.158	2.457	5.292	8.566
38	2.7	5.817	9.408	2.835	6.108	9.879
39	3.117	6.708	10.817	3.273	7.044	11.358
40	3.59	7.7	12.365	3.77	8.085	12.983
41	4.11	8.773	14.012	4.316	9.212	14.712
42	4.665	9.903	15.713	4.898	10.399	16.499
43	5.238	11.05	17.407	5.5	11.603	18.277
44	5.812	12.168	19.308	6.102	12.777	20.274


PLAN E - 50 CRITICAL ILLNESSES (PREMIUM - PER MILLE)						
Age Last	<b>30 Day Survival Period</b>			0 Day Survival Period		
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
45	6.357	13.498	21.765	6.675	14.173	22.853
46	7.142	15.41	24.785	7.499	16.181	26.024
47	8.268	17.643	28.067	8.682	18.526	29.47
48	9.375	19.798	31.158	9.844	20.788	32.716
49	10.422	21.782	34.253	10.943	22.871	35.966
50	11.36	23.832	37.578	11.928	25.023	39.457
51	12.472	26.218	41.323	13.095	27.529	43.39
52	13.747	28.852	45.407	14.434	30.294	47.677
53	15.105	31.66	49.765	15.86	33.243	52.253
54	16.555	34.66	54.41	17.383	36.393	57.131
55	18.103	37.855	58.597	19.009	39.748	61.527
56	19.75	40.493	62.272	20.738	42.518	65.385
57	20.742	42.522	65.388	21.779	44.648	68.658
58	21.78	44.645	68.647	22.869	46.877	72.079
59	22.867	46.868	72.062	24.01	49.212	75.665
60	24.002	49.197	75.657	25.202	51.657	79.44
61	25.195	51.655	82.758	26.455	54.238	86.896
62	26.462	57.563	94.117	27.785	60.442	98.823
63	31.103	67.657	110.467	32.659	71.04	115.99
64	36.553	79.365	129.24	38.381	83.333	135.702
65	42.812	92.687	150.42	44.952	97.321	157.941
66	49.875	107.608	173.983	52.369	112.989	182.683
67	57.733	124.108	199.91	60.62	130.314	209.906
68	66.375	142.177	228.188	69.694	149.286	239.598
69	75.802	161.813	257.452	79.592	169.904	270.324
70	86.012	181.65	287.473	90.312	190.733	301.847
71	95.638	201.462	318.053	100.42	211.535	333.956
72	105.823	222.415	350.4	111.115	233.536	367.92
73	116.592	244.577	384.602	122.421	256.806	403.832
74	127.985	268.01	420.755	134.384	281.411	441.793
75	140.025	292.77	458.957	147.026	307.409	481.905
76	152.745	318.932	499.307	160.382	334.878	524.272
77	166.187	346.56	541.918	174.496	363.888	569.014
78	180.373	375.732	586.902	189.392	394.518	616.247
79	195.358	406.528	630.525	205.126	426.855	662.051
80	211.17			221.729		
81	223.997			235.197		
82	237.283			249.148		
83	251.033			263.585		



PLAN E - 50 CRITICAL ILLNESSES (PREMIUM - PER MILLE)						
Age Last	30 Day Survival Period			0 Day Survival Period		
Birthday / Policy Term	1 year	2 year	3 Year	1 year	2 year	3 Year
84	265.282			278.546		
85	280.06			294.063		
86	294.977			309.726		
87	310.425			325.946		
88	326.443			342.766		
89	343.075			360.229		
90	360.363			378.382		
91	378.352			397.269		
92	397.077			416.931		
93	416.573			437.402		
94	436.873			458.717		
95	457.997			480.897		
96	479.962			503.96		
97	502.778			527.917		
98	526.455			552.778		
99	550.992			578.541		

Optional Covers	Rate
Double Protection Cover	10% loading on Base Premium
Loss of Job Cover (applicable on three time of monthly Sum Insured)	90% of the base premium table
Loss of Income for Self Employed (Rate Per Mile applicable on three time of monthly Sum Insured)	As per base premium table

# DISCOUNTS/LOADINGS

#### **Discount in Lieu of Intermediation**

The base price has been arrived by taking into consideration an intermediary commission of 15%. Depending on the commission actually incurred, a benefit of up to 15% will be passed on to the policyholders in the form of a discount.

Final Office Premium = Office premium \* (1- discount%)

#### **Discount for Direct business**

The base price has been arrived by taking into consideration of intermediary commission of 15%. Since no commission is incurred through direct business, this benefit of 15% for direct business will be passed on to the policyholders in the form of discount.



Final Premium = Gross premium \* (1-15%) for direct business.

### Long Term Discount

Where the policyholders will be paying premium for two or more years' coverage through one single payment, a discount (as given below) will be offered to reflect the time value of money as such premium could be invested in longer dated securities which yields higher rate of return.

No of Years	<b>Discount (%) on Premium</b>		
1	0%		
2	5 %		
3	10 %		

These discounts would be applicable on the respective 2-year or 3-year premium indicated above

# Premium applicable for Medical Second Opinion-Add-on Cover (Excluding GST):

UIN: CHOHLIA19048V011920

Premium per person per annum

Age	Gross Premium per person				
0-17	211				
18-25	174				
26-30	188				
31-35	202				
36-40	218				
41-45	249				
46-50	316				
51-55	414				
56-60	718				
61-65	1031				
66-70	1508				
71-75	1546				
76-80	1585				
81-85	1625				
86-90	1666				
91-95	1708				
95 Above	1751				

a. If a policyholder aged 45 chooses "**Medical Second Opinion**" policy, his premium would be equal to Rs. 249

b. If a policyholder aged 45 chooses " **Medical Second Opinion** " with 2 year term policy the premium to be paid would be calculated as follows



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Premium for 1st year (age 45) =249Premium for 2nd year (age 46) =316Number of Years=2Premium to the customer= (249+316) = 565

c. If a policyholder aged 45 chooses " **Medical Second Opinion** " with 3 year term policy the premium to be paid would be calculated as follows

Premium for 1st year (age 45) =249Premium for 2nd year (age 46) =316Premium for 3rd year (age 47) =316Number of Years=3Premium to the customer= (249+316+316) = 881

# Long Term Discount:

<b>Policy Term</b>	Discount %
1 Year	0.00%
2 Year	3.5%
3 Year	6.5%

# **ILLUSTRATION 1**

		Remarks
Plan Selected	Plan C	
Number of Members Covered	4	(Proposer, Spouse, 1 Child, 1 Parent)
Term	3 years	
Survival Period	30 days	
Proposer		
Age	45	
Annual Income	15,00,000	
Sum Insured	1,00,00,000	Sum Insured is restricted to 10 times the annual income for earning members
Spouse		
Age	40	
Annual Income	6,00,000	
Sum Insured	50,00,000	Sum Insured is restricted to 10 times the annual income for earning members
Child		
Age	12	Child is covered for Juvenile Critical Illnesses



Sum Insured	15,00,000	Non-earning members (Children): Sum Insured is restricted to 25% of Proposer's base sum insured or Rs.15 Lakhs, whichever is lower
Parent		
Age	60	
<b>Sum Insured</b> 10,00,000		Non-earning members (Parents/Parents-in-law): Sum Insured is restricted to 10% of Proposer's base sum insured or Rs.25 Lakhs, whichever is lower
<b>Optional Covers Selected</b>		
Double Protection Cover	For Proposer, Spouse, Child and Parent	
	For Proposer: Sum Insured = 1,25,000	The sum insured is the amount opted by the Insured Person not exceeding 10% of his/her base sum insured or his/her
Loss of Job Cover	For Spouse: Sum Insured = 50,000	Gross Monthly Salary against Loss of Job cover and mentioned in the Policy Schedule, whichever is lower. The sum insured can vary from Rs. 10,000 to Rs. 30 lakhs, in multiples of Rs. 1000, and the maximum liability under this cover is restricted to Rs. 90 lakhs.
Add-On Covers Selected		
Medical Second Opinion	For Proposer, Spouse, Child and Parent	As per the underwriting guidelines of the filed and approved Medical Second Opinion add-on cover, " On opting for the Medical Second Opinion cover by paying applicable premium, the same will be applicable for all the Individual Insured members under the base Individual policy. The proposer will not have an option to exclude the insured members from this cover."

Cover	Per Mille Rate	Premium	Calculation
Base cover for Proposer for 3 years	17.375	1,73,750	= 17.375 x 1,00,00,000/1,000
Base cover for Spouse for 3 years	9.905	49,525	= 9.905 x 50,00,000/1,000
Base cover for Child for 3 years	0.980	1,470	= 0.98 x 15,00,000/1,000
Base cover for Parent for 3 years	62.455	62,455	= 62.455 x 10,00,000/1,000
Total premium for base cover for 3 years be	fore discount	2,87,200	= 1,73,750 + 49,525 + 1,470 + 62,455
Double Protection Cover for Proposer for 3 years	-	17,375	= 1,73,750.0 x 10%
Double Protection Cover for Spouse for 3 years	-	4,953	= 49,525.0 x 10%
Double Protection Cover for Child for 3 years	-	147	= 1,470.0 x 10%
Double Protection Cover for Parent for 3 years	-	6,246	= 62,455.0 x 10%



Loss of Job Course for Dron over for 2 work	15 (20	<b>E</b> 961	15 (29 m 1 25 000 m 2/1 000
Loss of Job Cover for Proposer for 3 years	15.638	5,864	= 15.638  x  1,25,000  x  3/1,000
Loss of Job Cover for Spouse for 3 years	8.915	1,337	= 8.915 x 50,000 x 3/1,000
Total premium for optional covers for 3 year	rs before	35,921	= 17,375 + 4,953 + 147 + 6,246 +
discount		55,721	5,864 + 1,337
Medical Second Opinion for Proposer for 3		881	= 249 + 316 + 316
years	-	001	- 249 + 310 + 310
Medical Second Opinion for Spouse for 3		71.6	210 240 240
years	-	716	= 218 + 249 + 249
Medical Second Opinion for Child for 3			
years	-	633	= 211 + 211 + 211
Medical Second Opinion for Parent for 3			
*	-	2,780	= 718 + 1031 + 1031
years			
Total premium for add-on cover for 3 years	5,010	= 881 + 716 + 633 + 2,780	
	discount		
<b>Total Premium for 3 years before discount</b>		3,28,131	=2,87,200+35,921+5,010
Long Term Discount (applicable on base		32,312	= (2,87,200 + 35,921) x 10%
cover and optional covers)		52,512	$=(2,87,200+35,721)\times1070$
Long Term Discount (applicable only on Medi-	226	5 010 - 6 50/	
Opinion add-on cover)		326	= 5,010 x 6.5%
Total Premium for 3 years after Long Term	2,95,493	= 3,28,131 - 32,312 - 326	
Direct Sale Discount	44,324	$= 2,95,493 \times 15\%$	
Total Premium for 3 years after Direct Sale	2,51,169	= 2,95,493 - 44,324	
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# **ILLUSTRATION 2**

		Remarks			
Plan Selected	Plan C				
Number of Members Covered	4	(Proposer, Spouse, 1 Child, 1 Parent)			
Term	3 years				
Survival Period	30 days				
Proposer					
Age	45				
Annual Income	15,00,000				
Sum Insured	1,00,00,000	Sum Insured is restricted to 10 times the annual income for earning members			
Spouse					
Age	40				
Annual Income	6,00,000				
Sum Insured	50,00,000	Sum Insured is restricted to 10 times the annual income for earning members			
Child					
Age	12	Child is covered for Juvenile Critical Illnesses			
Sum Insured	15,00,000	Non-earning members (Children): Sum Insured is restricted to 25% of Proposer's base sum insured or Rs.15 Lakhs, whichever is lower			
Parent					
Age	60				
Sum Insured	10,00,000	Non-earning members (Parents/Parents-in-law): Sum Insured is restricted to 10% of Proposer's base sum insured or Rs.25 Lakhs, whichever is lower			
<b>Optional Covers Selected</b>					
Double Protection Cover	For Proposer, Spouse, Child and Parent				
Loss of Income for Self- Employed Cover	For Proposer: Sum Insured = 15,00,000 For Spouse: Sum Insured = 7,50,000	The sum insured is the maximum liability against this cover. The monthly liability is calculated as the minimum of 5% of the base sum insured and Rs. 10 lakhs.			
Add-On Covers Selected					
Medical Second Opinion	For Proposer, Spouse, Child and Parent	As per the underwriting guidelines of the filed and approved Medical Second Opinion add-on cover, " On opting for the Medical Second Opinion cover by paying applicable premium, the same will be applicable for all the Individual Insured members under the base Individual or Family Floater			



	he proposer will nembers from th	I not have an option to exclude the is cover."	
Cover	Per Mille Rate	Premium	Calculation
Base cover for Proposer for 3 years	17.375	1,73,750	= 17.375 x 1,00,00,000/1,000
Base cover for Spouse for 3 years	9.905	49,525	= 9.905 x 50,00,000/1,000
Base cover for Child for 3 years	0.98	1,470	= 0.98 x 15,00,000/1,000
Base cover for Parent for 3 years	62.455	62,455	= 62.455 x 10,00,000/1,000
Total premium for base cover for 3 years befor	ore discount	2,87,200	= 1,73,750 + 49,525 + 1,470 + 62,455
Double Protection Cover for Proposer for 3 years	_	17,375	= 1,73,750.0 x 10%
Double Protection Cover for Spouse for 3 years	-	4,953	= 49,525.0 x 10%
Double Protection Cover for Child for 3 years	-	147	= 1,470.0 x 10%
Double Protection Cover for Parent for 3 years	-	6,246	= 62,455.0 x 10%
Loss of Income Cover for Proposer for 3 years	17.375	6,516	= 17.375 x 1,25,000 x 3/1,000
Loss of Income Cover for Spouse for 3 years	9.905	1,486	= 9.905 x 50,000 x 3/1,000
Total premium for optional covers for 3 years discount	before	36,721	= 17,375 + 4,953 + 147 + 6,246 + 6,516 + 1,486
Medical Second Opinion for Proposer for 3 years	-	881	= 249 + 316 + 316
Medical Second Opinion for Spouse for 3 years	-	716	= 218 + 249 + 249
Medical Second Opinion for Child for 3 years	-	633	= 211 + 211 + 211
Medical Second Opinion for Parent for 3 years	-	2,780	=718 + 1031 + 1031
Total premium for add-on cover for 3 years b discount	efore	5,010	= 881 + 716 + 633 + 2,780
Total Premium for 3 years before discount		3,28,931	= 2,87,200 + 36,721 + 5,010
Long Term Discount (applicable on base cover and optional covers)		32,392	= (2,87,200 + 36,721) x 10%
Long Term Discount (applicable only on Medica Opinion add-on cover)		326	= 5,010 x 6.5%
Total Premium for 3 years after Long Term	Discount	2,96,214	= 3,28,931 - 32,392 - 326
Direct Sale Discount		44,432	= 2,96,214 x 15%
Total Premium for 3 years after Direct Sale D	2,51,782	= 2,96,214 - 44,432	

# **ILLUSTRATION 3**

		Remarks
Plan Selected	Plan E	



Number of Members	4	(Proposer, Spouse, 1 Child, 1 Parent)
Covered		
Term	3 years	
Survival Period	0 days	
Proposer		
Age	40	
Annual Income	18,00,000	
Sum Insured	1,50,00,000	Sum Insured is restricted to 10 times the annual income for earning members
Spouse		
Age	35	
Annual Income	-	Non-earning member
Sum Insured	25,00,000	For spouse, sum insured is restricted to 50% of proposer's base sum insured or Rs.25 Lakhs, whichever is lower.
Child		
Age	8	Child is covered for Juvenile Critical Illnesses
Annual Income	-	Non-earning member
Sum Insured	15,00,000	For children, sum insured is restricted to 25% of proposer's base sum insured or Rs.15 Lakhs, whichever is lower
Parent		
Age	60	
Annual Income	15,00,000	
Sum Insured (year 1)	1,50,00,000	Sum Insured is restricted to 10 times the annual income for earning members (up to age 60)
Sum Insured (year 2 and 3)	25,00,000	For earning members of age 61 and above, the sum insured is restricted to 5 times of annual income up to max of Rs.25 Lakhs at the time of policy issuance/renewal

Cover	Per Mille Rate	Premium	Calculation
Base cover for Proposer for 3 years	12.983	1,94,749	= 12.983 x 1,50,00,000/1,000
Base cover for Spouse for 3 years	6.594	16,485	= 6.594 x 25,00,000/1,000
Base cover for Child for 3 years	1.029	1,544	= 1.029 x 15,00,000/1,000
Base cover for Parent for year 1	25.202	3,78,026	= 25.202 x 1,50,00,000/1,000
Base cover for Parent for year 2 and 3	54.238	1,35,594	= 54.238 x 25,00,000/1,000
		= 1,94,749 + 16,485 + 1,544 +	
Total Premium for 3 years before disc	7,26,398	3,78,026 + 1,35,594	
Long Term Discount (applicable on base cover and optional covers)		72,640	= 7,26,398 x 10%
Total Premium for 3 years after Long	6,53,758	= 7,26,398 - 72,640	



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Direct Sale Discount	98,064	= 6,53,758 x 15%
Total Premium for 3 years after Direct Sale Discount	5,55,694	= 6,53,758 - 98,064

# **ILLUSTRATION 4 (Loss of Job Cover)**

		Remarks	
Plan Selected	Plan C		
Number of Members Covered	2	(Proposer, Spouse)	
Term	3 years		
Survival Period	30 days		
Proposer			
Age	45		
Monthly Income	75,00,000		
Annual Income	9,00,00,000		
Sum Insured	5,00,00,000	Sum Insured is restricted to 10 times the annual income for earning members	
Spouse			
Age	40		
Monthly Income	50,000		
Annual Income	6,00,000		
Sum Insured	50,00,000	Sum Insured is restricted to 10 times the annual income for earning members	
<b>Optional Covers Selected</b>			
	For Proposer		
	Sum insured limit = 10% x base sum insured = 50,00,000	The sum insured is the amount opted by the Insured Person not	
	Monthly Income = 75,00,000	exceeding 10% of his/her base sum insured or his/her Gross Monthly	
Loss of Job Cover	Sum Insured = Minimum of 50,00,000 , 75,00,000 and 30,00,000 = 30,00,000	Salary against Loss of Job cover and mentioned in the Policy	
	Maximum Liability = 30,00,000 x 3 = 90,00,000	Schedule. The sum insured (monthly liability) can vary from	
	For Spouse	Rs. 10,000 to Rs. 30 lakhs, in multiples of Rs. 1000, and the	
	Sum insured limit = 10% x base sum insured = 5,00,000	maximum liability under this cover is restricted to Rs. 90 lakhs.	
	Monthly Income = 50,000		



Sum Insured = Minimum of 5,00,000 , 50,000 and 30,00,000 = 50,000
Maximum Liability = 50,000 x 3 = 1,50,000

Cover	Per Mille Rate	Premium	Calculation
Base cover for Proposer for 3 years	17.375	8,68,750	= 17.375 x 5,00,00,000/1,000
Base cover for Spouse for 3 years	9.905	49,525	= 9.905 x 50,00,000/1,000
Total premium for base cover for 3 years befor	ore discount	9,18,275	= 8,68,750 + 49,525
Loss of Job Cover for Proposer for 3 years	15.6375	1,40,738	= 15.638 x 90,00,000/1,000
Loss of Job Cover for Spouse for 3 years	8.9145	1,337	= 8.915 x 1,50,000/1,000
Total premium for optional covers for 3 years	1,42,075	= 1,40,738 + 1,337	
Total Premium for 3 years before discount	10,60,350	= 9,18,275 + 1,42,075	
Long Term Discount (applicable on base cover and optional covers)		1,06,035	= 10,60,350 x 10%
Total Premium for 3 years after Long Term Discount		9,54,315	= 10,60,350 - 1,06,035
Direct Sale Discount		1,43,147	= 9,54,315 x 15%
Total Premium for 3 years after Direct Sale D	8,11,168	= 9,54,315 - 1,43,147	

(Note: The per mille rate for Loss of Job cover is applicable on the maximum liability of the company)



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# **ILLUSTRATION 5 (Loss of Income for Self-Employed Cover)**

		Remarks	
Plan Selected	Plan C		
Number of Members Covered	2	(Proposer, Spouse)	
Term	3 years		
Survival Period	30 days		
Proposer			
Age	45		
Monthly Income	75,00,000		
Annual Income	9,00,00,000		
Sum Insured	5,00,00,000	Sum Insured is restricted to 10 times the annual income for earning members	
Spouse			
Age	40		
Monthly Income	50,000		
Annual Income	6,00,000		
Sum Insured	50,00,000	Sum Insured is restricted to 10 times the annual income for earning members	
<b>Optional Covers Selected</b>			
	For Proposer		
	Sum insured limit (per month) = $5\% x$ base sum insured = $25,00,000$		
Loss of Income for Self- Employed Cover	Monthly Sum Insured = Minimum of 25,00,000 and 10,00,000 = 10,00,000	The sum insured is the maximum liability against this cover. The	
	Sum Insured (maximum liability) = 10,00,000 x 3 = 30,00,000		
	For Spouse	monthly liability is calculated as the minimum of 5% of the base sum	
	Sum insured limit (per month) = 5% x base sum insured = $2,50,000$	insured and Rs. 10 lakhs.	
	Monthly liability = Minimum of 2,50,000 and 10,00,000 = 2,50,000		
	Sum Insured (maximum liability) = 2,50,000 x 3 = 7,50,000		



Cover	Per Mille Rate	Premium	Calculation
Base cover for Proposer for 3 years	17.375	8,68,750	= 17.375 x 5,00,00,000/1,000
Base cover for Spouse for 3 years	9.905	49,525	= 9.905 x 50,00,000/1,000
Total premium for base cover for 3 years before discount		9,18,275	= 8,68,750 + 49,525
Loss of Income for Self-Employed for Proposer for 3 years	17.375	52,125	= 17.375 x 30,00,000/1,000
Loss of Income for Self-Employed for Spouse for 3 years	9.905	7,429	= 9.905 x 7,50,000/1,000
Total premium for optional covers for 3 years before discount		59,554	= 52,125 + 7,429
Total Premium for 3 years before discount		9,77,829	= 9,18,275 + 59,554
Long Term Discount (applicable on base cover and optional covers)		97,783	= 9,77,829 x 10%
Total Premium for 3 years after Long Term Discount		8,80,046	= 9,77,829 - 97,783
Direct Sale Discount		1,32,007	= 8,80,046 x 15%
<b>Total Premium for 3 years after Direct Sale Discount</b>		7,48,039	= <b>8,80,046 - 1,32,007</b>

(Note: The per mille rate for *Loss of Income for Self-Employed cover* is applicable on the maximum liability of the company)

# **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)



- 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.