



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office : No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044 - 28288800

Corporate Office : No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4788 6666

Email : support@starhealth.in | Website : www.starhealth.in | CIN : L66010TN2005PLC056649 | IRDAI Regn. No. : 129

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Kind Attention: Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

Sl. No	Title	Description	Refer to Policy Clause Number
1	Name of Insurance Product / Policy	Senior Citizens Red Carpet Health Insurance Policy Unique Identification No: SHAHLIP25027V072425	-
2	Policy number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Indemnity	-
4	Sum Insured (Basis)	Refer Policy Schedule attached with this document	-
5	Policy Coverage (What the policy covers)	Expenses in respect of:	2(A, B, C & D)
		1. In-patient Treatment: Admission in Hospital beyond 24 hrs	
		2. Emergency Ambulance: Expenses incurred for transporting the insured person to the hospital upto the specified limits as per the policy schedule	2(E)
		3. Pre-Hospitalisation: Medical Expenses incurred up to 30 days prior to the date of hospitalisation	2(F)
		4. Post-Hospitalisation: 7% of the hospitalisation expenses incurred upto the limits specified in the policy schedule	2(G)
		5. Out Patient Consultations upto the limits mentioned in the policy schedule with a limit of Rs.200/- per consultation	2(H)

		6. Cost of Health Check-up: Expenses incurred for health check up upto the limits mentioned in the policy schedule.	2(I)
		7. Coverage for Specific diseases: Up to specified limits (on individual and floater basis)	2(J)
		8. Modern Treatment: Covered up to specified limits (on individual and floater basis)	2(K)
		9. AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment	2(L)
		10. Compassionate travel: The Company will reimburse the transportation expenses by air transportation incurred upto Rs.10,000/- for one immediate family member (other than the travel companion) for travel towards the place where hospital is located	2(N)
		11. Repatriation of Mortal remains: Following an admissible claim for hospitalization under the policy, the Company shall reimburse up to Rs.10,000/- towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy	2(O)
		12. Second Medical Opinion: The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners	2(P)

6	Exclusions (What the policy does not cover)	1. Investigation & Evaluation	Excl 04	
		2. Rest Cure, rehabilitation and respite care	Excl 05	
		3. Obesity/ Weight Control	Excl 06	
		4. Change-of-Gender treatments	Excl 07	
		5. Cosmetic or plastic Surgery	Excl 08	
		6. Hazardous or Adventure sports	Excl 09	
		7. Breach of law	Excl 10	
		8. Excluded Providers	Excl 11	
		9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof	Excl 12	
		10. 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	Excl 13	
		11. 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 hospitalization claim or day care procedure	Excl 14	
		12. Refractive Error	Excl 15	
		13. Unproven Treatments	Excl 16	
		14. Sterility and Infertility	Excl 17	
		15. Maternity	Excl 18	
		Specific Exclusions		
		16. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA	Excl 19	
		17. Congenital External Condition / Defects / Anomalies	Excl 20	
		18. Convalescence, general debility, run-down condition, Nutritional deficiency states	Excl 21	
		19. Intentional self -injury	Excl 22	
20. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)	Excl 24			

- 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;
1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast
 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
 4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident)
 5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi.
 6. All types of Hernia
 7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula
 8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
 9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies
 10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele
 11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence

Emergency ambulance: Limit per hospitalization and Limit per policy period is mentioned below

Sum Insured (Rs)	Limit per hospitalization (Rs.)	Limit per policy period (Rs.)
1,00,000/- to 4,00,000/-	600/-	1,200/-
5,00,000/- to 10,00,000/-	1,000/-	2,000/-
15,00,000/- to 25,00,000/-	1,500/-	3,000/-

2(E)

Post-Hospitalization: 7% of the hospitalization expenses comprising of Nursing Charges, Surgeon / Consultant fees, Diagnostic charges, Medicines and drugs expenses

Sum Insured (Rs.)	Limits per occurrence (Rs.)
1,00,000/- to 7,50,000/-	5,000/-
10,00,000/- and 15,00,000/-	7,000/-
20,00,000/- and 25,00,000/-	10,000/-

2(G)

Expenses on Medical Consultations as an Out Patient: Incurred in a Network Hospital up to the limits mentioned in the table below

Sum Insured (Rs.)	Limit per person per policy period for policy with Sum Insured on Individual Basis (Rs.)	For Policy with Sum Insured on Floater Basis (Rs.)	
1,00,000/-	Not Available	Not Available	
2,00,000/-			
3,00,000/-	600/-		
4,00,000/-	800/-		
5,00,000/-	1,000/-		
7,50,000/-	1,200/-		
10,00,000/-	1,400/-	1,400/-	2,400/-
15,00,000/-	1,800/-	1,800/-	3,000/-
20,00,000/-	2,200/-	2,200/-	3,800/-
25,00,000/-	2,600/-	2,600/-	4,400/-

2(H)

Cost of Health Checkup: Expenses incurred towards cost of health check-up up to the limits mentioned in the table given below

Sum Insured (Rs.)	Limit per person per policy period for policy with Sum Insured on Individual Basis (Rs.)	For Policy with Sum Insured on Floater Basis	
		Limit Per Person (Rs.)	Limit per policy period (Rs.)
5,00,000/- and 7,50,000/-	1,000	NA	
10,00,000/-and 15,00,000/-	2,000	2,000	3,500
20,00,000/-and 25,00,000/-	2,500	2,500	4,500

2(I)

Specific Diseases: Expenses payable during the entire policy period is limited to the amount mentioned in table below:

Sum Insured (Rs.)	Cataract	Cerebro Vascular Accident, Cardio Vascular Diseases, Cancer (including Chemotherapy/ Radiotherapy) Medical Renal Diseases (including Dialysis) Treatment of Breakage of Long Bones	All other major surgeries
1,00,000/-	15,000/-	75,000/-	60,000/-
2,00,000/-	15,000/-	1,50,000/-	1,20,000/-
3,00,000/-	18,000/-	2,00,000/-	1,50,000/-
4,00,000/-	20,000/-	2,25,000/-	2,00,000/-
5,00,000/-	21,500/-	2,75,000/-	2,25,000/-
7,50,000/-	23,000/-	3,00,000/-	2,50,000/-
10,00,000/-	25,000/-	3,50,000/-	2,75,000/-
15,00,000/-	30,000/-	4,00,000/-	3,00,000/-
20,00,000/-	35,000/-	4,50,000/-	3,25,000/-
25,00,000/-	40,000/-	5,00,000/-	3,50,000/-

2(J)

For Policy with Sum Insured on Floater Basis

Sum Insured (Rs.)	Cataract		Cerebrovascular Accident, Cardiovascular Diseases, Cancer (Including Chemotherapy / Radiotherapy) Medical Renal Diseases (Including Dialysis) Treatment of Breakage of Long Bones		All other major surgeries	
	Limit per person	Limit per policy period	Limit per person	Limit per policy period	Limit per person	Limit per policy period
10,00,000	25,000	45,000	3,50,000	6,00,000	2,75,000	4,50,000
15,00,000	30,000	50,000	4,00,000	7,00,000	3,00,000	5,00,000
20,00,000	35,000	60,000	4,50,000	7,50,000	3,25,000	5,50,000
25,00,000	40,000	70,000	5,00,000	8,50,000	3,50,000	6,00,000

Coverage for Modern Treatments: Limited to the amount mentioned in table below

On Individual Basis: Limit per person per policy period (Rs.)			
Sum Insured (Rs.)	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation
	Limits in (Rs.)		
1,00,000	60,000	60,000	60,000
2,00,000	1,20,000	1,20,000	1,20,000
3,00,000	1,50,000	1,50,000	1,50,000
4,00,000	2,00,000	2,00,000	2,00,000
5,00,000	2,25,000	2,25,000	2,25,000
7,50,000	2,50,000	2,50,000	2,50,000
10,00,000	2,75,000	2,75,000	2,75,000
15,00,000	3,00,000	3,00,000	3,00,000
20,00,000	3,25,000	3,25,000	3,25,000
25,00,000	3,50,000	3,50,000	3,50,000

2(K)

On Individual Basis: Limit per person per policy period (Rs.)

Sum Insured (Rs.)	Oral Chemotherapy* (Sublimits including Pre & Post Hospitalisation)	Immunotherapy- Monoclonal Antibody to be given as injection	Intra Vitreal injection
1,00,000	75,000	75,000	10,000
2,00,000	1,50,000	1,50,000	15,000
3,00,000	2,00,000	2,00,000	20,000
4,00,000	2,25,000	2,25,000	25,000
5,00,000	2,75,000	2,75,000	30,000
7,50,000	3,00,000	3,00,000	40,000
10,00,000	3,50,000	3,50,000	50,000
15,00,000	4,00,000	4,00,000	60,000
20,00,000	4,50,000	4,50,000	75,000
25,00,000	5,00,000	5,00,000	1,00,000

*Sublimits all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalizations.

On Individual Basis: Limit per person per policy period (Rs.)

Sum Insured (Rs.)	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty
1,00,000	60,000	60,000	60,000
2,00,000	1,20,000	1,20,000	1,20,000
3,00,000	1,50,000	1,50,000	1,50,000
4,00,000	2,00,000	2,00,000	2,00,000
5,00,000	2,25,000	2,25,000	2,25,000
7,50,000	2,50,000	2,50,000	2,50,000
10,00,000	2,75,000	2,75,000	2,75,000
15,00,000	3,00,000	3,00,000	3,00,000
20,00,000	3,25,000	3,25,000	3,25,000
25,00,000	3,50,000	3,50,000	3,50,000

On Individual Basis: Limit per person per policy period (Rs.)

Sum Insured (Rs.)	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
1,00,000	60,000	60,000	75,000
2,00,000	1,20,000	1,20,000	1,50,000
3,00,000	1,50,000	1,50,000	2,00,000
4,00,000	2,00,000	2,00,000	2,25,000
5,00,000	2,25,000	2,25,000	2,75,000
7,50,000	2,50,000	2,50,000	3,00,000
10,00,000	2,75,000	2,75,000	3,50,000
15,00,000	3,00,000	3,00,000	4,00,000
20,00,000	3,25,000	3,25,000	4,50,000
25,00,000	3,50,000	3,50,000	5,00,000

On Floater Basis

Sum Insured (Rs.)	Uterine artery Embolization and HIFU		Balloon Sinuplasty	
	Limit Per Person	Limit Per Policy Period	Limit Per Person	Limit Per Policy Period
10,00,000	2,75,000	4,50,000	2,75,000	4,50,000
15,00,000	3,00,000	5,00,000	3,00,000	5,00,000
20,00,000	3,25,000	5,50,000	3,25,000	5,50,000
25,00,000	3,50,000	6,00,000	3,50,000	6,00,000

On Floater Basis

Sum Insured (Rs.)	Deep Brain Stimulation		Oral Chemotherapy* (Sublimits including Pre & Post Hospitalisation)	
	Limit Per Person	Limit Per Policy Period	Limit Per Person	Limit Per Policy Period
10,00,000	2,75,000	4,50,000	3,50,000	6,00,000
15,00,000	3,00,000	5,00,000	4,00,000	7,00,000
20,00,000	3,25,000	5,50,000	4,50,000	7,50,000
25,00,000	3,50,000	6,00,000	5,00,000	8,50,000

*Sublimits all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalizations.

On Floater Basis			
Sum Insured (Rs.)	Immunotherapy- Monoclonal Antibody to be given as injection		Intra Vitreal injection
	Limit Per Person	Limit Per Policy Period	
10,00,000	3,50,000	6,00,000	50,000
15,00,000	4,00,000	7,00,000	60,000
20,00,000	4,50,000	7,50,000	75,000
25,00,000	5,00,000	8,50,000	1,00,000

On Floater Basis				
Sum Insured (Rs.)	Robotic surgeries		Stereotactic radio surgeries	
	Limit Per Person	Limit Per Policy Period	Limit Per Person	Limit Per Policy Period
10,00,000	2,75,000	4,50,000	2,75,000	4,50,000
15,00,000	3,00,000	5,00,000	3,00,000	5,00,000
20,00,000	3,25,000	5,50,000	3,25,000	5,50,000
25,00,000	3,50,000	6,00,000	3,50,000	6,00,000

On Floater Basis				
Sum Insured (Rs.)	Bronchical Thermoplasty		Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	
	Limit Per Person	Limit Per Policy Period	Limit Per Person	Limit Per Policy Period
10,00,000	2,75,000	4,50,000	2,75,000	4,50,000
15,00,000	3,00,000	5,00,000	3,00,000	5,00,000
20,00,000	3,25,000	5,50,000	3,25,000	5,50,000
25,00,000	3,50,000	6,00,000	3,50,000	6,00,000

On Floater Basis				
Sum Insured (Rs.)	IONM-(Intra Operative Neuro Monitoring)		Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	
	Limit Per Person	Limit Per Policy Period	Limit Per Person	Limit Per Policy Period
10,00,000	2,75,000	4,50,000	3,50,000	6,00,000
15,00,000	3,00,000	5,00,000	4,00,000	7,00,000
20,00,000	3,25,000	5,50,000	4,50,000	7,50,000
25,00,000	3,50,000	6,00,000	5,00,000	8,50,000

	ii) Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policy holder / insured)	30% for all claims	2(M)
	iii) Deductible (It is a specified amount:	NIL	
	iv) Any other limit (as applicable)	NIL	
9	Claims / Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization</p> <p>For Cashless Treatment:</p> <ol style="list-style-type: none"> For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044- 40020888 Inform the ID number for easy reference On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits In case of emergency hospitalization information to be given within 24 hours after hospitalization Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch 	4(2) (B), (C), & (D)

- j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim.

For Reimbursement claims

Notification of Claim: Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.

Time limit for submission:

Sl.No	Type of Claim	Prescribed Time Limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	Claim for post hospitalisation expenses are to be made within 15 days after discharge from the hospital

(Refer policy clause for the complete list of documents)

- i. TAT for preauthorization of cashless facility: Within 1 hr from the time of receipt of all necessary relevant documents
https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf
- ii. TAT for cashless final bill authorization: Within 3 hrs from the time of receipt of all necessary relevant documents

The details/web link for following:

- i. **Network Hospital details:** <https://www.starhealth.in/lookup/hospital/>
- ii. **Helpline number:** For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888
- iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: <https://www.starhealth.in/lookup/hospital/#excluded-hospital>
- iv. **Downloading/getting claim form:**
For Cashless (Pre-Authorization Form)
https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf
For Reimbursement
<https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf>

10	Policy servicing	<p>Details of the Company Official: Assistant General Manager – Customer Care Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens: 044-69007500 e-mail: support@starhealth.in</p>	4(28)
11	Grievances/ Complaints	<p>Details of Grievance Redressal Officer of the Insurer: Grievance Redressal Officer, Corporate Grievance Department, 4th Floor, Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai- 600014 (Land mark: In the lane next to Satyam Theatre Parking Area) Ph. No: 044-69006900 Toll Free No. 1800 425 2255 Senior Citizens - 044- 6900 7500 Mail ID:- gro@starhealth.in grievances@starhealth.in. https://www.starhealth.in/grievance-redressal</p> <p>If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600.</p> <p>For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	4(15)
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page no 9
12	Things to remember	<p>Free Look cancellation: 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.</p> <p>The insured person shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to</p> <ol style="list-style-type: none"> a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person 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 where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period 	4(14)

		<p>Policy renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.</p> <ul style="list-style-type: none"> i) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. ii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iii) 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. iv) Coverage is not available during the grace period. v) No loading shall apply on renewals based on individual claims experience 	4(9)
		<p>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.</p>	4(7)
		<p>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 30 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.</p>	4(8)

		<p>Change in Sum Insured: Reduction or enhancement of sum insured is permissible only at the time of renewal.</p> <p>Enhancement of sum insured is subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of additional sum insured including the respective sub-limits by way of such enhancement shall be subject to the following terms.</p> <p>Exclusions under shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased sum insured;</p> <ul style="list-style-type: none"> i) First 30 days as under Exclusion - Code Excl03 ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion -Code Excl02 iii) 12 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined under Exclusion -Code Excl 01 iv) 24 months of continuous coverage without break (with grace period) in respect of Pre-Existing Diseases which fall under Exclusion - Code Excl 02 v) 12 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods <p>The above applies to each relevant insured person.</p>	4(25)
		<p>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.</p>	4(11)
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder</p> <p>Please disclose the medical history details sought in the proposal form.</p>	4(1)

Benefit Illustration in respect of policies offered on individual and family floater basis Senior Citizens Red Carpet Health Insurance Policy (Gross premium excluding GST)										
Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
Illustration 1										
68	25,030	10,00,000	25,030	Nil	25,030	10,00,000	50,060	10,010	40,050	10,00,000
61	25,030	10,00,000	25,030		25,030	10,00,000				
Total Premium for all members of the family is Rs.50,060/- , when each member is covered separately. Sum insured available for each individual is Rs.10,00,000/-										
Total Premium for all members of the family is Rs.50,060/- , when they are covered under a single policy. Sum insured available for each family member is Rs.10,00,000/-										
Illustration 2										
68	36,080	25,00,000	36,080	Nil	36,080	25,00,000	72,160	14,430	57,730	25,00,000
61	36,080	25,00,000	36,080		36,080	25,00,000				
Total Premium for all members of the family is Rs.72,160/- , when they are covered under a single policy. Sum insured available for each family member is Rs.25,00,000/-										
Total Premium for all members of the family is Rs.72,160/- , when they are covered under a single policy. Sum insured available for each family member is Rs.25,00,000/-										
Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.										
A-Adult										

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

- i. <https://www.starhealth.in/downloads/>
- ii. In case of any conflict, the term and conditions mentioned in the policy document shall prevail.
- iii. Kindly mail us at cisacknowledgement@starhealth.in or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet"

