



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	Star Cancer Care Platinum Insurance Policy UIN: SHAHLIP22031V022122	-
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Both Indemnity and Benefit	-
4	Sum Insured	Refer Policy Schedule attached with this document	-
5.	Policy Coverage (What the policy covers)	Section I: Indemnity Cover (Applicable for treatment of Cancer and Non Cancer):	
		Expenses in respect of:	
		1. In-patient Treatment: Admission in Hospital beyond 24 hours	B(a,b,c)
		2. Emergency Road Ambulance: Expenses incurred for transportation of the insured person by private ambulance service to go to the hospital for treatment	B(d)
		3. Pre hospitalization: Medical Expenses incurred up to 30 days prior to the date of hospitalization	B(e)

		4. Post-Hospitalization: Medical Expenses incurred up to 60 days from the date of discharge from the hospital not exceeding 2% of the basic sum insured per hospitalization	B(f)
		5. All Day Care Procedures are covered	B(g)
		6. Cataract: Expenses incurred on treatment of cataract are payable up to the specified limits	B(h)
		7. Medical Second Opinion: The Insured Person is given the facility of obtaining a "Medical Second Opinion" from the Company's expert panel	B(j)
		8. Wellness Service: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.	B(k)
		9. Rehabilitation and Pain Management: The company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 10% of the basic sum insured whichever is less, per policy year	B(l)
		10. Coverage for Modern Treatments payable up to the specified limits	B(m)
		11. AYUSH Treatment: Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.	B(n)
		12. network providers on indemnity basis, payable once in life time	B(o)
		13. Cost of Health Checkup: Expenses incurred towards Cost of Health check-up up to Rs.2,500/- for every claim free year	B(i)
		Section II	
		Lumpsum Cover for Cancer (Optional Cover Available only if specifically opted on payment of additional premium)	
		If during the period stated in the Schedule the insured person suffers a recurrence, metastasis, and / or a second malignancy unrelated to first cancer, then the Company will pay a lump sum amount stated in the policy schedule. This benefit is in addition to the sum insured of Indemnity cover under Section I.	B
6	Exclusions (What the policy does not cover)	Standard Exclusion	
		1. Investigation & Evaluation - Code Excl 04	D(4)
		2. Rest Cure, rehabilitation (except to the extent covered under Section I (l)) and respite care - Code Excl 05	D(5)
		3. Obesity/ Weight Control - Code Excl 06	D(6)
		4. Change-of-Gender treatments - Code Excl 07	D(7)
		5. Cosmetic or plastic Surgery - Code Excl 08	D(8)
		6. Hazardous or Adventure sports - Code Excl 09	D(9)
		7. Breach of law - Code Excl 10	D(10)

		8. Excluded Providers - Code Excl 11	D(11)
		9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof – Code Excl 12	D(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 - Code Excl 13	D(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 - Code Excl 14	D(14)
		12. Refractive Error - Code Excl 15	D(15)
		13. Unproven Treatments - Code Excl 16	D(16)
		14. Sterility and Infertility - Code Excl 17	D(17)
		15. Maternity - Code Excl 18	D(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 - Code Excl 19	D(19)
		17. Congenital External Condition / Defects / Anomalies - Code Excl 20	D(20)
		18. Convalescence, general debility, run-down condition, Nutritional deficiency states - Code Excl 21	D(21)
		19. Intentional self -injury - Code Excl 22	D(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) - Code Excl 24	D(23)
		21. Injury or disease caused by or contributed to by nuclear weapons/ materials - Code Excl 25	D(24)
		22. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies - Code Excl 26	D(25)
		23. Unconventional, Untested, Experimental therapies - Code Excl 27	D(26)
		24. Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - Code Excl 28	D(27)
		25. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - Code Excl 29	D(28)

		26. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - Code Excl 31	D(29)
		27. Hospital registration charges, admission charges, telephone charges and such other charges - Code Excl 34	D (30)
		28. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Cochlear implants and procedure related hospitalization expenses, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - Code Excl 35	D (31)
		29. Any hospitalizations which are not Medically Necessary - Code Excl 36	D (32)
		30. Other Excluded Expenses as detailed in the website www.starhealth.in- Code Excl 37	D (33)
		31. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent)-Code- Excl 38	D (34)
7	<p>Waiting Period:</p> <ul style="list-style-type: none"> • Time period during which specified diseases / treatments are not covered • It is counted from the beginning of the policy coverage 	<p>30-day waiting period - Code Excl 03:</p> <p>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.</p> <p>B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.</p> <p>C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</p>	D(3)
		<p>Specified disease / procedure waiting period - Code Excl 02:</p> <p>A. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 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.</p> <p>B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>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.</p> <p>D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>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.</p>	D(2)

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
12. Varicose veins and Varicose ulcers
13. All types of transplant and related surgeries
14. Congenital Internal disease / defect

		<p>Pre-Existing Diseases - Code Excl 01:</p> <p>A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry 30 months of continuous coverage after the date of inception of the first policy with insurer.</p> <p>B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>C. 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.</p> <p>D. Coverage under the policy after the expiry of 30 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.</p>	D (1)									
8	<p>Financial limits of coverage i) Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>Section I Indemnity Cover (Applicable for treatment of Cancer and Non Cancer)</p>	B									
		<p>Room (Single Standard A/c), Boarding, Nursing expenses as provided by the Hospital / Nursing Home</p>	B(a)									
		<p>Cataract treatment: The company will pay the expenses incurred for treatment of cataract up to the limits mentioned below,</p> <table border="1" data-bbox="505 1194 1342 1547"> <thead> <tr> <th>Basic Sum Insured (Rs.)</th> <th>Limit of Cataract Surgery (Rs.)</th> </tr> </thead> <tbody> <tr> <td>5,00,000/-</td> <td>30,000/- per eye per person and not exceeding 40,000/- per person per policy period</td> </tr> <tr> <td>7,50,000/- and 10,00,000/-</td> <td>40,000/- per eye per person and not exceeding 60,000/- per person per policy period</td> </tr> </tbody> </table>	Basic Sum Insured (Rs.)	Limit of Cataract Surgery (Rs.)	5,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per person per policy period	7,50,000/- and 10,00,000/-	40,000/- per eye per person and not exceeding 60,000/- per person per policy period	B (h)			
		Basic Sum Insured (Rs.)	Limit of Cataract Surgery (Rs.)									
5,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per person per policy period											
7,50,000/- and 10,00,000/-	40,000/- per eye per person and not exceeding 60,000/- per person per policy period											
<p>Rehabilitation and Pain Management: The company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit mentioned below (or) maximum up to 10% of the basic sum insured whichever is less, per policy year.</p> <table border="1" data-bbox="505 1782 1342 2173"> <thead> <tr> <th rowspan="2"></th> <th>Subject - Pain Management Cover</th> <th colspan="2">Sub-limits (Per Policy Period)</th> </tr> <tr> <th>Sum Insured Rs. Name of the covered Pain Management Treatment</th> <th>5 Lacs</th> <th>7.5 and 10 Lacs</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis</td> <td>50,000/-</td> <td>65,000/-</td> </tr> </tbody> </table>		Subject - Pain Management Cover	Sub-limits (Per Policy Period)		Sum Insured Rs. Name of the covered Pain Management Treatment	5 Lacs	7.5 and 10 Lacs	1	Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	50,000/-	65,000/-	
		Subject - Pain Management Cover	Sub-limits (Per Policy Period)									
	Sum Insured Rs. Name of the covered Pain Management Treatment	5 Lacs	7.5 and 10 Lacs									
1	Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	50,000/-	65,000/-									

	Subject - Pain Management Cover	Sub-limits (Per Policy Period)	
		Sum Insured Rs. Name of the covered Pain Management Treatment	5 Lacs
2	Caudal epidural injection for Discogenic pain	30,000/-	40,000/-
3	Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	40,000/-	50,000/-
4	Caudal Neuroplasty for Failed back spine surgery	70,000/-	85,000/-
5	Stellate ganglion ablation for upper limb CRPS	50,000/-	65,000/-
6	Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches	50,000/-	65,000/-
7	Lumbar sympathetic chain RF ablation for lower limb CRPS,diabetic periphery painful neuropathy and Ischaemic limb pain	50,000/-	65,000/-
8	Gasserian ganglion ablation for Trigeminal neuralgia	50,000/-	65,000/-
9	Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain	30,000/-	65,000/-
10	Coeliac plexus ablation for upper gastrointestinal malignancies pain	40,000/-	65,000/-
11	Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain	40,000/-	65,000/-
12	Ganglion impar ablation for perineal cancer pain and coccydynia	50,000/-	65,000/-
13	Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	75,000/-	1,00,000/-
14	Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain	40,000/-	65,000/-

B (L)

Coverage for Modern treatment: The following expenses are payable during the policy period for the treatment/ procedure (either as a day care or as an in-patient) is limited to the amount mentioned below,

Sum Insured (Rs.)	5,00,000/-	7,50,000/-	10,00,000/-
Limit per policy period for each treatment / procedure (Rs.)			
Uterine artery Embolization and HIFU	1,25,000/-	1,35,000/-	1,50,000/-
Balloon Sinuplasty	50,000/-	75,000/-	1,00,000/-
Deep Brain Stimulation	2,50,000/-	2,75,000/-	3,00,000/-
Oral Chemotherapy*	Up to 50% of the SI		
Immunotherapy- Monoclonal Antibody to be given as injection			
Intra Vitreal injections	50,000/-	65,000/-	75,000/-
Robotic surgeries	2,50,000/-	2,75,000/-	3,00,000/-
Stereotactic radio surgeries	2,00,000/-	2,15,000/-	2,25,000/-
Bronchical Thermoplast	Covered up to Sum Insured		
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	Up to 50% of the SI		

B (m)

Hospice Care: Payable up to 20% of sum insured at network providers on indemnity basis, payable once in life time

B(o)

		<p>Section II Lumpsum Cover for Cancer (Optional Cover Available only if specifically opted on payment of additional premium and shown in the policy schedule. 50% of Section I sum insured.(Sum Insured under Section II cannot vary)</p>	
	ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)	10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is 61 years and above.	B (p)
	iii) Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the 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>Cashless Treatment applicable for Section I:</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 	

- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk
- e. 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
- f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- g. 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
- h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- i. 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 j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

E (2) (B) & (C)

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

Note: The Company reserves the right to call for additional documents wherever required.

For Reimbursement claims:

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	Within 15 days after completion of 60 days from the date of discharge from hospital
3	For Section II	Within 15 days of diagnosis of Cancer

(Refer policy clause for the complete list of documents)

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 irrespective of whether the event is likely to give rise to a claim under the policy or not

<p>9</p>	<p>Claims / Claims Procedure</p>	<p>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</p> <p>ii. TAT for cashless final bill authorization: Within 3 hrs from the time of receipt of all necessary relevant documents.</p> <p>The details/web link for following:</p> <p>i. Network Hospital details: https://www.starhealth.in/lookup/hospital/</p> <p>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</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: https://www.starhealth.in/lookup/hospital/#excluded-hospital</p> <p>iv. Downloading/getting claim form: For Cashless (Pre-Authorization Form): https://d28c6jni2fmamz.cloudfront.net/Preauthorization_form_38c71d3dca.pdf For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</p>	
<p>10</p>	<p>Policy Servicing</p>	<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>	<p>E(21)</p>
<p>11</p>	<p>Grievances/ Complaints</p>	<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 If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600. For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p>	<p>E(15)</p>
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	<p>Page 9</p>

		<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. 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> <ul style="list-style-type: none"> i. If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period 	E(14)
12	Things to remember	<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 	E(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>	E(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>	E(8)
		<p>Change in Sum Insured: Sum insured once opted cannot be enhanced even on renewal.</p>	E(26)
		<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>	E(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>	E(1)

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"