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

Chola Hospital Cash Healthline (Revision)

CHOHLIP21301V022021

Prospectus

Chola Hospital Cash Healthline is a hospitalisation benefit policy which provides a fixed daily benefit on Hospitalisation of the Insured person.

1. Suitability

Chola MS Hospital Cash Healthline offers you a fixed daily benefit in case of Hospitalisation of more than 24 hours to cover any type of miscellaneous expenses upto a maximum of 20 days / 25 days in a year as per plan opted. In case of hospitalization in the Intensive Care Unit the daily cash benefit stands doubled for the duration of ICU confinement upto a maximum of 20 days / 25 Days as plan selected in a year. Additionally, a lump-sum convalescence benefit will be paid in case of hospitalisation exceeding a continuous period of 20 days.
This policy is available under 6 plans offering different levels of benefits.

2. Applicability

This policy is applicable for you and your dependants (Spouse, Children, Parents, Parents-in-Law and Siblings).

- Any person aged between 90 days and 65 years can take the policy for the first time.
- Upto three children who are aged between 90 days and 19 years.
- 'Children' also include unmarried dependent children above 19 years and up to 26 years and unmarried dependent female children aged less than 36 years, if birth certificate or any other legally acceptable age proof is furnished upon request and confirm that child is not employed and is primarily dependent on the proposer.

The policy can be renewed till lifetime of the insured person.

This policy can be purchased for a policy term of 1 Year / 2 Years / 3 Years. Single premium is collected at the time of purchase of the policy.

Note: This product can also be offered to Homogeneous groups comprising of Individual members and Families

3. Summary of Benefits

Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Hospitalization Cash Benefit - Illness / Accident. (more than 24 hrs hospitalisation)	Rs 1000 per day upto 20 days	Rs 2000 per day upto 20 days	Rs 3000 per day upto 20 days	Rs 1000 per day upto 25 days	Rs 2000 per day upto 25 days	Rs 3000 per day upto 25 days
Hospitalisation Cash Benefit - Intensive Care unit	Twice the limit of Daily Cash Benefit	Twice the limit of Daily Cash Benefit shown above	Twice the limit of Daily Cash Benefit shown above	Twice the limit of Daily Cash Benefit	Twice the limit of Daily Cash Benefit shown above	Twice the limit of Daily Cash Benefit shown above

(more than 24 hrs hospitalisation in ICU)	shown above per day upto 20 days	per day upto 20 days	per day upto 20 days	shown above per day upto 25 days	per day upto 25 days	per day upto 25 days
Convalescence Benefit (Lump sum payment on continuous 20 days of hospitalisation)	Rs 10000	Rs 15000	Rs 20000	Rs 10000	Rs 15000	Rs 20000

Benefits under Hospitalisation Cash or Hospitalisation cash –ICU put together will be paid for a maximum of 20 days per person in a policy year for Plans A / B / C and for a Maximum period of 25 days per person in a policy year for plans D / E / F

The amount shown above which shall be Companys maximum liability per day of admissible normal / ICU Hospitalisation for each Insured Person during the Annual Period (i.e per annum for multi year tenure) within the policy period

Premium collected under this policy would be eligible for Income Tax benefit under Sec 80 D of IT act.

This policy also covers non allopathic treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

4. Pre – Proposal Medical Check up

For proposer & eligible dependants who are below 55 years and with no past history of illness, completed proposal form will be sufficient.

In the event of adverse history of illness medical examination report may be sought.

Where proposers &/eligible dependants are aged above 55 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

PACKAGE 2 - MER+CBC+ECG+CUE+FBS+LFT+RFT
a. MER – Medical Examination Report
b. CBC – Complete blood Count
c. ECG – Electro Cardio Gram
d. CUE – Complete Urine Examination
e. FBS – Fasting Blood Sugar

f. LFT – Liver Function Test
g. RFT – Renal Function Test

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)

Specific Exclusions

i. 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.

Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

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 us for reimbursement. This has to be claimed within 30 days of approval of policy. Any claim beyond 30 days shall be considered, if the delay is because of any genuine reason.

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.

Possibility of Revision of Terms of the policy including the Premium Rates:
The company may revise or modify the terms of the policy including the premium rates with prior approval of the Product Management Committee, of the Company. The insured person shall be notified three months before the changes are effected.

Withdrawal of the Product
a. 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.
b. 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 to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.

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 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 day, 2 years and 4 years waiting periods as per exclusion clause of the Policy wordings..

Cancellation of cover
i. The policyholder may cancel this policy by giving 7 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	
No of Months	% of Premium to be retained	No of Months	% of Premium to be retained	No of Months	% of Premium to be retained
0 to 1	0%	0 to 1	0%	0 to 1	0%
1 to 2	50%	2 to 3	20%	2 to 3	15%
2 to 3	50%	4 to 6	30%	4 to 5	25%
3 to 4	75%	7 to 8	40%	6 to 7	30%
4 to 5	75%	9 to 11	50%	8 to 10	40%
5 to 6	75%	12 to 13	60%	11 to 15	50%

6 to 7	100%	14 to 16	75%	16 to 18	60%
7 to 8	100%	17 to 18	80%	19 to 21	70%
8 to 9	100%	19 to 20	90%	22 to 24	80%
9 to 10	100%	21 to 22	95%	25 to 30	90%
10 to 11	100%	22 to 23	100%	31 to 32	95%
>11	100%	>23	100%	>32	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.

Free Look Period
Every policyholder of new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy and to return the same if not acceptable.

Free Look Period shall not be applicable on renewals or at the time of porting/migrating the policy.

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, where the risk has not commenced or
ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges

Claim Procedure
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 at the earliest 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. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with fully particularised details of the quantum of any claim 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.

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 Insurer shall only make payment to the insured person or nominee whose name is mentioned in the policy schedule.

f. 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 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.

g. Claim submission should be made irrespective of the same being intimated to any indemnity insurer. However the company shall consider the claim as valid if the documents so required are submitted in original or in any of the following mentioned manner.

1. Duly filled & signed claim form.
2. 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).
3. All investigation reports including radiology reports supporting the diagnosis.
4. FIR / MLC copy in case of RTA's cases.
5. AML documents (Proof of Identity with photo, Address proof) for above 1 lac claims.
6. All previous consultation papers pertaining to the present ailment

h. Claim Settlement(Provision for penal interest)

a) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document

b) 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.

i. 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:
Chola MS HELP – Health Claims Department
Chola MS HELP – Health Claims Department
New No.2, Old No. 234,
Parry House, 3rd Floor, N. S. C. Bose Road,
Chennai - 600001.
Customer Care Toll Free No: 1800-208-9100
E-Mail: customercare@cholams.murugappa.com

Nomination

The policyholder is required at the inception of the policy and at the time of renewal to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change

of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

Multiple policies
On occurrence of the insured event, the Insured Person or his Nominee can claim from all Insurers under all policies.

Waiting Periods
1. 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 36 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 norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. 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 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f. List of specific diseases/procedures are as below
    1. Congenital Internal Diseases,
    2. Varicose veins and Varicose Ulcers
    3. Rheumatism and arthritis of any kind

4. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum
5. Stones in the Urinary and Biliary systems
6. Gastric or Duodenal Ulcer
7. Any type of benign Cyst/ Nodules/ Polpys/ Tumours/ Breast Lumps
8. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders
9. Cataract
10. Benign Prostatic Hypertrophy
11. Myomectomy, Hysterectomy unless because of malignancy
12. Dilatation and curettage (D&C)
13. Anal Fistula, Fissure and Piles
14. All types of Hernia
15. Hydrocele
16. Chronic Renal Failure
17. Joint replacement Surgery unless because of accident

3. 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.

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. 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

3. 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**

4. 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**

5. **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**
6. **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**
    i) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12**
    ii) 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**
    iii) **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. **Code – Excl15**
    iv) **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**
    v) **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
7. **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

8. 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
9. 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

10. Hospitalisation, if applicable for the following treatments:
11. Circumcisions (unless necessitated by illness or injury and forming part of treatment)
12. Vaccination or inoculation unless forming a part of post-animal bite treatment
13. Sexually transmitted disease or illness
14. Any external congenital diseases, defects or anomalies
15. Fitting of hearing aids, eyeglasses or contact lenses
16. 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
17. Treatment other than Allopathy and AYUSH.

5. Pricing

Premium for Single Year Tenure:

Age Bands / Plan	**Plan A**	**Plan B**	**Plan C**	**Plan D**	**Plan E**	**Plan F**
90 days to 1 Year	678	1172	1666	604	1153	1699
2 to 5	484	788	1092			
6 to 18	546	909	1273			
19-35	720	1257	1794	828	1558	2247
36-45	744	1304	1864			
46-50	849	1513	2177	1035	1995	2908
51-55	976	1764	2553			
56-60	1213	2236	3258	1980	3828	5672
61-65	1433	2673	3914			
66-70	2158	4114	6069			
71-75	4103	7982	11862	5665	11076	16488
76 - 80	4924	9578	14234	6798	13290	19782
81-85	5908	11494	17081	8158	15948	23738
86-90	7090	13793	20498	9789	19138	28486
91-95	8508	16551	24597	11747	22965	34183
96-100	10210	19862	29516	14096	27558	41020

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 for Two Year Tenure:

Age Bands / Plan	**Plan A**	**Plan B**	**Plan C**	**Plan D**	**Plan E**	**Plan F**
Less than 1 Yr	1275	2203	3132	1136	2166	3194

1 Yr	1092	1842	2593			
2-4 Yrs	910	1481	2053			
5 Yrs	968	1595	2223			
6-17 Yrs	1026	1709	2393			
18 Yrs	1190	2036	2883	1346	2569	3790
19-34 Yrs	1354	2363	3373			
35 Yrs	1376	2407	3439	1557	2972	4386
36-44 Yrs	1399	2452	3504			
45 Yrs	1497	2648	3799	1745	3331	4916
46-49 Yrs	1596	2844	4093			
50 Yrs	1716	3080	4446	1933	3690	5446
51-54 Yrs	1835	3316	4800			
55 Yrs	2058	3760	5462	2838	5447	8056
56-59 Yrs	2280	4204	6125			
60 Yrs	2487	4614	6742			
61-64 Yrs	2694	5025	7358	3743	7204	10665
65 Yrs	3376	6380	9384			
66-69 Yrs	4057	7734	11410			
70 Yrs	5885	11370	16855	7197	14013	20829
71-74 Yrs	7714	15006	22301	10650	20821	30992
75 Yrs	8485	16507	24531	11715	22903	34091
76-79 Yrs	9256	18007	26761	12780	24985	37190
80 Yrs	10182	19808	29437	14058	27484	40909
81-84 Yrs	11108	21609	32113	15336	29982	44628
85 Yrs	12218	23770	35324	16870	32980	49091
86-89 Yrs	13329	25931	38535	18404	35979	53554
90 Yrs	14662	28524	42389	20244	39577	58909
91-94 Yrs	15995	31117	46242	22084	43174	64265
95 Yrs	17595	34228	50867	24293	47492	70691
96-99 Yrs	19194	37340	55491	26501	51809	77118
100 Yrs	19674	38274	56878	27164	53105	79045

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 for Three Year Tenure:

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Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.
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Age Bands / Plan	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Less than 1 Yr	1619	2756	3893	1595	3041	4485
1 Yr	1448	2418	3388			
2-3 Yrs	1278	2080	2883			
4 Yrs	1332	2187	3042			
5 Yrs	1387	2293	3201			
6-16 Yrs	1441	2400	3361			
17 Yrs	1595	2706	3819	1792	3419	5043
18 Yrs	1748	3012	4278	1989	3796	5601
19-33 Yrs	1901	3318	4736	2186	4174	6159
34 Yrs	1922	3360	4798			
35 Yrs	1943	3401	4859			
36-43 Yrs	1964	3443	4921			
44 Yrs	2057	3626	5196	2362	4510	6655
45 Yrs	2149	3810	5472	2538	4846	7152
46-48 Yrs	2241	3994	5747	2714	5182	7648
49 Yrs	2353	4215	6078			
50 Yrs	2465	4436	6409			
51-53 Yrs	2577	4657	6740			
54 Yrs	2785	5072	7360	3561	6827	10091
55 Yrs	2994	5488	7981	4409	8472	12534
56-58 Yrs	3202	5903	8601	5256	10116	14977
59 Yrs	3396	6288	9178			
60 Yrs	3590	6672	9756			
61-63 Yrs	3783	7057	10333			
64 Yrs	4421	8325	12229			
65 Yrs	5059	9593	14126			
66-68 Yrs	5697	10861	16022			
69 Yrs	7409	14265	21120	8489	16490	24491
70 Yrs	9120	17669	26218	11722	22864	34006
71-73 Yrs	10832	21072	31316	14956	29238	43520
74 Yrs	11554	22477	33403	15953	31187	46422
75 Yrs	12276	23882	35491	16950	33136	49323
76-78 Yrs	12998	25287	37579	17947	35086	52224

79 Yrs	13865	26973	40084	19143	37425	55706
80 Yrs	14731	28659	42589	20340	39764	59188
81-83 Yrs	15598	30344	45095	21536	42103	62669
84 Yrs	16638	32367	48101	22972	44910	66847
85 Yrs	17678	34390	51107	24408	47716	71025
86-88 Yrs	18718	36413	54113	25843	50523	75203
89 Yrs	19965	38841	57721	27566	53891	80217
90 Yrs	21213	41268	61329	29289	57260	85230
91-93 Yrs	22461	43696	64936	31012	60628	90244
94 Yrs	23958	46609	69265	33079	64670	96260
95 Yrs	25456	49522	73594	35147	68712	102276
96-98 Yrs	26953	52435	77923	37214	72754	108293
99 Yrs	27403	53309	79222	37835	73966	110098
100 Yrs	28323	55101	81885	39106	76452	113798

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.

Family Discount

In case of two members in a family being covered under the same policy 5% discount may be offered on the total policy premium.

In case of more than two members in a family being covered under the same policy 10% discount may be offered on the total policy premium.

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 9100
E-Mail : customercare@cholams.murugappa.com
Courier : Manager , Customer Care, Chola MS General Insurance Company Limited, Hari Nivas Towers First Floor, #163, Thambu Chetty Street, Parry's Corner, Chennai -600001

Procedure of Grievance Redressal

- Please write to customercare@cholams.murugappa.com to register your complaint.

- In Case of Senior Citizen please write to seniorcitizensupport@cholams.murugappa.com or call our Toll free @ 1800 208 9100 (for Health products)
- On lodging the complaint, a complaint reference number will be provided. An acknowledgement will also be sent with the details of turn around time for resolution and complaint registration details.
- In case you are not happy with the resolution provided or delay of greater than 7 working days, you may follow the below escalation matrix.

Escalation Matrix

- In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer – Nodalescalation@cholams.murugappa.com (Quoting the previous Service request number)
- In case you are still unhappy with the response or have not received a response within 7 working days, you may escalate the same to our Chief Grievance Officer - GRO@cholams.murugappa.com (Quoting the previous Service request number)
- If after having followed the above steps and your issue still remain unresolved, you may approach the Insurance Ombudsman for Redressal. Login to https://www.cioins.co.in/Ombudsman to get details on Insurance Ombudsman Offices.

Office Details	**Jurisdiction of Office**
AHMEDABAD - Shri Kuldip Singh, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU – Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 I 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL- Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203	Madhya Pradesh, Chhattisgarh.

Email: bimalokpal.bhopal@ecoi.co.in	
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI - 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	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.

GUWAHATI- Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD- Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA- Shri P.K. Rath Office of the lnsurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@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, BaIlia, Sidharathnagar.
MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 I 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, ShamIi, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA- Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.

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 Hospital Cash Healthline (Revision)
CHOHLIP21301V022021
Prospectus

PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune- 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Section 41 of Insurance Act, 1938

Section 41 of Insurance Act, 1938 – Prohibition of Rebates:(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person totake or renew or continue an insurance in respect of any kind of risk relating to livesor property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:
(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees..

Insurance is the subject matter of the solicitation.