

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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

Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 555

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

IRDA Regn. No.123PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

CHOLA SWASTH PARIVAR INSURANCE

Contents

1. Customer Information Sheet
2. Schedule of Benefits
3. Coverages
4. Definitions
5. Exclusions
6. General Conditions
7. Grievances Redressal Mechanism
8. Annexures 1 & 2

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**Chola Swasth Parivar Insurance**

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Policy Wordings**1. CUSTOMER INFORMATION SHEET**

S No	Title	Description	Policy Clause Number
1	Product Name	Approved Brand Name	Chola Swasth Parivar Insurance
2	What am I covered for:	Hospital admission longer than 24 hrs	3 Coverages 3.1.1
		Related medical expenses incurred 60 days prior to hospitalization	3 Coverages 3.1.2
		Related medical expenses incurred 90 days from days of discharge	3 Coverages 3.1.3
		Listed procedures requiring less than 24 hrs hospitalization (daycare)	3 Coverages 3.1.5
		Accidental Death and Disablement	3 Coverages 3.2
3	What are the Major exclusions in the policy:	Investigation & Evaluation – Code – Excl04: a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	5. Exclusions –Section I –b.1
		Sterility and Infertility: Code – Excl17: Expenses related to Sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization	5. Exclusions –Section I –b.12
		Maternity: Code – Excl18: i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.	5. Exclusions –Section I –b.13
		Non allopathic medicine	5. Exclusions –Section I –b.24
		Domicilliary treatment	5. Exclusions –Section I –b.21
		Treatment outside India	5. Exclusions –Section I –b.28
		Sexually transmitted disease or illness	5. Exclusions –Section I –b.23
		Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12	5. Exclusions –Section I –b.8
		War, Terrorism, civil war or Breach of Law	5. Exclusions –Section I –b.7,26
		Terrorism or Terrorist act	5. Exclusions –Section II .4
4	Waiting period	Initial Waiting period: 30 days for all illness (not applicable on renewal and for accidents)	5. Exclusions –Section I –Waiting Period iii

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Policy Wordings

		Specific Waiting period: - 12 months for listed disease 24 Months for listed disease	5. Exclusions –Section I –Waiting Period ii
		Pre-existing diseases: covered after 48 months	5. Exclusions –Section I –Waiting Period i
5	Payment basis	Cashless Hospitalisation	6. General Conditions -6.19.1
		Reimbursement of covered expenses upto specified limits	6. General Conditions -6.19.2
6	Loss sharing	In case of a claim, this policy requires you to share the following costs: - Expenses exceeding the following - Room Rent - 1% of Sum Insured per day - ICU - 1.5% of Sum Insured per day - Expenses exceeding the sublimits applicable for specific disease/surgery/ procedure - Co-payment - 15% applicable on each and every eligible claim and 10% applicable on eligible expenses for treatment in a Non-network hospital	2. Schedule of Benefits & 3. Coverages
7	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person, Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years	6. General Conditions -6.24
8	Renewal Benefits	Not Applicable	Not Applicable
9	Cancellation	The Policy shall be cancelled by us for misrepresentation, fraud, non disclosure of material facts of insured by giving 15 days written notice. The Policy Holder may also cancel the policy at any time during the currency of the policy in which case the refund shall be on short period rates as per Policy condition.	6. General Conditions -6.29
10	Claims	For Cashless Service: Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com For Reimbursement of Claim: Claim Documents as listed in the Policy Terms have to be submitted at the earliest possible opportunity not exceeding 30 days from date of discharge.	6. General Conditions – 6.19.1 ,6.19.2
11	Policy Servicing/ Grievances/ Complaints	In case of any grievance the insured person may contact the company through Website: www.cholainsurance.com Toll free :1800 208 5544 E-Mail : customercare@cholams.murugappa.com Fax : 044 -4044 5550 Courier : Cholamandalam MS General Insurance Company Limited, Customer services , Head Office, Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001	7.Grievances

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		<p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GRO@cholams.murugappa.com</p> <p>If Insured Person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management system https://igms.irda.gov.in/</p>	
12	Insured's Rights	<ul style="list-style-type: none"> • Free Look: Insured will have a free look period of 15 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable. • The policy will be renewed so long as the Insurer receives the premium unless on grounds of misrepresentation, fraud by the Insured. • Migration: Proposer should approach the insurer atleast 30 days before the premium renewal date of his/her existing policy for the purpose of migration <p>Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability</p> <ul style="list-style-type: none"> • Sum Insured can be enhanced at the time of renewal subject to reported claim status and health condition of the Insured. • Insured has to send us written request for the above service requests to our customer services at the email id customercare@cholams.murugappa.com or to the Company address as mentioned in the Policy Schedule • Claim Reimbursement: We shall settle claims, including its rejection, within thirty days of the receipt of last 'necessary' document. • Cashless Pre-authorisation shall be processed within 24 hours of receipt of the complete medical details from the Service provider 	6. General Conditions 6.5,6.24,6.30,6.28,6.27,6.19
13	Insured's Obligations	<ul style="list-style-type: none"> • Insured is at obligation to disclose all pre-existing diseases or condition in the Proposal form. In the event of misrepresentation, mis-description or non-disclosure of any material fact by the 	6.General Conditions 6.3

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		<p>Insured, the Policy shall be void and all premium paid hereon shall be forfeited to the Company and no claims shall be payable.</p> <ul style="list-style-type: none">• Insured can contact our Customer Services over phone at the toll free no. 1800 208 5544 or write to us at customercare@cholams.murugappa.com to intimate any change to the material information affecting the policy.	
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Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail

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We issue this policy to You and/or Your Family based on the information provided by You/Proposer in the proposal form and premium paid by You/Proposer. This insurance is subject to the following terms and conditions. This policy covers Your Family on Floater Sum Insured basis. The method of coverage and the Sum Insured opted by You is mentioned in the Policy Schedule. The term **You/Your/Insured Person/Policyholder/Proposer** in this document refers to **You and all the Insured persons** covered under this policy. The term Insurer/US/Our/Company in this document refers to **Cholamandalam MS General Insurance Company Limited**.

2. SCHEDULE OF BENEFITS

Benefits in the table below should be read in conjunction with 3 Coverages and 4 Definitions

Plan Name	Pearl (only Section I is applicable)				
Features / Options	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Coverage Section I					
Hospitalisation Expenses (per Family per policy year)	Rs.1,00,000	Rs.2,00,000	Rs.3,00,000	Rs.4,00,000	Rs.5,00,000
Compulsory Co-payment – applicable on each and every eligible claim	15% applicable on each and every eligible claim				
Co-payment (per family per policy year)	10% applicable on eligible expenses for treatment in a Non-Network hospital				
Room Rent – Normal Hospitalisation(per day)	1% of the Sum Insured				
Room Rent – ICU Hospitalisation(per day)	1.5% of the Sum Insured				
Post-Hospitalisation	Upto 60 days after Discharge				
Pre-Hospitalisation	Upto 30 days prior to Hospitalisation (this period should commence and end within the policy period)				
Day Care Services (Only in Network Hospital)	Covered	Covered	Covered	Covered	Covered
Exclusions – One year	Not Applicable				
Exclusions – Two Year	Applicable				

Plan Name	Royale (both Section I and Section II is applicable)				
Features / Options	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Coverage Section I					
Hospitalisation Expenses (per Family per policy year)	Rs.1,00,000	Rs.2,00,000	Rs.3,00,000	Rs.4,00,000	Rs.5,00,000

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Compulsory Co-payment – applicable on each and every eligible claim	15% applicable on each and every eligible claim				
Co-payment (per family per policy year)	10% applicable on eligible expenses for treatment in a Non-Network hospital				
Room Rent – Normal Hospitalisation(per day)	1% of the Sum Insured				
Room Rent – ICU Hospitalisation(per day)	1.5% of the Sum Insured				
Post-Hospitalisation	Upto 60 days after discharge				
Pre-Hospitalisation	Upto 30 days prior to Hospitalisation (this period should commence and end within the policy period)				
Day Care Services (Only in Network)	Covered	Covered	Covered	Covered	Covered
Exclusions – One year	Applicable				
Exclusions – Two Year	Not Applicable				
Coverage Section II					
Personal Accident – Self					
Death	Rs.2,50,000	Rs.5,00,000	Rs.7,50,000	Rs.10,00,000	Rs.10,00,000
Permanent Total Disablement	Rs.2,50,000	Rs.5,00,000	Rs.7,50,000	Rs.10,00,000	Rs.10,00,000
Permanent Partial Disablement	Rs.1,25,000	Rs.2,50,000	Rs.3,75,000	Rs.5,00,000	Rs.5,00,000
Personal Accident – Spouse					
Death	Rs.1,25,000	Rs.2,50,000	Rs.3,75,000	Rs.5,00,000	Rs.5,00,000
Permanent Total Disablement	Rs.1,25,000	Rs.2,50,000	Rs.3,75,000	Rs.5,00,000	Rs.5,00,000
Permanent Partial Disablement	Rs.62,500	Rs.1,25,000	Rs.1,87,000	Rs.2,50,000	Rs.2,50,000
Personal Accident – Per Child (maximum two children)					
Death	Rs.50,000	Rs.1,00,000	Rs.1,50,000	Rs.2,00,000	Rs.2,00,000
Permanent Total Disablement	Rs.50,000	Rs.1,00,000	Rs.1,50,000	Rs.2,00,000	Rs.2,00,000
Permanent Partial Disablement	Rs.25,000	Rs.50,000	Rs.75,000	Rs.1,00,000	Rs.1,00,000

3. COVERAGES**3.1 Section I: Hospitalisation Expenses**

3.1.1 If you are diagnosed with an Illness or suffer Accidental Bodily Injury during the policy period, which necessitates your Hospitalisation, we will reimburse you in respect of medically necessary expenses of hospitalization for:

1. Room and boarding charges

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2. Doctors fees
3. Intensive Care Unit charges
4. Nursing charges
5. Surgical fees, operating theatre, anesthesia and oxygen and their administration
6. Physical therapy expenses
7. Cost of drugs and medicines consumed on the premises during Hospitalisation
8. Medical cost for hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
9. Cost of Dressing, ordinary splints and plaster casts

3.1.2 Post-hospitalisation Expenses

If we accept a claim under 3.1.1. above and, immediately following your discharge, you require further medical treatment directly related to the same condition for which you were Hospitalised, we will reimburse your Post-hospitalisation Expenses for up to 60 days following your discharge.

3.1.3 Pre-hospitalisation Expenses

If you are diagnosed with an Illness which results in your Hospitalisation and for which we accept a claim under 3.1.1 above, we will reimburse your Pre-hospitalisation Expenses for up to 30 days prior to your Hospitalisation as long as the 30 day period commences and ends within the Policy Period.

3.1.4 The Claim amount payable per person towards the treatment of under mentioned disease/surgery/procedure during the policy period is subject to the following sublimits:

Sl No	Disease/Surgery/Procedure	Limits for claim in every policy year
1	Cataract - Surgery of eye for lens disorder	Rs. 20,000/-
2	Appendectomy - Surgical removal of appendix	Rs. 30,000/-
3	Tonsillectomy - Surgical removal of tonsils	Rs. 20,000/-
4	Kidney Stone Removal	Rs. 30,000/-
5	Lithotripsy - Laser treatment of kidney stone	Rs. 10,000/- day care
6	D & C - Dilatation and Curettage of Uterus	Rs. 5,000/- day care
7	Hysterectomy - Surgical Removal of Uterus	Rs. 40,000/-
8	Surgery of Hernia	Rs. 40,000/-
9	Surgery Hydrocele	Rs. 15,000/-
10	Surgery of Prostate Gland	Rs. 25,000/-
11	ENT – Surgery of Ear, Nose & Throat	Rs. 35,000/-
12	Urinary Surgery	Rs. 25,000/-
13	Gastroectomy - Removal of any part of stomach	Rs. 15,000/-
14	Coronary Angiography	Rs. 20,000/-
15	Coronary Angioplasty	Rs. 1,00,000/-
16	Treatment of fracture / dislocation / knee surgery	Rs. 1,00,000/-

3.1.5 Day Care Expenses

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We will pay for Medical expenses incurred in a Day Care Procedure/Treatment that requires less than 24 hours of hospitalisation, upto Sum Insured mentioned in the policy schedule, if it is performed in a network hospital. In case the procedure is performed in a non network hospital, the same must be pre authorised by us.

Coverage offered under 3.1.1 to 3.1.5 is subject to the following provisions:

- i. Each and every admissible claim is subject to a co-payment of 15%
- ii. In addition to the above, in the event of you opting for treatment in a non network hospital a co-payment of additional 10% shall be applied. The additional co-pay of 10% shall not apply in the event of an accident.

3.2 Section II: Personal Accident (this section is applicable only for Plan – Royale)

If at any time during the currency of this policy if you shall sustain any bodily injury then we shall pay you or your legal nominee or heir(s), the percentage of Sum Insured stated in the Schedule at the rates mentioned below if such injury shall within 12 calendar months of its occurrence be the sole and direct cause of death or disability described in benefits Schedule:

- a) **Accidental Death:** The Sum Insured as stated in the Schedule will be paid if your death occurs within a period of twelve months from the date of Injury, and such Injury be the sole and direct cause of your death.
- b) **Permanent Total Disablement:** In the event of an Injury, causing you Permanently Totally Disabled, such disability has continued for a period of 12 consecutive months, we will pay you the percentage of the Sum Insured specified in the table below:

Sl No	Disability	% of SI
1.	Loss of sight of both the eyes	100%
2.	Loss of two entire hands or two entire feet	100%
3.	Loss of one entire hand and one entire foot	100%
4.	Loss of sight of one eye and such loss of one entire foot or hand	100%
5.	Complete loss of hearing of both ears and complete loss of speech	100%
6.	Complete loss of hearing of both ears or complete loss of speech and loss of one limb or loss of sight of one eye	100%
7.	Loss of use of two hands	100%
8.	Loss of use of two foot	100%
9.	Loss of use of one hand and one foot	100%
10.	Loss of sight of one eye and use of one hand	100%
11.	Loss of sight of one eye and use of one foot	100%
12.	Sight of one eye	50%
13.	Physical separation of one entire hand	50%
14.	Physical separation of one entire foot	50%
15.	Loss of use of one hand	50%
16.	Loss of use of one foot	50%

- c) **Permanent Partial Disablement:** In the event of Injury, causing you Permanent Partial Disability as mentioned in the table below within 12 months of the Accidental Injury being sustained, we will pay you the percentage of the Sum Insured specified for each and every form of impairment mentioned in the table below. Our maximum liability however should not be more than 100% of the Sum Insured.

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SI No	Disability	% of SI
1.	Loss of toes – all	20%
	Loss of great toe: – both phalanges	5%
	Loss of great toe: – one phalanges	2%
	Loss of Other than great toe, if more than one toe lost, each	2%
2.	Loss of hearing – both ears	60%
3.	Loss of hearing – one ear	30%
4.	Loss of speech	60%
5.	Loss of four fingers and thumb of one hand	40%
6.	Loss of four fingers	35%
7.	Loss of thumb – both phalanges	25%
	- One phalanx	10%
8.	Loss of index finger – three phalanges or two phalanges or one phalanx	10%
9.	Loss of middle finger – three phalanges or two phalanges or one phalanx	6%
10.	Loss of ring finger – three phalanges or two phalanges or one phalanx	5%
11.	Loss of little finger – three phalanges or two phalanges or one phalanx	4%
12.	Loss of metacarpals – first or second, third, fourth or fifth	3%
13.	Sense of smell	10%
14.	Sense of taste	5%
15.	Sight of One Eye	50%
16.	Loss of One Hand	50%
17.	Loss of One Foot	50%

Special Conditions (applicable to Section II a, b and C):

1. If the accident impairs a number of physical functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
2. In the event of an accident to the Aircraft in which you are traveling as a fare paying passenger and your body cannot be located within 365 days from the date of such accident then we shall pay 100% of the Sum Insured for Death Cover towards loss of life.
3. In the event of Permanent Total Disablement or Permanent Partial Disablement, you will be under obligation:
 - a) To have yourself examined by doctors appointed by us/ and we will pay the costs involved thereof.
 - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply us any information that may be required. If the obligations are not met with due to whatsoever reason, we may be relieved of our liability to pay.

The policy will remain live till 100% of the Sum Insured under any one of the benefit under Coverage Section II a or b is exhausted during the policy period.

4. Definitions

To help You understand Your Policy the following words and phrases used anywhere within Your Policy have specific meanings, which are set out in this section.

For ease of reference, the singular includes the plural and the male gender includes the female gender wherever appropriate to the context.

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1. **Accident / Accidental** mean a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition).
3. **Act of Terrorism** means any actual or threatened use of force or violence causing damage, injury, harm or disruption or commission of an act dangerous to human life or property or government with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests whether such interests are declared or not. Criminal acts primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrators and victims shall not be considered Terrorists Acts. Terrorism also shall include any act, which is verified or recognized by the relevant Government as an act of Terrorism
4. **Age** means completed years on your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period.
5. **Any one illness** means continuous Period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken
6. **Cashless facility** means a facility extended by the Company to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the Company to the extent pre-authorization approved.
7. **Claims Team** means the Claims administration team within Chola MS General Insurance Company.
8. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly** means a condition which is present since birth, which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.
 - b. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.
10. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured
11. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under-
 - has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
12. **Day care treatment** means medical treatment and/or surgical procedure which is
 - a. undertaken under general or local anaesthesia in a hospital / day care centre in less than 24 hours because of technological advancement and
 - b. which would have otherwise required Hospitalisation of more than 24 hoursTreatment normally taken on an out-patient basis is not included in the scope of this definition.

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Policy Wordings

13. **Dependents** refer to family members listed below ,who is financially dependent on the Primary Insured or proposer and does not have his/her independent sources of income. Spouse and dependent children.
14. **Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us
15. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
16. **Disclosure to information norm** 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.
17. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health
18. **Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing.
19. **Excluded hospital** means any hospital which is excluded from the hospital list of the company, due to fraud or moral hazard or misrepresentation indulged by the hospital.
20. **Family Floater** means a Policy described as such in the Schedule where You and Your dependents named in the Schedule are insured in this Policy. The Sum Insured for a Family Floater means the sun shown in the Schedule which represents our maximum liability for any and all claims made by You and/or all of Your dependents during each Policy Period.
21. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
22. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.
23. **Hospital** means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
24. **Identification or ID card** means the card issued to You by us
25. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

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IRDA Regn. No.123PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

Chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.

26. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
27. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
28. **In Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
29. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
30. **ICU Charges** (Intensive Care Unit) charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
31. **Limb** means a hand at or above the wrist or a foot above the metacarpophalangeal joints or metatarsophalangeal joints.
32. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
33. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
34. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
The registered practitioner should not be the insured or close family members
35. **Medically necessary** treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
 - a. is required for the medical management of the illness or injury suffered by Insured;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a medical practitioner;
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
36. **Membership Number** means an identification number of every insured person for our In-house Claims administration team. Membership number will be mentioned in the health card provided to each insured person.
37. **Migration** means the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

38. **Network / Hospital** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility. The list is available with the insurer and subject to amendment from time to time.
39. **Non- Network** - Any *hospital*, day care centre or other provider that is not part of the *network*
40. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
41. **Partial** means less than total
42. **Permanent** means lasting twelve (12) calendar months and at the end of that period being beyond hope of improvement.
43. **Policy** means the proposal schedule (including endorsements if any), the terms and conditions in this document, any annexure thereto (as amended from time to time) and your statements in the Proposal form.
44. **Policy Period** means the period between the commencement date and earlier of
 - a. The Expiry Date specified in the Policy Schedule
 - b. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition (6.29) below.
45. **Policy Schedule** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
46. **Pre-existing Disease means any condition, ailment, injury or disease:**
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
47. **Portability** means the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer
48. **Post-Hospitalisation Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the hospital, provided that
 - a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and
 - b. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company
49. **Pre-Hospitalisation Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the Hospitalisation of the Insured Person, provided that
 - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - b. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company
50. **Proposal Form:** The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy
51. **Proposer** means the person who has signed in the proposal form and named in the Policy Schedule. He may or may not be insured under the policy
52. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

53. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.
54. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
55. **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses
56. **Schedule of Benefits means** the table of benefits, with limit of Sum Insured under each benefit , that will be paid by us as per the plan opted by you.
57. **Sum Insured**
Coverage Section I – Sum Insured means the amount shown in the policy schedule which will be our maximum liability for any and all claims made by You and all of Your dependents during the Policy Period
Coverage Section II - Sum Insured means the amount shown in the policy schedule which will be our maximum liability for any and all benefits claimed for during the policy period.
58. **Surgery** or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a *medical practitioner*
59. **Totally disabled (permanent or partial)** means that you are unable, due to Injury, to engage in each and every occupation or employment for compensation or profit for which you are reasonably qualified by education, training or experience. If at the time of the loss you are unemployed, totally disabled shall mean inability to perform all of the usual and customary duties and activities of a person of like age and sex.
60. **Unproven/Experimental treatment** means the treatment including drug Experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven
61. **Waiting period** refers to the period during which we shall not be liable to make any payment for any claim for treatment. This is not applicable if caused directly due to an accident during the policy period

5. Exclusions

5.1: Exclusions for Coverage - Section I

a. Waiting Periods:

i. Pre-Existing Diseases – Code – Excl01:

- a) Expenses related to the treatment of a Pre-Existing Disease(PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

ii. Specified disease/procedure waiting period – Code – Excl02:

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 12/24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) Following diseases are excluded during the first and second year of inception of policy with the Insurer

Illnesses excluded for One Year (applicable for Plan-Royale)	Illnesses excluded for Two Years (applicable for Plan-Pearl)
Cataract, Benign Prostratic Hypertropy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, internal congenital disease, Sinusitis & related disorders	Cataract, Benign Prostratic Hypertropy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, internal congenital disease, Sinusitis & related disorders, Gall Stones , Spondilitis, Spondilosis, Knee / Hip joint replacement, Internal Congenital diseases, Osteoarthritis of any joint, Calculus diseases of Gall Bladder and Urogenital, Gastric and Duodenal ulcers, Internal Tumours, cysts, nodules, polyps including breast lumps (each of any kind unless malignant), Gout & Rheumatism, ENT disorders & Surgery, Surgery of genito urinary system, Surgery for prolapsed inter vertebral disk, Surgery of varicose veins & varicose ulcers, Surgery on tonsils

iii. 30-day waiting period – Code – Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

b. Exclusions

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

1. Investigation & Evaluation – Code – Excl04:

- c) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- d) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care – code – Excl05:

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/Weight Control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) Greater than or equal to 40 or
 - b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. **Code – Excl07**

5. Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. **Code – Excl08**

6. Hazardous or Adventure sports: Expenses related to any treatment, necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. **Code – Excl09**

7. Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. **Code – Excl 10**

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

9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code-Excl13

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

10. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. **Code – Excl14**
11. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. **Code – Excl15**
12. **Sterility and Infertility: Code – Excl17:** Expenses related to Sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
13. **Maternity: Code – Excl18:**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
14. Circumcisions (unless necessitated by illness or injury and forming part of treatment).
15. Vaccination or inoculation unless forming a part of post-animal bite treatment
16. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent
17. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a illness or injury and is usable outside of a Hospital) unless required for the treatment of illness or Accidental Bodily Injury.
18. Any expenses incurred towards hearing aids, eyeglasses or contact lenses.
19. Any travel or transportation costs or expenses.
20. Outpatient treatment charges and expenses incurred by organ donor.
21. Domiciliary Treatment
22. Outpatient prescribed or non-prescribed medical supplies including elastic stockings, bandages, gauze, syringes, diabetic test strips, and similar products; non-prescription drugs and treatments.
23. Sexually transmitted disease or illness
24. Costs incurred on all medical treatments except allopathic.
25. Any external congenital diseases, defects or anomalies
26. War, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law, terrorism or terrorist acts.
27. Ionising radiation or contamination by radioactivity from any nuclear waste or from combustion of nuclear fuel or otherwise; or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products
28. Treatment Outside India
29. Non Medical expenses incurred during Hospitalisation. The list of such Non medical expenses is placed in Annexure 1

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

5.2 Exclusions for Coverage - Section II

This policy does not provide benefits for any death or disability caused as a result of any Injury attributable directly to the following:

1. Intentional self-inflicted Injury, suicide or any attempt there at while sane or insane;
2. Injury or disease directly caused by or contributed by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
3. War, Invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kings, princes, and people of whatsoever nation condition or quality, martial law
4. Terrorism or terrorist act.
5. Your participation in naval, military or air force operations whether in the form of military exercise or war games or actual engagement with the enemy with foreign or domestic
6. Loss sustained or contracted in consequence of you being under the influence of alcohol or drugs unless administered on the advice of a physician
7. Any loss of which a contributing cause was your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest.
8. Any loss sustained whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying otherwise) in any duly licensed standard type of aircraft anywhere in the world
9. Venereal or Sexually transmitted diseases.
10. Any loss sustained while you are participating in contests of speed using a motorized vehicle or bicycle and/or hunting and/or skiing and/or skydiving and/or gliding and/or mountaineering and/or winter sports
11. if you act against the advice of a physician.
12. Death or disablement resulting directly or indirectly caused the contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
13. Payment of compensation in the event of a rail accident except if the accident is directly caused / occurring while
 - Boarding / traveling / alighting from a train.
 - Within the railway area to which a public has got right of access.
14. Resulting in injury whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
15. Consequential losses of any kind or actual or alleged legal liability.
16. Events occurring before the commencement of the cover or otherwise outside the Policy Period.
17. Loss caused directly or indirectly, wholly or partly by:
 - a) Bacterial infections(except pyrogenic infections which shall occur through an accidental cut or wound) of any other kind of disease;
 - b) Medical or surgical treatment except as may be necessary solely as a result of Injury;
18. Loss caused directly or indirectly, wholly or partly by you suffering from sickness or disease not resulting in bodily injury
19. While you are participating or training for any sport as a professional.
20. Treatment of hernia resulting from any bodily Injury

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

6 : General Conditions

I. CONDITIONS PRECEDENT TO THE CONTRACT

6.1 Condition Precedent to Admission of Liability

The terms and Conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

6.2 Change of Address / Contact details

It is in the Insured person's interest to intimate us if there is any change in residential address and phone numbers.

6.3 Misdescription

In the event of misrepresentation, mis-description or non-disclosure of any material fact by the insured person(s), the policy shall be void and the insured person shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation.

6.4 Cost of Pre Insurance Health Check Up

Based on acceptance of the proposal and issuance of policy, we would reimburse to the insured 50% of the cost of examinations as per the plan selected. This will be provided as refund of expenses for pre-policy health check-up to the proposer after policy issuance.

Original receipt for medical tests undergone is required to be submitted to us for reimbursement. This has to be claimed within 30 days of approval of policy

6.5 Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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 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 or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

6.6 Specific and Permanent Exclusions

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

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

- b. Permanent exclusions may be applied for diseases disclosed by the person to be insured at the time of underwriting with due consent of the proposer or person to be insured, where underwriting policy of the Company does not enable Us to offer the Health Insurance Coverage for the given disease disclosed.

6.7 Moratorium Period

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sublimits, co-payments, deductibles as per the policy contract.

6.8 Disclosure of 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)

II. CONDITIONS APPLICABLE DURING THE CONTRACT

6.9 Excluded Providers: Code –Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses upto the stage of stabilization are payable but not the complete claim.

6.10 Notification

- i. Any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as specified in the Schedule.
- ii. Any and all notices and declarations for the attention of any or all of the insured Persons shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

6.11 Transfer

Transferring of interest in this Policy to anyone else is not allowed

6.12 Nomination

The policyholder is required at the inception of the policy 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.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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

Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 555

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

IRDA Regn. No.123PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

6.13 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.

6.14 Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

6.15 Entire Contract

The Policy constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the Insurer shall be evidenced by a duly signed and sealed endorsement on the Policy.

6.16 Multiple Policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6.17 Territorial Limits

The Insurer's liability to make any payment towards illness or accidental injury shall be to make payment within India and in Indian Rupees only for medical services or procedures rendered in or undertaken within India

6.18 Assignment

The Policy can be assigned subject to applicable laws

III. CONDITIONS WHEN A CLAIM ARISES

6.19 Claim Procedure

If You happen to suffer Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim, then it is a condition precedent to our liability that You shall immediately:

- a. Give us notice of the claim irrespective of notice provided to any other insurer for the same illness in case you are holding multiple insurance policies.
- b. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by the us
- c. In case of Cashless admission in Network Hospital, pre-authorisation has to be obtained 72 hours prior to the date of planned admission and within 48 hours of an emergency admission.
- d. In case of admission in Non Network Hospital, claim intimation has to be given to us in writing or mail or phone within seven days from the date of hospitalization/injury/death.

6.19.1 –Section I- Procedure for Cashless claims: Obtain our pre-authorisation for any medical treatment in any of our network hospitals. Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com. In case of planned admission, pre-authorisation has to be obtained 72 hours prior to the date of admission and within 48 hours of an emergency admission. Pre-authorisation request shall, if we are satisfied as to the validity of the claim, specify:

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

6.19.2 Section I- Procedure for submission of Reimbursement Claims

1. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with fully particularised details of the quantum of any claim to be reimbursed and any and all other information and documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.

2. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.

3. The Insured shall obtain and furnish to the Company all copy of bills, receipts and any other documentation upon which a claim is based. `Except in cases where a fraud is suspected, ordinarily no document not listed in the policy

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

terms and conditions shall be deemed 'necessary'. The expenses towards doctors' fees for any additional medical examination required by us, at the time of claim shall be borne by us.

4. We shall only make payment (unless already paid direct to the service provider/hospital) to You or your Nominee.

5. Insured hereby acknowledge and agree that the payment of any claim by or on behalf of us shall not constitute on the part of us any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by You, it being agreed and recognised by You that we are not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution (including a Network Hospital) whether pre-authorized or not.

6. Following documents are to be submitted for processing of the claim:

- Claim Form duly filled and signed by patient/You.
- Original Discharge summary in the hospital letter head with the seal and sign of the doctor with complete details of diagnosis, treatment given, treatment advised etc
- Original Main bill from the hospital with cost wise break up.
- Original payment receipt (Receipt should have Serial No)
- Original investigation reports (such as X Ray, Lab Reports, Scan reports etc) – These are required for supporting the ailment, hence all reports taken prior / at the time or after the hospitalization are required.
- All pharmacy bills should be accompanied with relevant prescriptions. Bills should contain date and patient name. If pharmacy is charged in the Main Hospital bill, then proper itemized break up of those medicines should be obtained from the hospital.
- Implant stickers or invoice where ever applicable
- In case of Road traffic accident (RTA), copy of FIR and/or Medico legal Certificate (MLC) would be required.
- Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

6.19.3 Claim Settlement (Provision for penal interest)

- The Company shall settle or reject a claim ,as the case may be, within 30 days from the date of receipt of last necessary document
- In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, 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, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

6.19.4 TPA

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

Upon the Cancellation or non-renewal of this Policy, all ID cards shall immediately be returned to us at the Insured person's expense. The Proposer and all insured Persons agree to hold and keep us harmless against any and all

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IRDA Regn. No.123PAN AABCC6633K CIN U66030TN2001PLC047977

Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

costs, expenses, liabilities and claims arising in respect of the actual or alleged use or misuse of such ID Cards prior to their return.

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

Toll Free Phone No : **1800-208-5544**

Toll Free FAX No : **1800-425 -22 00** (For Cashless Request)

E-Mail : help@cholams.murugappa.com

Address of Chola MS Health Claims Office:

Cholamandalam MS General Insurance Company Limited

Chola MS HELP – Health Claims Department

New No.319, Old No.154, Shaw Wallace Building,

2nd Floor, Thambu Chetty Street, Parry's Corner,

Chennai - 600001

Customer Care Toll Free No: 1800-208-5544

E-Mail: help@cholams.murugappa.com

6.19.5 Section II- Claims Notification

It shall be a condition precedent for any claim to be made by you under this policy or for liability attaching to us hereunder that written notice of claim must be given to us immediately upon the occurrence or commencement of any loss, or as soon thereafter as reasonably possible, and in any event not later than 30 days of such occurrence or commencement.

6.19.6 Claims Documentation

Submit the duly filled in claim form along with the following documents

1. Death Claim

- Copy of FIR
- Copy of Panchnama / inquest Report
- Copy of Postmortem / Autopsy report (if postmortem is conducted)
- Copy of Death Certificate
- Chemical analysis report/viscera report if preserved for analysis
- If hospitalized prior to death, then Discharge Card and all investigation report
- Copy of your ID proof for yourself and the nominee
- Copy of driving license
- Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination

2. Disability Claim

- Copy of FIR
- Copy of Panchnama / inquest Report
- Copy of all medical records including discharge card.
- Copy of disability certificate issued by competent authority / medical practitioner.

A service provider (if required) would be deputed by us to verify the records / circumstances of the claim. If required our Medical Panel may examine you to assess the disability.

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IRDA Regn. No.123PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that we may require. We shall be released from any obligation to pay benefits if any of the obligations are breached.

6.19.7 Time for Filing Claim Form and Evidence: Completed Claim Form with written evidence of loss must be furnished to us within thirty (30) days after the date of such loss. Failure to furnish evidence within such time as required shall not invalidate or reduce the claim if you satisfy us that it was not reasonably possible to do so within such time. In any event, no proof furnished beyond one (1) year from the date of loss shall be accepted.

You shall obtain and furnish to us all original bills, receipts and any other documentation upon which a claim is based. You shall be bound to provide all such additional documents, information and assistance as may be required by us.

We or our authorized representatives, shall be entitled to make such enquiry or verification with any person or persons, establishment, institution, hospital, authority, agency as it deems necessary and you or anyone claiming under this Policy shall co-operate, facilitate and assist in such manner as may be necessary for such enquiry or verification by us.

6.19.8 Medical Examination: We at our own expense shall have the right to examine you when and as often we may reasonably require during the pendency of a claim hereunder.

6.19.9 Limitation of Liability: In the event of accidental Injury resulting into your death or disablement, the total benefit payable will be limited to amount stated in the schedule and any interim payments made before death will be off-set/adjusted from the amount due. Our maximum liability however will not be more than 100% of the Accidental Death Sum Insured.

If the Accidental Injury sustained by you causes a subsequent claim by you under Death or Permanent Total Disablement or Permanent Partial Disablement, the amounts payable shall be reduced by the amount of any payment already made under Death or Permanent Total Disablement or Permanent Partial Disablement.

6.20 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 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.

6.21 Authority to Obtain Records

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give

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IRDA Regn. No.123PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

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.

6.22 Complete Discharge

Any payment to the policyholder, insured person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

6.23 Any one illness/ relapse period

If the hospitalization is continuous and the illness relapses within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment was taken will be treated as same illness.

IV. CONDITIONS FOR RENEWAL OF THE CONTRACT

6.24 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.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. 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.
- v. No loading shall apply on renewals based on individual claims experience.

6.25 Possibility of Revision of Terms of the policy including the Premium Rates:

The company, with prior approval of IRDAI, 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

6.26 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.

6.27 Sum Insured Enhancement

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

Sum Insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, the Sum Insured revision is subject to written application and our acceptance. The coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to 30 days, 2 years and 3 years waiting periods as per waiting periods 5.a.i, 5.a.ii and 5.a.iii above.

6.28 Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed guidelines on Portability, kindly refer the link: www.cholainsurance.com

6.29 Cancellation

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

Short Period Scale	
Period on Risk	Rate of premium to be retained
Upto 1 Month	25% of annual premium
Upto 3 months	50% of annual premium
Upto 6 months	75% of annual premium
Exceeding 6 Months	Full Annual Premium

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.

6.30 Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed guidelines on migration, kindly refer the link: www.cholainsurance.com

6.31 Arbitration

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IRDA Regn. No.123PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

- a. Any dispute or difference between the Insurer and the Insured Person or the Policyholder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language.
- b. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.
- c. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

6.32 Change of Nominee

No change of nominee under this policy shall bind us, unless the change is formally endorsed there on by our authorized officer

6.33 Change of occupation

Any change in the professional activity/ occupation as stated in the proposal, must be informed to us by you immediately. We reserve the right to accept or to reject the change. Our approval shall be signified by endorsement upon the policy and in the event of rejection. We will cancel the coverage and shall return the premium on pro-rata for the remaining period. We also reserve the right to repudiate the claim in the event of change in the nature of professional activities / occupation.

6.34 Automatic Termination

The cover shall terminate immediately or earlier on any of the following events irrespective of the expiry period mentioned in the policy schedule

- Upon the demise of the covered person, in which case we will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- In the event of admissible claim and settlement of 100% Sum Insured under death benefit of Coverage Section II. Policy will terminate only for the Insured Person for whom 100% claim is settled under Coverage Section II.

7 . Grievances

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

Website : www.cholainsurance.com

Toll free : 1800 208 5544

E-Mail : customercare@cholams.murugappa.com

Fax : 044 -4044 5550

Courier : **Cholamandalam MS General Insurance Company Limited, Customer services, Head Office Dare House** 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GRO@cholams.murugappa.com

For details of grievance officer, kindly refer the link www.cholainsurance.com

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IRDA Regn. No.123PAN AABCC6633K CIN U66030TN2001PLC047977

**Chola Swasth Parivar Insurance**

CHOHLIP21304V022021

Policy Wordings

If any Grievances / issues on Health insurance related claims pertaining to Senior Citizens, Insured can register the complaint / grievance in 'Senior Citizen Channel' which shall be processed on Fast Track Basis by dedicated personnel.

If Insured Person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management system <https://igms.irda.gov.in/>

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2 nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014 Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email.: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Foresh Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email.: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2 nd Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274, Email.: bimalokpal.chandigarh@ecoi.co.in
Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/24335284. Fax. 044-24333664, Email.: bimalokpal.chennai@ecoi.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Fax.011-23230858, Email.: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati –

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**Chola Swasth Parivar Insurance**

CHOHLIP21304V022021

Policy Wordings

	781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: Bimalokpal.jaipur@ecoi.co.in
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2 nd Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4 th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	Office of the Insurance Ombudsman, 6 th Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3 rd Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, Bulandshehar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur,	Office of the Insurance Ombudsman, Bhagwansahai Palace, 4 th floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-2514250/2514251/2514253. Email.: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: bimalokpal.patna@ecoi.co.in

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IRDA Regn. No.123PAN AABCC6633K CIN U66030TN2001PLC047977

**Chola Swasth Parivar Insurance**

CHOHLIP21304V022021

Policy Wordings

Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3 rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: bimalokpal.pune@ecoi.co.in
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ANNEXURE 1 (attached to and forming part of policy wordings)

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

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CHOHLIP21304V022021

Policy Wordings

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

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**Chola Swasth Parivar Insurance**

CHOHLIP21304V022021

Policy Wordings

7	EAU0DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSE
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES
LIST III – ITEM THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES	
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD, CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER

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**Chola Swasth Parivar Insurance**

CHOHLIP21304V022021

Policy Wordings

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

Annexure 2

List of Day care procedures***Operations on the ears*****Sl no Microsurgical operations on the middle ear**

- 1 *Stapedotomy*
- 2 *Stapedectomy*
- 3 *Revision of a Stapedectomy*

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

- 4 *Other operations on the auditory ossicles*
 - 5 *Myringoplasty (Type I tympanoplasty)*

 - 6 *Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)*
 - 7 *Revision of a tympanoplasty*
 - 8 *Other microsurgical operations on the middle ear*
- Other operations on the middle and internal ear**
- 9 *Paracentesis (myringotomy)*
 - 10 *Removal of a tympanic drain*
 - 11 *Incision of the mastoid process and middle ear*
 - 12 *Mastoidectomy*
 - 13 *Reconstruction of the middle ear*
 - 14 *Other excisions of the middle and inner ear*
 - 15 *Fenestration of the inner ear*
 - 16 *Revision of a fenestration of the inner ear*
 - 17 *Incision (opening) and destruction (elimination) of the inner ear*
 - 18 *Other operations on the middle and inner ear*

Operations on the nose and the nasal sinuses

- 19 *Excision and destruction of diseased tissue of the nose*
- 20 *Operations on the turbinates (nasal concha)*
- 21 *Other operations on the nose*
- 22 *Nasal sinus aspiration*

Operations on the eyes

- 23 *Incision of tear glands*
- 24 *Other operations on the tear ducts*
- 25 *Incision of diseased eyelids*
- 26 *Excision and destruction of diseased tissue of the eyelid*
- 27 *Operations on the canthus and epicanthus*
- 28 *Corrective surgery for entropion and ectropion*
- 29 *Corrective surgery for blepharoptosis*
- 30 *Removal of a foreign body from the conjunctiva*
- 31 *Removal of a foreign body from the cornea*
- 32 *Incision of the cornea*
- 33 *Operations for pterygium*
- 34 *Other operations on the cornea*
- 35 *Removal of a foreign body from the lens of the eye*
- 36 *Removal of a foreign body from the posterior chamber of the eye*
- 37 *Removal of a foreign body from the orbit and eyeball*
- 38 *Operation of cataract*

Operations on the skin and subcutaneous tissues

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Chola Swasth Parivar Insurance

CHOHLIP21304V022021

Policy Wordings

- 39 *Incision of a pilonidal sinus*
- 40 *Other incisions of the skin and subcutaneous tissues*
- 41 *Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin*
- 42 *Removal of subcutaneous tissues*
- 43 *Local excision of diseased tissue of the skin and subcutaneous tissues*
- 44 *Other excisions of the skin and subcutaneous tissues*
- 45 *Simple restoration of surface continuity of the skin and subcutaneous tissues*
- 46 *Free skin transplantation, donor site*
- 47 *Free skin transplantation, recipient site*
- 48 *Revision of skin plasty*
- 49 *Other restoration and reconstruction of the skin and subcutaneous tissues*
- 50 *Chemosurgery to the skin*
- 51 *Destruction of diseased tissue in the skin and subcutaneous tissues*

Operations on the mouth and face

Operations to the tongue

- 52 *Incision, excision and destruction of diseased tissue of the tongue*
- 53 *Partial glossectomy*
- 54 *Glossectomy*
- 55 *Reconstruction of the tongue*
- 56 *Other operations on the tongue*

Operations on the salivary glands and salivary ducts

- 57 *Incision and lancing of a salivary gland and a salivary duct*
- 58 *Excision of diseased tissue of a salivary gland and a salivary duct*
- 59 *Resection of a salivary gland*
- 60 *Reconstruction of a salivary gland and a salivary duct*
- 61 *Other operations on the salivary glands and salivary ducts*

Other operations on the mouth and face

- 62 *External incision and drainage in the region of the mouth, jaw and face*
- 63 *Incision of the hard and soft palate*
- 64 *Excision and destruction of diseased hard and soft palate*
- 65 *Incision, excision and destruction in the mouth*
- 66 *Plastic surgery to the floor of the mouth*
- 67 *Palatoplasty*
- 68 *Other operations in the mouth*

Operations on the tonsils and adenoids

- 69 *Transoral incision and drainage of a pharyngeal abscess*
- 70 *Tonsillectomy without adenoidectomy*
- 71 *Tonsillectomy with adenoidectomy*
- 72 *Excision and destruction of a lingual tonsil*
- 73 *Other operations on the tonsils and adenoids*

Traumatological surgery and orthopaedics

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Policy Wordings

- 74 *Incision on bone, septic and aseptic*
- 75 *Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis**
- 76 *Suture and other operations on tendons and tendon sheath*
- 77 *Reduction of dislocation under GA*
- 78 *Arthroscopic knee aspiration*

Operations on the breast

- 79 *Incision of the breast*
- 80 *Operations on the nipple*

Operations on the digestive tract

- 81 *Incision and excision of tissue in the perianal region*
- 82 *Surgical treatment of anal fistulas*
- 83 *Surgical treatment of haemorrhoids*
- 84 *Division of the anal sphincter (sphincterotomy)*
- 85 *Other operations on the anus*
- 86 *Ultrasound guided aspirations*
- 87 *Sclerotherapy etc.*

Operations on the female sexual organs

- 88 *Incision of the ovary*
- 89 *Insufflation of the Fallopian tubes*
- 90 *Other operations on the Fallopian tube*
- 91 *Dilatation of the cervical canal*
- 92 *Conisation of the uterine cervix*
- 93 *Other operations on the uterine cervix*
- 94 *Incision of the uterus (hysterotomy)*
- 95 *Therapeutic curettage*
- 96 *Culdotomy*
- 97 *Incision of the vagina*

- 98 *Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas*
- 99 *Incision of the vulva*
- 100 *Operations on Bartholin's glands (cyst)*

Operations on the male sexual organs

Operations on the prostate and seminal vesicles

- 101 *Incision of the prostate*
- 102 *Transurethral excision and destruction of prostate tissue*
- 103 *Transurethral and percutaneous destruction of prostate tissue*
- 104 *Open surgical excision and destruction of prostate tissue*
- 105 *Radical prostatovesiculectomy*
- 106 *Other excision and destruction of prostate tissue*

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- 107 *Operations on the seminal vesicles*
- 108 *Incision and excision of periprostatic tissue*
- 109 *Other operations on the prostate*
- Operations on the scrotum and tunica vaginalis testis**
- 110 *Incision of the scrotum and tunica vaginalis testis*
- 111 *Operation on a testicular hydrocele*
- 112 *Excision and destruction of diseased scrotal tissue*
- 113 *Plastic reconstruction of the scrotum and tunica vaginalis testis*
- 114 *Other operations on the scrotum and tunica vaginalis testis*
- Operations on the testes**
- 115 *Incision of the testes*
- 116 *Excision and destruction of diseased tissue of the testes*
- 117 *Unilateral orchidectomy*
- 118 *Bilateral orchidectomy*
- 119 *Orchidopexy*
- 120 *Abdominal exploration in cryptorchidism*
- 121 *Surgical repositioning of an abdominal testis*
- 122 *Reconstruction of the testis*
- 123 *Implantation, exchange and removal of a testicular prosthesis*
- 124 *Other operations on the testis*
- Operations on the spermatic cord, epididymis und ductus deferens**
- 125 *Surgical treatment of a varicocele and a hydrocele of the spermatic cord*
- 126 *Excision in the area of the epididymis*
- 127 *Epididymectomy*
- 128 *Reconstruction of the spermatic cord*
- 129 *Reconstruction of the ductus deferens and epididymis*
- 130 *Other operations on the spermatic cord, epididymis and ductus deferens*
- Operations on the penis**
- 131 *Operations on the foreskin*
- 132 *Local excision and destruction of diseased tissue of the penis*
- 133 *Amputation of the penis*
- 134 *Plastic reconstruction of the penis*
- 135 *Other operations on the penis*

Operations on the urinary system

- 136 *Cystoscopical removal of stones*

Other Operations

- 137 *Lithotripsy*
- 138 *Coronary angiography*
- 139 *Haemodialysis*
- 140 *Cancer Chemotherapy*
- 141 *Radiotherapy for Cancer*

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