CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
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IRDA Regn. No.123; **PAN** AABCC6633K **CIN** U66030TN2001PLC047977

Chola Classic Health – Family Floater

CHOHLIP21298V022021

Prospectus

Chola Classic Health – Family Floater provides cover against medical expenses for families on floater sum insured basis.

1. Suitability

We will reimburse you upto the limit of Indemnity for all the members of your family covered under the policy, in respect of medically necessary costs as detailed in the policy.

Different plan options are available, offering different benefits.

This policy is offered for 1 / 2 / 3 year policy tenure.

2. Applicability

This policy is applicable for you and your dependants (Spouse, dependent Children). Any person aged between 90 days and 65 years can take the policy for the first time. Children who are between age of 90 days and 26 years and and children aged between 19 years and 26 years who are unmarried dependant in full or part time education and primarily dependant upon the Proposer for financial support and maintenance. This policy can be renewed life time.

3. Summary of Benefits

Options	A	B	C	D	E
Sum Insured (in Rs.)	500,000	400,000	300,000	200,000	100,000
Entry Age	90 days to 65 Yrs	90 days to 65 Yrs	90 days to 65 Yrs	90 days to 65 Yrs	90 days to 65 Yrs
Exit Age	Life time Renewal	Life time Renewal	Life time Renewal	Life time Renewal	Life time Renewal
Pre Hospitalization Expenses	60 Days	60 Days	60 Days	60 Days	60 Days
Post Hospitalization Expenses	90 Days	90 Days	90 Days	90 Days	90 Days
Room Rent	Upto Rs.3000/ day	Upto Rs.2500/ day	Upto Rs.2000/ day	Upto Rs.1500/ day	Upto Rs.1000/ day
AYUSH Coverage Expenses	100% of SI	100% of SI	100% of SI	100% of SI	100% of SI
Day Care Procedures /Treatment Expenses	Covered	Covered	Covered	Covered	Covered
Emergency Ambulance (per family per annum)	Rs.1000	Rs.1000	Rs.1000	Rs.1000	Rs.1000
Hospital Daily Allowance(Per family per annum)	Rs. 500/day Max 14 days	Rs. 400/ day Max 10 days	Rs.300/ day Max 7 days	Rs. 200/ day Max 7 days	NA
External Aids and appliances (Per family per annum)	Rs. 10,000	Rs. 10,000	Rs. 10,000	Rs. 10,000	Rs. 10,000

Home Nursing Care Allowance (per family per annum)	Rs. 300/ day Max 10 days	Rs. 300/ day Max 10 days	Rs.200/ day Max 7 days	Rs. 200/ day Max 7 days	NA
Cumulative Bonus	5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured				
Reduction in Cumulative Bonus	5% of Sum Insured				

Cumulative Bonus
If the insured has not made a claim in a policy year (per annum in case of multi-year tenure) and have renewed the policy with us without a break, we will increase his/her Sum Insured under each subsequent policy by 5% of the expiring policy Sum Insured. The maximum cumulative bonus shall at no time exceed 50% of the policy Sum Insured.

Reduction in Cumulative Bonus
In the event of a claim during a policy year (per annum in case of multi-year tenure), the claim free bonus in any subsequently renewed policies shall be reduced by a percentage as mentioned in the schedule of benefit. Such a reduction will be made ensuring that the limit of Indemnity shall not fall below 100% of the Basic Sum insured available under expiring policy with us.

In case of multi year tenure, any decrease in the cumulative bonus will be determined at the start of every new policy year and the same will be reflected on the policy schedule only at the time of renewal of the policy.

Proposal Stage Requirements and Medical Check-up
For proposer & eligible dependants who are below 45 years and with no past history of illness, completed proposal form will be sufficient up to 5 lacs. In the event of adverse history of illness medical examination report may be sought.

Where proposers &/eligible dependants are aged above 45 years, medical examination report will be required along with the proposal form

The medical Examination report is required to contain the following test reports as per grid below

Entry Age / Sum Insured Rs	<= 5 lacs
0-18 Years	No medical check up
19- 45 yrs	No medical check up
46-55	Package 2
56-60	Package 3
61-65	Package 3

Description	
PACKAGE 1	MER
PACKAGE 2	MER+CBC+ECG+CUE+FBS+LFT++RFT
PACAKGE 3	MER+CBC+ECG+CUE+FBS+LFT++RFT+TMT+CXR+LIPID

	PROFILE+USG

Important aspects regarding Medical Examination

1. Each medical examination report confirming the health of the proposer shall necessarily contain the qualified practicing medical professional's name, signature, contact number (in case of an emergency) and registration number.
2. A qualified practicing medical professional (minimum qualification of MBBS required) shall perform the medical examination. For this purpose, practicing means practicing as a general medical practitioner or physician
3. Reports from unregistered diagnostic labs and other entities will not be admissible.
4. Any medical examination report and test report would only be valid for 60 days from date of report.

All the proposals which require medical reports based on the above criteria will require **medical underwriter's opinion at Head Office (HO)**

Cost of Pre Insurance Health Check up

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

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

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.
lf 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

5. 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. 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

7. Renewal of Policy

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

i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience

8. Possibility of Revision of Terms of the policy including the Premium Rates:

The company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected

9. Withdrawal of the Product

In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the policy.
Insured person will have the option to migrate to similar health insurance product available with the company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

10. Sum Insured Enhancement

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 written application and 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 30 days, 12 months and 48 months waiting periods as per exclusions V.a and V.b above

11. Cancellation of cover

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

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

		34	94%
		35	97%
		36	100%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

12. Claim Procedure

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

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

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

b. Procedure for submission of Reimbursement Claims

1. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with fully particularised details of the quantum of any claim to be reimbursed and any and all other information and documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.
2. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.
3. The Insured shall obtain and furnish to the Company all copy of bills, receipts and any other documentation upon which a claim is based. `Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'. The expenses towards

doctors' fees for any additional medical examination required by us, at the time of claim shall be borne by us.

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

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

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

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

a. Claim Settlement(Provision for penal interest)

- The Company shall settle or reject a claim ,as the case may be, within 30 days from the date of receipt of last necessary document
- In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

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

The documents should be sent to or such other address as may be notified to the Insured
Cholamandalam MS General Insurance Company Limited
Chola MS HELP – Health Claims Department
New No.319, Old No.154, Shaw Wallace Building,
2nd Floor, Thambu Chetty Street, Parry's Corner,
Chennai - 600001
Customer Care Toll Free No: 1800-208-5544
E-Mail: help@cholams.murugappa.com

e. 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

13. 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

14. 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

15. Exclusions

I. Pre-Existing Diseases – Code – Excl01:

a) Expenses related to the treatment of a Pre-Existing Disease(PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

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

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedures are as below

1. Cataract
2. Benign Prostatic Hypertrophy
3. Hysterectomy for Menorrhagia or Fibromyoma
4. Hernia
5. Hydrocele
6. Fistula in anus, Piles
7. Congenital Internal anomaly
8. Sinusitis & related disorders

III. 30-day waiting period – Code – Excl03

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

c. General Exclusions

1. **Investigation & Evaluation – Code – Excl04:**
   a Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
   b Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
2. **Rest Cure, rehabilitation and respite care – code – Excl05:**
   a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. **Obesity/Weight Control: Code – Excl06**: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   1) Surgery to be conducted is upon the advice of the Doctor
   2) The surgery/Procedure conducted should be supported by clinical protocols
   3) The member has to be 18 years of age or older and
   4) Body Mass Index (BMI);
      a) Greater than or equal to 40 or
      b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe sleep Apnea
         iv. Uncontrolled Type2 Diabetes
4. **Change-of-Gender treatments:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. **Code – Excl07**
5. **Cosmetic or plastic Surgery:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. **Code – Excl08**
6. **Hazardous or Adventure sports:** Expenses related to any treatment, necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. **Code – Excl09**
7. **Breach of law:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. **Code – Excl 10**
8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12**

9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code-Excl13**
10. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. **Code – Excl14**
11. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive. **Code – Excl15**
12. **Unproven Treatments**: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. **Code – Excl16**
13. **Sterility and Infertility: Code – Excl17**: Expenses related to Sterility and infertility. This includes:
    (i) Any type of contraception, sterilization
    (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    (iii) Gestational Surrogacy
    (iv) Reversal of sterilization
14. **Maternity: Code – Excl18:**
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
15. War or any act of war, invasion, acts of foreign enemies, hostilities whether are be declared or not, civil war, revolution, insurrection, mutiny, martial law
16. Intentional self-injury or attempted suicide whether sane or insane.
17. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
18. Any travel or transportation costs or expenses excluding ambulance charges
19. Circumcisions (unless necessitated by illness or injury and forming part of treatment)
20. Vaccination or inoculation unless forming a part of post-animal bite treatment
21. Sexually transmitted disease or illness
22. 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. The Items as mentioned above may be amended as per the schedule of benefits being attached to the policy
23. Any external congenital diseases, defects or anomalies.
24. 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
25. Any expenses towards hearing aids, eyeglasses or contact lenses

26. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent.
27. 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
28. Naturopathy Treatments.
29. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses are placed at Annexure 1.

16. Premium Table

The premium shown in tables below is for Single Year Policy

Plan1-2Adults					
Age	100,000	200,000	300,000	400,000	500,000
<18	NA	NA	NA	NA	NA
18-35	3,314	5,170	7,292	8,974	10,112
36-45	3,653	5,912	8,326	10,352	11,416
46-50	5,064	8,477	12,112	15,371	18,228
51-55	5,313	9,125	12,977	16,221	19,206
56-65	6,592	11,433	16,673	21,454	25,645
66-70	8,092	14,298	20,932	27,896	33,523
71-75	11,840	20,008	31,578	39,131	51,331
76-80	13,616	23,009	36,315	45,001	59,031
81-85	15,658	26,460	41,762	51,751	67,886
86-90	18,007	30,429	48,026	59,514	78,068
91-95	20,708	34,993	55,230	68,441	89,779
96-100	23,815	40,242	63,514	78,707	103,245

Plan2-2Adults+1Child					
Age	100,000	200,000	300,000	400,000	500,000
<18	NA	NA	NA	NA	NA
18-35	3,912	6,058	8,546	10,470	11,797
36-45	4,312	6,928	9,757	12,078	13,318
46-50	5,977	9,934	14,194	17,933	21,266
51-55	6,271	10,693	15,207	18,925	22,408
56-65	7,781	13,398	19,539	25,030	29,919
66-70	9,551	16,755	24,530	32,545	39,110
71-75	13,975	23,446	37,005	45,653	58,044
76-80	16,071	26,963	42,556	52,501	66,750
81-85	18,482	31,008	48,939	60,376	76,763

Plan5-1Adult+1Child					
Age	100,000	200,000	300,000	400,000	500,000
<18	NA	NA	NA	NA	NA
18-35	3,260	5,008	7,065	8,832	9,951
36-45	3,593	5,728	8,066	10,188	11,234
46-50	4,981	8,212	11,734	15,127	17,938
51-55	5,226	8,840	12,571	15,964	18,902
56-65	6,484	11,076	16,152	21,114	25,238
66-70	7,959	13,851	20,278	27,453	32,991
71-75	11,646	19,382	30,591	38,510	48,962
76-80	13,393	22,290	35,180	44,287	56,306
81-85	15,402	25,633	40,457	50,930	64,752
86-90	17,712	29,478	46,525	58,569	74,465
91-95	20,369	33,900	53,504	67,354	85,635
96-100	23,424	38,985	61,529	77,457	98,480

Plan6-1Adult+2Children					
Age	100,000	200,000	300,000	400,000	500,000
<18	NA	NA	NA	NA	NA
18-35	3,830	5,816	8,204	10,256	11,556
36-45	4,222	6,651	9,367	11,831	13,046
46-50	5,853	9,536	13,626	17,567	20,832
51-55	6,140	10,266	14,599	18,539	21,950
56-65	7,619	12,862	18,758	24,519	29,309
66-70	9,352	16,085	23,548	31,881	38,312
71-75	13,684	22,508	35,525	44,721	56,859
76-80	15,737	25,885	40,854	51,430	65,388
81-85	18,097	29,767	46,982	59,144	75,196

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.
Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550
E: customercare@cholams.murugappa.com;; website: www.cholainsurance.com
IRDA Regn. No.123; **PAN** AABCC6633K **CIN** U66030TN2001PLC047977

Chola Classic Health – Family Floater
CHOHLIP21298V022021
Prospectus

86-90	21,254	35,659	56,280	69,433	88,277
91-95	24,443	41,008	64,722	79,847	101,519
96-100	28,109	47,159	74,431	91,825	116,747

Plan3-2Adults+2Children

Age	100,000	200,000	300,000	400,000	500,000
<18	NA	NA	NA	NA	NA
18-35	4,455	6,866	9,685	11,965	13,483
36-45	5,150	7,852	11,058	13,803	15,221
46-50	6,807	11,258	16,087	20,494	24,304
51-55	7,142	12,119	17,234	21,628	25,609
56-65	8,862	15,185	22,144	28,605	34,194
66-70	10,877	18,989	27,800	37,194	44,697
71-75	15,916	26,572	41,939	52,175	66,336
76-80	18,304	30,558	48,230	60,001	76,286
81-85	21,049	35,142	55,465	69,001	87,729
86-90	24,206	40,413	63,784	79,351	100,888
91-95	27,837	46,475	73,352	91,254	116,022
96-100	32,013	53,447	84,355	104,942	133,425

Plan4-2Adults+3Children

Age	100,000	200,000	300,000	400,000	500,000
<18	NA	NA	NA	NA	NA
18-35	5,025	7,674	10,825	13,532	15,248
36-45	5,839	9,007	12,684	16,022	17,667
46-50	7,679	12,583	17,979	23,178	27,486
51-55	8,056	13,545	19,262	24,461	28,962
56-65	9,996	16,971	24,750	32,351	38,671
66-70	12,270	21,223	31,071	42,065	50,551
71-75	17,954	29,699	46,873	59,007	75,023
76-80	20,647	34,153	53,904	67,858	86,276
81-85	23,744	39,276	61,990	78,037	99,217
86-90	27,306	45,168	71,289	89,743	114,100
91-95	31,402	51,943	81,982	103,204	131,215
96-100	36,112	59,735	94,279	118,685	150,897

86-90	20,812	34,233	54,029	68,016	86,476
91-95	23,933	39,367	62,134	78,218	99,447
96-100	27,523	45,273	71,454	89,951	114,364

Plan7-1Adult+3Children

Age	100,000	200,000	300,000	400,000	500,000
<18	NA	NA	NA	NA	NA
18-35	4,346	6,785	9,571	11,965	13,483
36-45	5,030	7,760	10,928	13,803	15,221
46-50	6,641	11,126	15,898	20,494	24,304
51-55	6,967	11,691	16,626	21,113	24,999
56-65	8,645	14,649	21,363	27,924	33,379
66-70	10,612	18,766	27,473	37,194	44,697
71-75	15,528	26,260	41,446	52,175	66,336
76-80	17,857	30,199	47,663	60,001	76,286
81-85	20,536	34,729	54,812	69,001	87,729
86-90	23,616	39,938	63,034	79,351	100,888
91-95	27,158	45,929	72,489	91,254	116,022
96-100	31,232	52,818	83,363	104,942	133,425

Plan8-1Adult

Age	100,000	200,000	300,000	400,000	500,000
<18	NA	3,280	4,912	6,138	7,239
18-35	2,716	4,039	5,697	7,122	8,025
36-45	2,994	4,619	6,505	8,216	9,060
46-50	4,151	6,622	9,463	12,199	14,466
51-55	4,355	7,129	10,138	12,874	15,243
56-65	5,403	8,932	13,026	17,027	20,353
66-70	6,632	11,170	16,353	22,139	26,606
71-75	9,705	15,631	24,670	31,056	39,486
76-80	11,161	17,975	28,371	35,715	45,408
81-85	12,835	20,672	32,626	41,072	52,220
86-90	14,760	23,773	37,520	47,233	60,053
91-95	16,974	27,338	43,148	54,318	69,060
96-100	19,520	31,439	49,621	62,466	79,420

Note: applicable Service Tax extra. Tax benefits are subject to changes in applicable laws from time to time. The Company may, from time to time and subject to IRDA approval, revise premium rates based on experience

Premium over 100 Yrs of Age: Renewal premium for Insured persons over 100 yrs will be 105% of premium paid for the expiring policy with similar Sum Insured, plan, terms and conditions

For 2 Years Policy: 6 % Discount on two years' premium if Insured person is paying premium for 2 years
For 3 years policy: 12% Discount on three years' premium if Insured person is paying premium for 3 years

Notes:
Examples for calculating Two / Three years premium

a. **Within Same Age Band (2 year Policy):** Proposer Age 33 years opting for Plan 1 (2 Adults) policy with Sum Insured of Rs 2 Lakhs
   Calculation – 5170 X 2 X (100-6) % = Rs 9720 plus Taxes
b. **New Age Band in 2nd Year (3 Year Policy) :** Proposer Age 35 years opting for Basic Plan 1(Self + Spouse) policy with Sum Insured of Rs 2 Lakhs
   Calculation – (5170 + 5912 + 5912) X (100-12) % = Rs 14955 plus Taxes

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

Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur,	
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

Section 41. Of Insurance Act, 1938

Prohibition of Rebates:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person 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.