

## CHOLA MS HOSPITAL CASH BENEFIT INSURANCE POLICY

### POLICY WORDINGS

Whereas the Insured named in the schedule attached hereto has made or caused to be made to Cholamandalam MS General Insurance Company Limited (The Company) a written proposal which is the basis of this contract and is deemed to be incorporated herein and has paid the premium for the insurance specified hereinafter for the period stated in the Schedule.

The company hereby agrees that subject to the definitions, terms, exclusions and conditions contained herein or endorsed or otherwise expressed hereon will pay daily benefit in the event of hospitalization of the insured person due to any illness or accident subject to daily limits shown in the policy schedule.

#### A. PERSONS WHO CAN BE INSURED

This insurance is available to Insured between the age of 3 Months and 65 years at the commencement date of the Policy. This policy also provides cover for family members of insured comprising of the Insured and any one or more of the following:

- Legal Spouse
- Dependent Children
- Dependent Parents

#### B. DEFINITIONS & INTERPRETATIONS

In this Policy the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy

1. **Accident:** An accident is a sudden, unforeseen and involuntary event caused by external and visible
2. **Company/Insurer:** Cholamandalam MS General Insurance Company Limited
3. **Commencement Date:** Commencement date of this Policy shall be the inception date of first health Insurance policy under this Hospital Cash Plan for that Insured Person, insured with Company with out any break in period of cover.
4. **Doctor/Medical Practitioner:** means a person who holds a medical degree from a recognized institution and is currently licensed or registered by Medical Council of the respective State of India so long as he acts within the scope of the license or registration granted to him. The term Medical Practitioner would include Physician, Specialist and Surgeon.
5. **Endorsement:** Endorsement means written evidence of change to the insurance Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by the Company in writing.
6. **Hospitalisation:** means insured's admission for a continuous period of not less than 24 hours into a hospital.
7. **Hospital:** means any institution established for in-patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
  - has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;

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- has qualified nursing staff under its employment round the clock;
  - has qualified medical practitioner (s) in charge round the clock;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out
  - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
8. **Illness:** means a condition affecting the general well being and health of the body or an affliction of the bodily organs, having a defined and recognized pattern of symptoms that first manifests itself in the policy period and which requires treatment by a Doctor. It does not mean any mental illness (a mental or bodily condition marked primarily by sufficient disorganization of personality, mind and emotions to seriously impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.
9. **In-Patient:** An Insured Person who is admitted to Hospital and stays for a minimum period of 24 hours, for the sole purpose of receiving treatment.
10. **Insured:** Insured means:
- a. The persons named in the Schedule whose maximum entry age shall be 65 years for fresh entry into the policy
  - b. The Proposer and Proposer's:
    - i. Legal Spouse.
    - ii. Children aged between 3 Months and 19 years at the commencement of the Policy Period if they are unmarried, still dependant on the Proposer and have not established their own independent households;
    - iii. unmarried dependant children aged between 20 and 26 years at the commencement of the Policy Period if in full or part time education and primarily dependant upon the Proposer for financial support and maintenance;
    - iv. Unmarried dependant female children aged less than 36 years at the commencement of the Policy Period if their principal place of residence is with the Proposer and if they have no cover under any other insurance policy taken in their own name as proposer;
    - v. Any other person who during the Policy Period falls within one of the foregoing categories as long as the details of such person are notified to the Insurer within 30 days of the entitlement having arisen; any documentation or information sought by the Insurer has been provided expeditiously; the Insurer has agreed to the extension of cover, and any additional premium sought by the Insurer has been paid.
    - vi. Dependant Parents - The natural or legally adopted mother and/or father of the Proposer, provided that the Parent is below 65 years of age at initial participation under this Policy; and in the case of legally adopted parents, the legal adoption must have taken place as per relevant Act. This does not include the parents of the spouse of the proposer.
11. **Intensive Care Unit:** 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.
12. **Policy:** Means the proposal, this policy document and the schedule which means the schedule attached as the insurer may amend from time to time.
13. **Policy Period:** means the period between the effective date and the earlier of
- a) The expiry date specified in the schedule

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b) The date of cancellation of this policy by either Insured or Insurer in accordance with general condition E 10) below.

14. **Pre-Existing Disease:** means any condition, ailment or injury or related conditions for which the insured had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 48 months prior to inception of his / her first policy with the insurer.
15. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

#### C. BENEFITS

i) **Hospital Confinement Cash Benefit:**

In the event of hospitalization in India of the Insured Person due to any illness or due to accidental injuries for a consecutive period of more than 24 hrs, a daily benefit based on the plan opted as mentioned in the Schedule of the Policy is payable for a maximum of 20 days during the entire policy period.

In case the hospital confinement is in an Intensive Care Unit for a period of more than 24 hours, the Daily Benefit payable as above shall stand doubled for the period of ICU confinement.

Only one daily benefit is payable for any one day of hospital confinement, regardless of number of the number of sicknesses, or diseases for which the confinement is required.

- ii) **Convalescence Benefit:** For Hospital Confinement in India beyond 20 consecutive days a fixed amount based on the Plan opted as mentioned in the schedule is payable towards convalescence, in addition to the Hospital Confinement benefit. This benefit is payable only once per illness / accident / policy. This benefit is payable only if there is an admissible claim under Hospital Confinement Cash benefit as per benefit C.i) above.

#### D. GENERAL EXCLUSIONS

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

- 1) **Any Pre-Existing Disease:** 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 this insurer.
- 2) Any illness diagnosed or diagnosable within 30 days of the effective date of the policy period if this is the first individual Hospital Cash benefit policy taken by the proposer with the insurer. If the Insured renews the hospital cash benefit policy with the Insurer (Insurer's own renewal or renewal of other General Insurance Company's policy with the insurer without any break), this waiting period of 30 days is not applicable. In case of change of plan on renewal, this exclusion shall apply in relation to the amount by which the daily benefit limit has been increased due to change of plan.
- 3) **First and Second Year Exclusions:**  
Following diseases are excluded during the first and Second year of inception of policy with the Insurer

Illnesses excluded for One year	Illnesses excluded for Two years
Cataract, Benign Prostratic Hypertropy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula, Piles, Sinusitis & related disorders, Gall stones.	Spondillitis, Spondilosis, Knee / Hip joint replacement, heart diseases, Internal congenital diseases , any type of Carcinoma / Sarcoma / Blood Cancer, Osteoarthritis of any joint, Calculus diseases of gall bladder and urogenital, Gastric &

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	duodenal ulcers, Internal Tumours, cysts, nodules, polyps including breast lumps (each of any kind unless malignant), Gout & Rheumatism, ENT disorders & Surgery, Surgery of genito urinary system, Surgery for prolapsed inter vertebral disk, Surgery of varicose veins & varicose ulcers, Surgery on tonsils
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If these diseases are pre-existing at the time of proposal, the same will be considered under the policy as per general exclusion number 1 above.

4. Circumcision unless necessary for the treatment of an illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury.
5. Tubectomy, Vasectomy, sex change or treatment, which result from, or is in any way related to sex change. Hormone replacement therapy.
6. Vaccination, inoculation, cosmetic treatments (including any complications arising out of or howsoever attributable to any cosmetic treatments or the replacement of an existing breast implant); Experimental, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description. The exclusion on vaccination does not include post-bite treatment. Exclusion on cosmetic surgery is not applicable where medically required as part of treatment for cancer, accidents and burns.
- 4) Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires Hospitalisation; is carried out under general anaesthesia and is necessitated by illness or Accidental Bodily Injury
- 5) The treatment of obesity (including morbid obesity) and any other weight control programs, services, or supplies.
- 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 full time, voluntary or paid.
- 7) The use, misuse, or abuse of alcohol, banned substances or narcotic drugs (whether prescribed or not).
- 8) In vitro fertilisation (IVF), gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; any treatment related to infertility or sterilisation.
- 9) HIV AIDS and all related medical conditions.
- 10) All method of medical treatment except allopathic
- 11) Any condition after the point at which it is certified by the attending doctor to be of such a nature that further medical treatment may serve to stabilise or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
- 12) Pregnancy (other than ectopic pregnancy), childbirth and their consequences, including changes in chronic conditions as a result of pregnancy
- 13) Any external congenital diseases, defects or anomalies, genetic disorders; stem cell implantation or surgery.
- 14) War, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law, terrorism or terrorist acts.
- 15) Ionising radiation or contamination by radioactivity from any nuclear waste or from combustion of nuclear fuel or otherwise; or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products.

**E. GENERAL CONDITIONS**

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### **1. Observance of Terms & Conditions**

It is a condition precedent to the Insurer's liability that the Insured Person shall comply in all respects with the terms and conditions of this Policy insofar as they require anything to be done or complied with by the Insured Person / Persons.

### **2. Due Care**

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

### **3. Change of Nature of Job / Address**

The Proposer shall immediately and in any event within 14 days give the Insurer written notice of any change in the nature of job or address of any Insured as stated in the Schedule.

### **4. Procedure for Making a Claim**

If any of the Insured Person under this policy suffers 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 the Insurer's liability that the Policyholder and/or the Primary Insured shall immediately:

- a) Give the insurer notice of a claim at the earliest. Such intimation is required to be given by the insured under this policy separately irrespective of the fact of insured having given any intimation of illness under any other insurance policy either with the same insurer or with any other insurer.
- b) Expeditiously give or arrange for the Insurer to be provided with all documentation as listed below in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer;
  1. Detailed attending physician's report mentioning the past medical and surgical history of the patient with duration and confirming the diagnosis
  2. Discharge Summary
  3. All supporting reports to prove diagnosis (pathological, imaging or any other reports)
  4. First consultation paper
- c) Original copies of the above documents would be returned to the insured after scrutiny of claim and settlement / Rejection

### **5. Authority to Obtain Records**

- a. The Insured person / persons will disclose to the Insurer (or any other person nominated by the Insurer) of any and all medical records and information held by any institution or person from which the Insured person has obtained any medical or other treatment to the extent reasonably required by the Insurer in connection with any claim made under this Policy or the Insurer's liability for it.
- b. The Insurer will preserve the confidentiality of any documentation and information that comes into the possession of either pursuant to 5a) above, and will only use it in connection with any claim made under this Policy or the Insurer's liability for it.

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- c. The Insured or the Named Insured shall expeditiously provide the company with or arrange for the company to be provided with or any and all information or Documentation in respect of the Illness, the claim or the company's liability hereunder that may be requested, and the insured shall submit himself for the examination by the company's medical advisors as often as may be considered necessary by the company. The expenses towards doctors' fees for such medical examination at the time of claim shall be borne by the Insurer.

#### **6. Procedure for submission of a Claim**

1. Within 30 days of the discharge from hospital the Policyholder and/or the Primary Insured shall provide the Insurer with details of the claim to be paid as per the claim form.
2. 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.
3. The Insurer shall only make payment to the insured person or nominee whose name is mentioned in the policy schedule.
4. The Policyholder 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.
5. 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. Duplicate claim documents duly attested by the authorized signatory of the hospital/  
Primary insurer
  2. The insured may collect back originals after the same has been verified by the company.

#### **7. Renewal of Policy**

Renewal of policy would be offered to the insured unless on grounds of moral hazard, misrepresentation, and fraud by the insured and subject to payment of the renewal premium made prior to expiry of the policy. In case there is a delay in premium payment, Insurer shall allow a grace period of 15 days from the date of expiry for renewal of policy with continuity benefits post the expiry of the policy. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy.

If the policy is renewed under a different plan, then coverage for additional benefit limits shall be as if a new policy has been issued for the additional benefit limits. In other words, all policy conditions shall apply to the enhanced limits as if the same is covered under a fresh policy.

The company may from time to time review the premium rates/terms and conditions based on Company's experience. Such revision will be made only with the approval from appropriate authority. At the time of renewal the prevailing premium rates,/ terms and conditions would apply.

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In case the policy was purchased by the insured through any bank or such Institution selling insurance on our behalf, these policies can be renewed either 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 he is otherwise entitled

On renewal from any other Indian insurer's Hospital cash benefit health insurance policy with similar type of covers and daily limits, Continuation of benefits would be ensured for the following.

- a) **Claim free Bonus** : Subject to general condition 8) below
- b) **30 days Waiting Period** : A waiting period of 30 days would be considered to have been served if the Insured Person was insured continuously and without interruption for at least 1 year under another Indian insurer's Hospital cash benefit insurance policy
- c) **First and Second year Exclusions**: If an insured chooses to renew his policy with us, First and second year exclusions would be waived if the insured had spent one and two years respectively with any Indian insurer under a Hospital cash policy with similar benefits and terms, provided the Insured Person was insured continuously and without interruption. In case of difference in coverage between old policy and this policy, then coverage for additional benefit limits shall be as if a new policy has been issued for the additional benefit limits. In other words, all policy conditions shall apply to the enhanced limits as if the same is covered under a fresh policy.
- d) **Pre-existing Conditions**: If an insured chooses to renew his policy with us, pre-existing conditions would be covered if the insured had spent 48 months with any Indian insurer under a Hospital cash policy with similar benefits and terms, provided the Insured Person was insured continuously and without interruption. In case of difference in coverage between old policy and this policy, then coverage for additional benefit limits shall be as if a new policy has been issued for the additional benefit limits. In other words, all policy conditions shall apply to the enhanced limits as if the same is covered under a fresh policy.

#### **8. Claim Free Bonus**

As long as the Proposer renews the Hospital Daily cash Insurance Policy with the Insurer without a break and as long as no claim has been made on the expiring Hospital Daily Cash Insurance Policy, the Insurer will increase the Daily benefit Limit under each subsequent Hospital Daily cash Insurance Policy by 5% of the policy Daily benefit limit. However,

- i. The maximum claim free bonus shall at no time exceed 50% of the Daily Benefit Limit of the expiring policy or such bonus earned in the ten consecutive claim free years, whichever is less;
- ii. In the event of a claim, bonus on the Daily benefit Limit under any subsequent Hospital Daily Cash Insurance Policy shall be reduced by 10% except that the Limit shall not fall below 100% of the daily cash Limit applicable for the Plan

This claim free bonus clause shall have no effect on the coverage towards convalescence benefit coverage under the policy.

#### **9. Cancellation of cover**

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

The Insured may also cancel the policy at any time in which event The Insurer shall be entitled to premium at Short Period Scale for the period during which the policy was in force from the effective Date till the date of cancellation by the Insured. Any excess premium available with the Company after adjustment at Short Period Scale as provided herein below shall be refunded to the Insured except for those Insured Person(s) for whom no claim has been paid or is payable in the current policy.

Period on Risk	Premium Retained by Insured
Up to 1 month	25%
Up to 3 months	50%
Upto 6 months	75%
6 months and over	100%

#### **10. Geographical Area**

The cover granted under this insurance is valid for hospitalization within India only.

#### **11. Notification**

1. Any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as respectively specified in the Schedule.
2. Any and all notices and declarations for the attention of any or all of the Insured Person shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

#### **12. 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 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 the Indian Courts.

#### **13. Fraud**

If the Insured Person and or the Policyholder shall make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or This Policy shall be void in relation to that Insured Person, all claims or payments due shall be forfeited and all payments made shall be repaid by that Policyholder in full by the Policyholder who shall be jointly and severally liable for the same.

#### **14. Governing Law**



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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.

### 15. Entire Contract

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

### 16. Disclaimer

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 3 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.

### 17. Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

### 18. Contribution and subrogation

These are not applicable for this policy since this is a pure benefit payout policy.

### 19. Redressal of Grievance

#### Mechanism for Grievance Redressal:-

As an esteemed customer of our company, you can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the insurance policy issued to you. The contact details of our office are given below for your reference.

Cholamandalam MS General Insurance Company

Customer services

Address: H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600001.

Toll free: 1800 200 5544

SMS: "CHOLA" to 56677\* (premium SMS charges apply)

E-MAIL: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com)

WEBSITE: [www.cholainsurance.com](http://www.cholainsurance.com)

If you have not received any reply from us within one month from the date of the lodgment of complaint or if you are not satisfied with the reply of the Company, you can also contact the nearest Insurance Ombudsman, whose addresses are mentioned below:

Sl. No	Office of the Ombudsman	Name of the Ombudsman and Contact Details	Areas of Jurisdiction
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1	AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Ph(O) 079-27546150, 27546139 Fax: 079-27546142 E-mail: <a href="mailto:insombahd@rediffmail.com">insombahd@rediffmail.com</a>	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
2	BHOPAL	Office of the Insurance Ombudsman 1st Floor, 117, Zone-II, Above D.M. Motors Pvt. Ltd. Maharana Pratap Nagar, Chhattisgarh BHOPAL - 462 011 Ph(O): 0755-2769200, 2769202, 2769201 Fax: 0755-2769203 E-mail: <a href="mailto:bimalokpalbhopal@airtelbroadband.in">bimalokpalbhopal@airtelbroadband.in</a>	Madhya Pradesh & Chhattisgarh
3	BHUBANESWAR	Office of the Insurance Ombudsman 62 Forest Park BHUBANESHWAR - 751009 Ph (0): 0674-2535220, 2533798 Fax: 0674-2531607 E-mail: <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>	Orissa
4	CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017 (0) 0172-2706196, 2705861 EPBX: 0172-2706468 Fax: 0172-2708274 E-mail: <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5	CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Flr., No 453(old no 312 ), Anna Salai, Teynampet, CHENNAI -600 018 (0) 044-24333678, 24333668 Fax: 044-24333664 E-mail: <a href="mailto:insombud@md4.vsnl.net.in">insombud@md4.vsnl.net.in</a>	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
6	DELHI	Office of the Insurance Ombudsman 2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002 (0) 011-23239611, 23237539, 23237532 Fax: 011-23230858 E-mail : <a href="mailto:jobdelraj@rediffmail.com">jobdelraj@rediffmail.com</a>	Delhi & Rajasthan
7	GUWAHATI	Office of the Insurance Ombudsman Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (0) 0361-2413525, EPBX: 0361-2415430 Arunachal Pradesh, Fax: 0361-2414051 E-mail: <a href="mailto:omb_ghy@sify.com">omb_ghy@sify.com</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura

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8	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. (0) 040-23325325, 23312122, 65504123 Fax: 040-23376599 E-mail: <a href="mailto:hyd2_insombud@sancharnet.in">hyd2_insombud@sancharnet.in</a>	Andhra Pradesh Karnataka and UT of Yanam - a part of the UT of Pondicherry
9	KOCHI	Office of the Insurance Ombudsman 2nd Fir., CC 27/ 2603 Pulinat Building Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 (0) 0484-2358734, 2359338, 2358759 Fax: 0484-2359336 E-mail: <a href="mailto:ombudsmankochi@yahoo.co.in">ombudsmankochi@yahoo.co.in</a>	Kerala, UT of (a) Lakshadweep, (b) Mahe - a Part of UT of Pondicherry
10	KOLKATA	Office of the Insurance Ombudsman North British Bldg. 29, N. S. Road, 3rd Fir., KOLKATA - 700 001. (0) 033-22134869, 22134867, 22134866 Fax: 033-22134868 E-mail : <a href="mailto:iombkol@vsnl.net">iombkol@vsnl.net</a>	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
11	LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (0) 0522-2201188, 2231330, 2231331 Fax: 0522-2231310 E-mail: <a href="mailto:ioblko@sancharnet.in">ioblko@sancharnet.in</a>	Uttar Pradesh and Uttaranchal
12	MUMBAI	Office of the Insurance Ombudsman 3rd Flr., Jeevan Seva Annexe, S.v. Road, Santa Cruz (W) MUMBAI - 400 054 022-26106928, 26106360 EPBX: 022-6106889 Fax: 022-26106052 Email: <a href="mailto:ombudsman@vsnl.net">ombudsman@vsnl.net</a>	Maharashtra, Goa

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**F. SCHEDULE OF BENEFITS**

<b>Benefits</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
Illness / Accident Hospital Confinement Max 20 days (more than 24 hrs hospitalisation)	Rs 1000 per day	Rs 2000 per day	Rs 3000 per day
Intensive Care Benefit (more than 24 hrs hospitalisation in ICU)	Twice the limit of Hospital cash shown above	Twice the limit of Hospital cash shown above	Twice the limit of Hospital cash shown above
Convalescence Benefit (Lump sum payment on continuous 20 days of hospitalisation )	Rs 10000	Rs 15000	Rs 20000
No Claim Bonus	5 % increase in per day Hospital Confinement limit (Not applicable for Convalescence benefit) every claim free year upto 50%	5 % increase in per day Hospital Confinement limit (Not applicable for Convalescence benefit) every claim free year upto 50%	5 % increase in per day Hospital Confinement limit (Not applicable for Convalescence benefit) every claim free year upto 50%
Continuity benefits	30 days waiting period waived if holding any Hospital cash Insurance policy for the last 12 months with out break	30 days waiting period waived if holding any Hospital cash Insurance policy for the last 12 months with out break	30 days waiting period waived if holding any Hospital cash Insurance policy for the last 12 months with out break
Family discount	5% on total premium for every additional insured upto 10%	5% on total premium for every additional insured upto 10%	5% on total premium for every additional insured upto 10%