Date: 19-Apr-2022

Group Health Coverage Summary

To,
Chola MS HELP,
Chennai,

Ref: Policy details pertaining to VENUS REMEDIES LTD..,

This is to inform you that a Group Health Policy (2825/00106897/000/01) has been issued to VENUS REMEDIES LTD.., by M/s. Cholamandalam MS General Insurance Company Ltd.

COVERAGE :		
1.	CORPORATE NAME	VENUS REMEDIES LTD
2.	POLICY NO	2825/00106897/000/01
3.	POLICY START DATE	22-Apr-2022
4.	POLICY END DATE	21-Apr-2023
5.	NO OF EMPLOYEES	614 Self Members
6.	DESCRIPTION OF FAMILY	Employees Only
7.	LAST YEAR POLICY NO (IF RENEWED WITH CMSGIL)	2825/00106897/000/00
8.	POLICY PREMIUM	Rs. 826,000/-
9.	FLOATER SUM INSURED	N/A
10.	INDIVIDUAL SUM INSURED	Rs. 100,000/-
BENEFITS :		
9.	MATERNITY SUB LIMIT	N/A
10.	NORMAL	N/A
11.	CAESARIAN	N/A
12.	PRE AND POSTNATAL SUBLIMITS	N/A
13.	OPD	N/A
14.	AYURVEDIC	N/A
15.	BABY DAY ONE COVERED/NOT AND BABY SUB LIMITS	N/A
16.	AMBULANCE	Emergency Road Ambulance - Rs. 1,000/- per hospitalization.
POLICY RESTRICTIONS :		
(A)	CORPORATE BUFFER	N/A
(B)	ELIGIBILITY	N/A
(C)	DEPENDENT/PARENT SUBLIMIT	N/A
(D)	DISEASE CAPS	N/A
(E)	DAY CARE /NON NETWORK	Non network co-payment = Nil
(F)	ROOM RENT CAPS	No Capping
(G)	ROOM RENT TYPES	N/A
(H)	OTHER ROOM RENT LIMITS	N/A
(I)	PRE/POST HOSPITALISATION	Pre/post hospitalisation for 30/60 days respectively

CO PAYS	**DEPENDENTS**	**NON-NETWORK**	**PARENTS**	**CLAIMS**	**Others**
YES / NO	NO	NO	NO	NO	NO

As regards the Pre-existing medical conditions, First years exclusions & 30 day waiting period, & Maternity Waiting, the claims shall be payable as follows:

(to be filled as offered)	Existing Employees (EE)	Dependents of EE	Future Employees (FE)	Dependents of FE
PE	Waived	Not Covered	Waived	Not Covered
1st year exclusions	Waived	Not Covered	Waived	Not Covered
30 day waiting period	Waived	Not Covered	Waived	Not Covered
9 months waiting period	Not Waived	Not Covered	Not Waived	Not Covered

Enclosures

☐ Policy Schedule	☐ Schedule of Benefit	☐ List of Day care Procedures
☐ Policy Wordings	☐ Employee details (soft copy to be given in specified format)	
☐ Any other. Please specify		

Signature
HO, Underwriter,
CMSGICL