CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
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CHOLA CREDIT LINK GROUP HOSPITAL CASH INSUARNCE

CHOHLGP21430V022021

Policy Wordings

We issue this Group insurance policy to the Proposer based on the information provided by the Proposer in the proposal form and premium paid by the Proposer. This insurance is subject to the following terms and conditions. The method of coverage and the Benefit Limits that has been opted is indicated in the Policy Schedule/Policy Certificate. The term **You/ Your / Insured/ Insured Person** in this document refers to the individual group members who will be treated as Insured beneficiary and the term **Proposer /Policy Holder/ Group Manager / Group Organizer** in this document refers to Person/ Organisation who has signed the proposal form and in whose name the policy is issued. Also the term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited.**

This policy will be issued as a group policy to the policy holder and individual certificate may be issued to the beneficiaries.

1. PERSONS WHO CAN BE INSURED

This Insurance is available to person(s) aged between 18 years and 65 years (Completed age) at the time of entry into the policy and who has availed any type of loan from Banks/Financial Institutions or such aggregators.

2. BENEFIT

If at any time during the currency of this policy the **Insured Person** suffers Hospital Confinement for more than 24 hours, then the Company shall pay to the Insured a daily benefit subject to the terms, conditions and exclusions as agreed and contained herein or otherwise expressed herein.

In respect of listed Day Care Procedures, hospitalisation for a period less than 24 hours is also covered under the policy.

The maximum number of days upto which the Daily Benefit will be paid will be the number of days opted and mentioned in the Policy Certificate. It will be the Company's maximum liability for any and all benefits put together per policy year

BASE COVER

2.1 **Daily Benefit for Normal Hospitalisation - Sickness:**

This policy will pay a daily benefit in the event of hospitalisation of the Insured Person during the policy period for an illness/sickness for a consecutive and completed period of more than 24 hours or Day Care Procedures listed in the policy.

2.2 **Daily Benefit for Normal Hospitalisation – Accident:**

This policy will pay a daily benefit in the event of hospitalisation of the Insured Person during the policy period due to an accident for a consecutive and completed period of more than 24 hours or Day Care Procedures listed in the policy.

2.3 **Daily Benefit for ICU Hospitalisation – Sickness:**

This policy will pay a daily benefit in the event of hospitalisation of the Insured Person during the policy period for an illness/sickness for a consecutive and completed period of more than 24 hours in an ICU.

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Whenever ICU Benefit is admissible under the Policy, we will not pay Daily Benefit for Normal Hospitalisation - Sickness for the period for which Insured Person is in Intensive Care unit (ICU).

2.4 **Daily Benefit for ICU Hospitalisation – Accident:**
This policy will pay a daily benefit in the event of hospitalisation of the Insured Person during the policy period due to an accident for a consecutive and completed period of more than 24 hours in an ICU.
Whenever ICU Benefit is admissible under the Policy, we will not pay for Daily Benefit for Normal Hospitalisation – Accident for the period for which Insured Person is in Intensive Care unit.
Conditions Applicable to Base Cover 2.1, 2.2, 2.3 and 2.4

- In the event of hospitalisation for more than 24 hours – The daily benefit will be payable for every completed period of 24 hours of hospitalisation.
- In the event of hospitalisation for less than 24 hours – Single day benefit will be payable. This benefit is payable only in respect of Day Care Procedures listed in the policy.

3. D E F I N I T I O N S

We use certain words in this **Policy** and the **Policy Schedule/Certificate**, which have a specific meaning and are shown under the heading of definitions in the policy. They have this meaning wherever they appear in the policy or the Policy Schedule/Certificate and are shown in Bold Letters. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender and vice versa in both cases.

A. STANDARD DEFINITIONS:

1. Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

3. Congenital Anomaly means a condition which is present since birth, and 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.

3. Day Care Centre: A 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 supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

i) has qualified nursing staff under its employment;
ii) has qualified medical practitioner/s in charge;
iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

4. Day Care Treatment: Day care treatment means medical treatment, and/or *surgical procedure* which is:

i. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
ii. which would have otherwise required hospitalization of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.

5. Disclosure to information norm: The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

6. Emergency Care 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.

7. 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.

8. 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 enactments specified under the schedule of Section 56(1) and the said Act Or complies with all minimum criteria as under:

a. has qualified nursing staff under its employment round the clock;
b. has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
c. has qualified medical practitioner(s) in charge round the clock;
d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
e. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

9. Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive hours 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

10. 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

11. 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

12. ICU Charges ICU (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.

13. 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

14. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription

15. Medical Practitioner/Doctor means 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. For the purpose of this definition, close family members would mean and include the Insured person's Spouse, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.

16. 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 the 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.

17. 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.

18. Notification of claim means the process of intimating a claim to the insurer through any of the recognized modes of communication.

19. 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.

20. 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.

21. 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 from suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

B. SPECIFIC CONDITIONS:

22. 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).

23. 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

24. Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

25. Bank means a banking Company which transacts the business of banking in India

26. Claims Team means the Claims administration team within Cholamandalam MS General Insurance Company

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27. Commencement Date of this Policy shall be the inception date of first Insurance policy under this Chola Credit Link Group Hospital Cash Insurance for that Insured Person, insured with Us and without any break in period of cover thereto.

28. Daily Cash Benefit is the amount payable per day as shown in the Policy Certificate**.** For the purpose of this definition, day shall mean a continuous period of 24 hours commencing from date and time of admission. Fraction of a day more than 0.5 shall be treated as one full day.

29. 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.

30. Financial Institution shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.

31. Inception Date means the commencement date of the coverage under this Policy as specified in the Policy Certificate.

32. Loan means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in the Policy Schedule/Certificate of Insurance of this Policy. If the Loan amount pertains to Assets, it shall mean to include Assets in India Only.

33. Master Policy Schedule / Policy Schedule means schedule attached to and forming part of this Policy mentioning the details of the Proposer/Group Manager, the Sum Insured/Daily Benefit, Period and limits to which benefits under the policy would be payable.

34. 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.

35. 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 General Condition (8) below.

36. Policy Certificate /Certificate of Insurance 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 Daily Cash Benefit etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Certificate.

37. Proposal Form means **t**he form in which the details of the insured person are obtained for a Chola Credit Link Group Hospital Cash Insurance. 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.

4. G E N E R A L E X C L US I O N S

The Company shall not be liable under this Policy for any claim in connection with or in respect of:

4.1 Waiting Periods

A waiting period of 30 days will apply to all claims from the commencement date of the policy except in case of injuries caused by accidents. This exclusion does not apply for subsequent renewals with the Company without a break.

4.2 Expenses incurred on treatment of following diseases within the first year of commencement of the Policy will not be payable:

a. Congenital Internal Anomaly
b. Varicose veins and Varicose Ulcers
c. Rheumatism and arthritis of any kind
d. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum
e. Stones in the Urinary and Biliary systems
f. Gastric or Duodenal Ulcer
g. Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps
h. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders
i. Cataract
j. Benign Prostatic Hypertrophy
k. Myomectomy, Hysterectomy unless because of malignancy
l. Dilatation and curettage (D&C)
m. Anal Fistula, Fissure and Piles
n. All types of Hernia
o. Hydrocele
p. Chronic Renal Failure
q. Joint replacement Surgery unless because of accident

This exclusion will not be applicable if hospitalisation is caused directly due to an accident during policy period.

4.3 Pre-Existing Disease (PED)
Benefits will not be available for any pre-existing condition(s) as defined in the policy, until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with Us.

4.4 General Exclusions
1. War or any act of war, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law.
2. Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane.
3. The use, misuse or abuse of alcohol, Tobacco and related products, banned substances or narcotic drugs (whether prescribed or not).
4. All hospitalisation caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
5. Experimental or unproven treatment.
6. The Insured Person's participation in any hazardous activities, including but not limited to scuba diving, motor-racing, parachuting, hang-gliding, rock or mountain climbing, as a member of the armed forces, the paramilitary, the security forces, the fire or ambulance services, lifeboat service, police force and the like whether part time or fulltime, voluntary or paid.
7. Hospitalisation, if applicable for the following treatments:
a. Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run-down conditions, rest cure, treatment of sleep apnoea.
b. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.

c. Circumcisions (unless necessitated by illness or injury and forming part of treatment).
d. Laser treatment for correction of eye due to refractive error.
e. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment to do or undo changes in appearance or any procedure which is aimed to improve physical appearance.
f. Cosmetic treatments (including any complications arising out of cosmetic treatments) unless necessitated by traumatic injury, burns or cancer.
g. Vaccination or inoculation unless forming a part of post-animal bite treatment.
h. Sexually transmitted disease or illness.
i. 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.
j. Any external congenital diseases, defects or anomalies
k. Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.
l. Fitting of hearing aids, eyeglasses or contact lenses.
m. Diagnostic X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the illness or injury for which the Insured Person was hospitalized.
8. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like, spouse, daughter, son, father, mother, father-in-law, mother-in-law & siblings
9. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription
10. Hospitalisation towards pregnancy (other than ectopic pregnancy), childbirth and their consequences, including changes in chronic conditions as a result of pregnancy.
11. Claims arising out of the treatment / operation undertaken to cure impotence or to improve potency.
12. Treatment as a result of natural Perils like avalanche, earthquake, volcanic eruptions.
13. Naturopathy Treatments
14. Any Non-Allopathic or Alternative treatment

5. GENERAL CONDITIONS

1. Observance of Terms & 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.

2. Change of Address / Contact details

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

3. 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.

4. Consideration

This policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt. The cover shall not be available prior to the date and time of receipt of premium.

5. Change of Nominee

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

6. Claim Procedure

6.1 Notification: If the Insured Person happens 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 the insured Person shall immediately:

a. Give us notice of the claim within 7 days of the happening of the event 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 us
c. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with all information and documentation in respect of the claim and/or our liability for it as sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.
d. The Insurer shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity of the Insured Person's claim, and may for these purposes require the Insured Person to be examined by a medical advisor nominated by the Insurer as often as and to the extent that either considers to be reasonably necessary.
e. The Insured Person acknowledges and agrees that the payment of any claim by or on behalf of the Insurer shall not constitute on the part of the Insurer any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the Insured Person, it being agreed and recognised by the Policyholder/Insured that the Insurer is not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution.

6.2 Document Submission Procedure: Completed Claim Form with written evidence of loss in the form of claim documents mentioned in the policy must be furnished to us within Thirty (30) days from the date of discharge. Failure to furnish evidence within such time as required shall not invalidate or

reduce the claim if you are able to satisfy us that it was not reasonably possible to do so within such time.

The **Insured Person** shall obtain and furnish to us all the claim documents upon which a claim is based. Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed necessary.

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 the **Insured Person** 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.

6.3 List of claim documents to be submitted
Following documents are to be submitted for processing of the claim along with the duly filled & signed claim form by the insured / nominee along with the below listed documents:
1. Detailed discharge summary specifying the DOA, DOD, ailment & treatment details (The insured may collect back originals after the same has been verified by the company).
2. All investigation reports including radiology reports supporting the diagnosis.
3. FIR / MLC copy in case of RTA's cases.
4. Proof of Identity with Photo like PAN / Aadhar Card.
5. Original cancelled cheque of the insured bank account and copy of the pass book / bank statement, if the name is not mentioned in the cheque)
6. Copy of the final hospital bill specifying the number of days of hospitalization

The documents should be sent to:
"Health Claims Department,
Cholamandalam MS General Insurance Company Limited,
New No.319, Old No.154, Shaw Wallace Building,
2nd Floor, Thambu Chetty Street, Parry's Corner,
Chennai - 600001
Customer Care Toll Free No: 1800-208-9100

6.4 Claim Settlement
- 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)

- Any claim payable under the policy will be in Indian Rupees only.
- There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policyholders.

7. Transfer

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

8. Renewal

a. We agree to renew your policy unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured/Policy Holder.
b. This policy can be renewed 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.
c. The claims if any occurring during the grace period shall not be payable under the renewed policy
d. The company reserves its rights to vary the premium from time to time subject to approval of IRDA.
e. Daily Benefit Amount 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 Daily Benefit Amount at the time of renewal, the revision is subject to written application and our acceptance.
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. If the **Insured** was covered under a group policy with us and the cover is terminated due to the **Insured** ceasing to be a member of the group then the **Insured** can take a fresh Individual / Family policy available with us without any break in policy period or with break not exceeding 30 days grace period of such termination of cover to avail the continuity benefit which would accrue as if the **Insured** was covered by the original policy.
h. This product may be withdrawn from the market after approval from IRDA. We will intimate the **Policy Holder / Insured person** in writing about such withdrawal at least three months prior to the renewal date. The **Policy Holder / 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 / Insured Person** at least three months prior to the date such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification.

9. 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/Policy Holder** by giving 15 days written notice delivered to, or mailed to the Proposer's last address as shown in the records. The **policy** shall be void in case of misrepresentation, fraud or non-disclosure of material facts and all premium paid hereon

shall be forfeited to the **Company and** no claim shall be payable under the policy. Upon cancellation of the policy by us on account of non cooperation, the **Insured/ Policy Holder** shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

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

Period on Risk (in Months)	1 Year Policy Term	2 Year Policy Term	3 Year Policy Term	4 Year Policy Term	5 Year Policy Term
	Rate of Premium to be retained	Rate of Premium to be retained	Rate of Premium to be retained	Rate of Premium to be retained	Rate of Premium to be retained
1	8%	4%	3%	2%	2%
2	17%	8%	6%	4%	3%
3	25%	13%	8%	6%	5%
4	33%	17%	11%	8%	7%
5	42%	21%	14%	10%	8%
6	50%	25%	17%	13%	10%
7	58%	29%	19%	15%	12%
8	67%	33%	22%	17%	13%
9	75%	38%	25%	19%	15%
10	83%	42%	28%	21%	17%
11	92%	46%	31%	23%	18%
12	100%	50%	33%	25%	20%
13		54%	36%	27%	22%
14		58%	39%	29%	23%
15		63%	42%	31%	25%
16		67%	44%	33%	27%
17		71%	47%	35%	28%
18		75%	50%	38%	30%
19		79%	53%	40%	32%
20		83%	56%	42%	33%
21		88%	58%	44%	35%
22		92%	61%	46%	37%
23		96%	64%	48%	38%
24		100%	67%	50%	40%
25			69%	52%	42%

26			72%	54%	43%
27			75%	56%	45%
28			78%	58%	47%
29			81%	60%	48%
30			83%	63%	50%
31			86%	65%	52%
32			89%	67%	53%
33			92%	69%	55%
34			94%	71%	57%
35			97%	73%	58%
36			100%	75%	60%
37				77%	62%
38				79%	63%
39				81%	65%
40				83%	67%
41				85%	68%
42				88%	70%
43				90%	72%
44				92%	73%
45				94%	75%
46				96%	77%
47				98%	78%
48				100%	80%
49					82%
50					83%
51					85%
52					87%
53					88%
54					90%
55					92%
56					93%
57					95%
58					97%
59					98%
60					100%

10. 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

11. Nomination:
The **Insured person** is entitled to nominate the person/ persons to whom the money secured by the Policy shall be paid in the event of his death as per the provisions of S.39 of the Insurance Act, 1938. In case the nominee is a minor, the **Insured** can appoint a person who will receive the money secured by the policy in the event of the **Insured Person's** death during the minority of the nominee.

The details of nomination will be acknowledged by the Company in the Policy issued by the **Company**. The **Insured** is entitled to cancel or withdraw the nomination at any time and the **Company** upon request shall make the necessary endorsement in the Policy.

12. Notification
a. 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 **Policy Schedule/Policy Certificate**.
b. 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 **Policy Schedule**.

13. 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.
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.

14. Fraud
If **You** and or **Your** dependent shall:
a. Make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
b. Do/ omit to act in manner abetting fraud against Us,
this Policy shall be void in relation to that **Insured Person**. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the **policyholder/s** who shall be jointly and severally liable for the same.

15. 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.

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16. 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.

17. Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the **Company**, in the event of misrepresentation, mis-description or non-disclosure of any material fact by the **Policy Holder / Insured Person(s).**

18. 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.

19. 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.

20. 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.

21. Validity of Policy:

The Cover under Chola Credit Link Group Hospital Cash Insurance for the member will terminate at the earliest of the following occurrence

a) the expiry date mentioned in the **Policy Schedule/Policy Certificate**,
b) In case of death of the Insured
c) The date of cancellation of this Policy by either Policy holder or Insured or Insurer in accordance with the terms and conditions of the policy.

6. G R I E V A N C E S R E D R E S S A L M E C H A N I S M

Mechanism for Grievance Redressal:-

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

Website : www.cholainsurance.com

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Toll free : 1800 208 9100
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 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, 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 Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email.: bimalokpal.bhubaneswar@ecoi.co.in

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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
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	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
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	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
Rajasthan	Office of the Insurance Ombudsman,JeevanNidhi – II Bldg, Gr. Fllor, 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, 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
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	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
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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,	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

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Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	
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 Fllor, 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

7. OPTIONAL COVERS (on payment of additional Premium):

Notwithstanding anything to the contrary contained in the Policy, In consideration of payment of additional premium, the policy is extended to cover the optional benefits listed below upto the limits shown within the Policy Certificate.

7.1 Optional Cover 1 - Convalescence Benefit:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of hospitalisation of the Insured Person beyond 10 consecutive and completed days, a Lumpsum payment as mentioned against the benefit in the policy Certificate is payable towards convalescence once in a policy period, in addition to the benefit payable under Base Covers.

This Benefit shall be payable subject to an admissible claim under Base Covers.

7.2 Optional Cover 2 – Accompaniment Benefit for Parent Hospitalisation:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of hospitalisation of the Insured Person aged above 60 years, a lumpsum amount equal to five

times of the chosen daily benefit towards Daily Benefit for Normal Hospitalisation - Sickness will be payable once in a policy period in addition to the benefit payable under Base Covers.

This Benefit shall be payable subject to an admissible claim under Base Covers.

7.3 Optional Cover 3 – Accompaniment Benefit for Children Hospitalisation:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of hospitalisation of the Insured Person aged 12 years or less, a lumpsum amount equal to five times of the chosen daily benefit towards Daily Benefit for Normal Hospitalisation - Sickness will be payable once in a policy period in addition to the benefit payable under Base Covers.

This Benefit shall be payable subject to an admissible claim under Base Covers.

7.4 Optional Cover 4 – Child Birth Benefit:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of hospitalisation of the Insured resulting in Child Birth, a lumpsum amount equal to five times of the chosen daily benefit towards Daily Benefit for Normal Hospitalisation - Sickness will be payable.

Special Condition applicable for Child Birth Benefit:

- This benefit is applicable only to the female Insured covered under the Chola Credit Link Group Hospital Cash Insurance
- A waiting period of 9 months from the date of inception of the policy is applicable for this benefit.
- This benefit is payable upto a maximum of two living children.
- This benefit shall not be applicable for ectopic pregnancy and termination of pregnancy for whatsoever reason.

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
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

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

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
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

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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