

HEART ATTACK, CANCER, HYPERTENSION... CAN BURN A HOLE IN YOUR POCKET



INTRODUCING

CHOLA MS CRITICAL HEALTHLINE INSURANCE

POLICY WORDINGS

1. Customer Information Sheet.....	03
2. Schedule of Benefits.....	06
3. Coverages.....	07
4. Definitions.....	07
5. Exclusions.....	13
6. General Conditions.....	15
7. Grievances.....	23

POLICY WORDINGS

Chola MS Critical Healthline Insurance

UIN: CHOHLIP21302V022021

1. CUSTOMER INFORMATION SHEET (DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE)

Sl. No.	Title	Description	Refer to Policy Clause number
1	Product Name	Approved Brand Name	Chola MS Critical Healthline Insurance
2	What Am I Covered For	Fixed Benefit on diagnosis of the listed illness	Section 3 Coverages
3	What are the Major exclusions in the policy	a. Any Critical Illness arising on account of or in connection with any pre-existing disease	Section 5 – 5.2
		b. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies	Section 5 General Exclusion 5.3-5.3.2
		c. Intentional self Injury and / or the use or misuse of intoxicating drugs and / or alcohol Refer policy wordings for detailed list of exclusions	Section 5 General Exclusion 5.3-5.3.11
4	Waiting Period	Initial Waiting period: 90 days for all illness (not applicable on renewal and for accidents)	Section 5 Waiting Period 5.1
5	Payment Basis	Fixed Benefit on diagnosis of Critical Illness listed in the policy	Section 6 General condition 6.4
6	Loss sharing	Not Applicable	Not applicable
7	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. If a claim was paid during this policy period for any one of the covered critical illness, then this policy stands terminated and shall not be subsequently renewed	Section 6 General condition 6.19
8	Renewal Benefits	Not Applicable	Not Applicable

9	Cancellation	<p>a. The Policy shall be cancelled by us for misrepresentation, fraud, non-disclosure of material facts of insured by giving 15 days written notice</p> <p>b. 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</p>	Section 6 General condition 6.21
10	Claims	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	Section 6 General condition 6.16
11	Policy Servicing / Grievances/ Complaints	<p>In case of any grievance the insured person may contact the company through</p> <p>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</p> <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>	7. Grievances Redressal Mechanism

12	Insured's Rights	<p>a. 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</p> <p>b. The policy will be renewed so long as the Insurer receives the premium unless on grounds of misrepresentation, fraud by the Insured</p> <p>c. 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> <p>d. 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> <p>e. Sum Insured can be enhanced at the time of renewal. The increased sum insured will be subject to the waiting periods applicable under the policy</p> <p>f. Insured has to send us written request for the above service requests to our customer services at the email id customer care@cholams.murugappa.com or to the Company address as mentioned in the Policy Schedule</p> <p>g. Claim Settlement: We shall settle claims, including its rejection, within thirty days of the receipt of last necessary' document</p>	Section 6 – General Conditions 6.4, 6.19, 6.22, 6.20, 6.21, 6.16
13	Insured's Obligations	<p>a. 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 Insured, the Policy shall be void and all premium paid hereon shall be forfeited to the Company and no claims shall be payable</p> <p>b. Insured can contact our Customer Services over phone at the toll free no. 1800 208 5544 or write to us at customer care@cholams.murugappa.com to intimate any change to the material information affecting the policy</p>	Section 6 –General Conditions 6.2
<p>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.</p>			

Chola MS Critical Healthline Insurance

UIN: CHOHLIP21302V022021

POLICY WORDINGS

We issue this insurance 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 Individual Sum Insured basis. The method of coverage and the Sum Insured that has been opted by you is mentioned in the Policy Schedule. The term You / Your / Insured Person / Insured / 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 Section 3 Coverages and Section 4 Definitions.

	Chola MS Standard Critical Healthline	Chola MS Advanced Critical Healthline
Critical Illnesses covered	<ol style="list-style-type: none">1. Cancer of Specified Severity2. Stroke Resulting In Permanent Symptoms3. First Heart Attack – Of Specified Severity4. Open Chest CABG5. Kidney Failure Requiring Regular Dialysis6. Multiple Sclerosis With Persisting Symptoms7. Major Organ / Bone Marrow Transplant8. Permanent Paralysis Of Limbs9. Surgery to Aorta10. Primary Pulmonary hypertension	<ol style="list-style-type: none">1. Cancer of Specified Severity2. Stroke Resulting In Permanent Symptoms3. First Heart Attack – Of Specified Severity4. Open Chest CABG5. Kidney Failure Requiring Regular Dialysis6. Multiple Sclerosis With Persisting Symptoms7. Major Organ / Bone Marrow Transplant8. Permanent Paralysis Of Limbs9. Surgery to Aorta10. Primary Pulmonary hypertension11. Parkinson's Disease12. Motor Neuron Disease With Permanent Symptoms
Sum Insured in Lakhs	1 / 3 / 5 / 10	1 / 3 / 5 / 10

	Chola MS Standard Critical Healthline	Chola MS Advanced Critical Healthline
Entry Age	5 years to 65 years	5 years to 65 years
Survival Period after diagnosis	30 Days	30 Days
Waiting periods for availing benefits from first purchase	90 days of commencement of policy	90 days of commencement of policy
Emergency Ambulance	Not Covered	Rs.1000 per insured per policy year

The benefit applicable to you will depend on Plan and Sum Insured opted by you as shown in your policy schedule.

3. COVERAGES

If the Insured is diagnosed as suffering from a Critical Illness the first occurrence of which manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a Critical Illness Benefit.

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.

- 1 **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.
- 2 **Claims Team** means the Claims administration team within Chola MS General Insurance Company Limited.
- 3 **Condition Precedent** means a policy term or condition upon which Insurer's liability under the policy is conditional upon.
- 4 **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.
- 5 **Date of Diagnosis** For the purpose of this policy, the date of diagnosis of the insured illness is the date on which the consultant / doctor certifies the diagnosis of the first occurrence of insured illness. Provided, the date is not earlier than the date of diagnostic report based on which the final diagnosis is arrived at by the consultant / doctor.

- 6 **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.
- 7 **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.
- 8 **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition.
- 9 **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.
- 10 **Endorsement** 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.
- 11 **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.
- 12 **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a. **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.
- b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:—
- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur.
- 13 **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule.

- 14 **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 of the insured.
- 15 **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.
- 16 **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 17 **Policy** means the policy 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.
- 18 **Policy period** means the period between the inception date and earlier of
- a. The Expiry Date specified in the Schedule
 - b. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with Section 6 - General Condition 6.21 below.
- 19 **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.
- 20 **Pre-existing Disease(PED):** 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.
- 21 **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.
- 22 **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.
- 23 **Proposer** means the person who has signed in the proposal form and named in the Schedule. He may or may not be insured under the policy.
- 24 **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.

25 **Schedule of Benefits** means the table of benefits, with the limit of Sum Insured under each benefit, that will be paid by us as per the plan opted by you.

26 **Sum Insured** means the amount shown in the policy schedule which shall be our maximum liability for each Insured Person for any and all benefits claimed for during the policy period.

27 **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.

28 **List of Critical Illness and their definitions**

28.1 **Cancer of Specified Severity**

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy . The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- a. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond.
- c. Malignant melanoma that has not caused invasion beyond the epidermis.
- d. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- e. All thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
- f. Chronic lymphocytic leukaemia less than RAI stage 3.
- g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
- h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

- i. All Tumours in presence of HIV infection.

28.2 **Stroke Resulting In Permanent Symptoms**

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA).
 - ii. Traumatic injury of the brain.
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

28.3 **Myocardial Infarction (First Heart Attack - of Specified Severity)**

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction will be evidenced by all of the following criteria:

- a. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- b. New characteristic electrocardiogram changes.
- c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes.
- ii. Any type of angina pectoris.
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-cardiac procedure.

28.4 **Open Chest CABG**

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:

- i. Angioplasty and / or any other intra-arterial procedures

28.5 Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

28.6 Multiple Sclerosis With Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
 - iii. Other causes of neurological damage such as SLE and HIV are excluded.

28.7 Major Organ / Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants.
 - ii. Where only islets of langerhans are transplanted.

28.8 Permanent Paralysis of Limbs

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

28.9 Surgery to Aorta

The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft.

28.10 Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension

by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

28.11 **Parkinson's Disease**

The unequivocal diagnosis of progressive degenerative idiopathic Parkinson's disease by a consultant Neurologist. This diagnosis must be supported by all of the following conditions:

- a. The disease cannot be controlled with medication;
- b. Signs of progressive impairment; and
- c. Inability of the insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of Daily Living:

- I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- II. Dressing: the ability to put on, take-off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- IV. Mobility: the ability to move indoors from room to room on level surfaces;
- V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

VI. Feeding: the ability to feed oneself once food has been prepared and made available.

Exclusions: Drug induced or toxic causes of Parkinsonism are excluded.

28.12 Motor Neuron Disease with Permanent Symptoms

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

5. Exclusions

5.1 Waiting Periods

Any Critical Illness diagnosed within the first 90 days from the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured in case of continuous renewal with us. This exclusion shall also not be applicable if the insured was covered under a benefit policy from any other insurer in India covering the same health condition/s and under the same terms as are being covered under this policy during the previous 12 continuous months, provided the renewal is continuous or the policy is renewed within 30 days of expiry of the previous policy.

5.2 Pre-Existing Disease (PED)

Any Critical Illness arising on account of or in connection with any pre-existing disease.

5.3 General Exclusion

531. Any sexually transmitted diseases or any condition directly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

532. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.

533. Occupational diseases.

534. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil.

535. Commotion, martial law or loot, sack or pillage in connection therewith, confiscation

or destruction by any government or public authority or any act or condition incidental to any of the above.

53.6. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combat terrorists, rebels or like.

53.7. Insured person's participation in any hazardous activities including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock / mountain climbing and the like whether voluntary or paid.

53.8. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).

53.9. Radioactive contamination.

53.10. Consequential losses of any kind, be by the way of loss of profit, loss of business, loss of opportunity, business interruption, market loss or otherwise, or any claim arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.

53.11. Intentional self Injury and / or the use or misuse of intoxicating drugs and / or alcohol.

6. GENERAL CONDITIONS

I. CONDITIONS PRECEDENT TO THE CONTRACT

6.1 Observance of Terms and Conditions

It is a condition precedent to our liability that the insured person shall comply in all respects with the terms and conditions of this Policy in so far as they require anything to be done or complied with by You or Your dependent.

6.2 Due care

The Insured Person / persons shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this Policy and, in the event of a claim arising, to minimise its financial consequences.

6.3 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.

6.4 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

6.5 Cost of pre-insurance health checkup

The Company agrees to reimburse upto 50% of the cost of examinations pertaining to the proposal to the insured on acceptance of the proposal and approval of the policy. This will be provided as refund of premium to the customer after the policy issuance.

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.
- 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.

II. CONDITIONS APPLICABLE DURING THE CONTRACT

6.8 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 respectively 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.

6.9 Transfer

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

6.10 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.

6.11 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.

6.12 **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.

6.13 **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.

6.14 **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.

6.15 **Assignment**

The Policy can be assigned subject to applicable laws.

III. CONDITIONS WHEN A CLAIM ARISES

6.16 **Claim Procedure**

6.16.1 **Claims Intimation**

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

- 1.1 Insured details (name / address / age / sex / contact no)
- 1.2 Policy Number
- 1.3 Named illness contracted
- 1.4 Copy of First Consultation paper

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

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

6.16.2 **Claim Submission**

Upon completion of the survival period and also disease specific waiting periods to check for permanent' impact of the critical illness, the insured would need to

submit the claim form along with the following original documents within 90 days of completion of the waiting/ survival periods.

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

6.16.3 **Claim Settlement(Provision for penal interest)**

1. 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.
2. 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.
3. 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.
4. 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)

6.16.4 **TPA**

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

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: 1800-425-2200 (For Cashless Request)

- E-Mail: help@cholams.murugappa.com

Address of Chola MS Health Claims Office:

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

6.16.5 **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.

6.17 **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.

6.18 **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 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

IV. CONDITIONS FOR RENEWAL OF THE CONTRACT

6.19 **Renewal of Policy**

- a. We agree to renew your policy except on grounds of moral hazard,

misrepresentation, fraud or non-cooperation by the Insured.

- b. This policy can be renewed for a period of 12 months subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts the expiry of the policy. We condone the delay and renew the policy with continuity benefits.
- c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy.
- d. Sum insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, subject to our acceptance, then the coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to 90 days waiting period as per exclusions 5.1.
- e. The Company reserve its rights to revise the premium from time to time subject to approval of Authority.
- f. In case the policy was purchased through any bank or such Institution selling insurance on our behalf the policy can be renewed through the same channel or directly in case the said channel is discontinued at the time of renewal. Insured shall not stand to lose any benefit in case of such direct renewals for which otherwise the Insured is entitled to.
- g. When an insured Person is added to this Policy either by way of endorsement or at the time of renewal the pre-existing disease clause, exclusion and waiting periods will be applicable to that insured considering such policy period as the first policy with us.
- h. This product may be withdrawn from the market by informing the Authority giving details of the product and the reasons for withdrawal. We will intimate the Insured person in writing about such withdrawal atleast 3 months prior to the renewal date. The Insured person will have the option to purchase another policy with similar covers if available with the company. This will be subject to portability conditions laid down by IRDA.
- i. Any revision or modification in a policy subject to the approval from the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification.
- j. If a claim was paid during this policy period for any one of the covered critical illness, then this policy stands terminated and shall not be subsequently renewed.

6.20 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

6.21 **Cancellation of cover**

This policy may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. On such cancellation by us, the insured person shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation.

The insured person may also cancel the policy at any time in which event, the company shall be entitled to retain premium at Short Period Scale for the expired portion on the date of cancellation. Any excess premium available with us after adjustment at Short Period Scale as provided herein below shall be refunded to the Insured except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

Cancellation after risk start date	Rate as % of premium collected excluding taxes
0 to 15 days	70.00%
16 to 45 days	64.00%
46 to 75 days	57.75%
76 to 105 days	51.25%
106 to 135 days	44.50%
136 to 165 days	37.50%
166 to 195 days	30.50%
196 to 225 days	23.25%
226 to 255 days	15.75%
256 to 285 days	8.00%
> 285 days	0.00%

6.22 **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

6.23 **Arbitration**

- 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 and the venue will be in Chennai.
- 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.

6.24 **Disclaimer**

It is also hereby further expressly agreed and declared that if we shall disclaim liability to You for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6.25 **Change of occupation**

The insured would submit a written intimation to the company on change of nature of job if any during the policy period.

6.26 **Automatic Termination**

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

- Upon the demise of the 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.
- Upon payment of the full amount towards claim for any / more of the covered perils under the policy.

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

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, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2nd 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 Park, 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, 2nd 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, 4th 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

<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>	<p>Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: bimalokpal.guwahati@ecoi.co.in</p>
<p>Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st 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</p>
<p>Rajasthan</p>	<p>Office of the Insurance Ombudsman, JeevanNidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: Bimalokpal.jaipur@ecoi.co.in</p>
<p>Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: bimalokpal.ernakulam@ecoi.co.in</p>
<p>West Bengal, UT of Andaman and Nicobar Islands, Sikkim</p>	<p>Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in</p>
<p>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</p>	<p>Office of the Insurance Ombudsman, 6th Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: bimalokpal.lucknow@ecoi.co.in</p>

Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd 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, Kanooj, 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, 4th 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, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3rd 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



Cholamandalam MS General Insurance Company Limited





(A Joint Venture between Murugappa Group & Mitsui Sumitomo Insurance Company Ltd., Japan)

Regd. Office: Dare House, 2, N.S.C Bose Road, Chennai - 600 001. India.

T: +91-44-4044 5400 | F: +91-44-4044 5550 | E: customercare@cholams.murugappa.com

Reach us at:

 customercare@cholams.murugappa.com  [CholaMSInsurance](https://www.facebook.com/CholaMSInsurance)  [@cholams](https://twitter.com/cholams)

 [chola_ms](https://www.instagram.com/chola_ms)  [cholainsurance.com](https://www.cholainsurance.com)  1800-208-5544 (Toll Free)  virtual assistant JOSHU

Trade Logo displayed above belongs to CHOLAMANDALAM FINANCIAL HOLDINGS LIMITED (formerly TI Financial Holdings Limited) and Mitsui Sumitomo Insurance Company Limited and used by Chola MS under License.

CHOLA MS CRITICAL HEALTHLINE INSURANCE

*SMS charges as applicable

For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. Terms and Conditions apply.

Prohibition of rebates 41. (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

CIN: U66030TN2001PLC047977 | IRDA Regn. No.123 | UIN: CHOHLIP21302V022021 | CMS/HEALTH/CI/PWBOOKLET/ENGLISH/2465/NOV2020