



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 Cardiac Care Insurance Policy-Platinum Unique Identification No.: SHAHLIP22033V022122	-
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Indemnity	-
4	Sum Insured	Refer Policy Schedule attached with this document	-
5	Policy Coverage (What the policy covers)	Applicable for Accident and Non-cardiac ailments	Section 1
		Expenses in respect of	(A), (B) & (C)
		1. In-patient Treatment: Admission in Hospital beyond 24 hours	(D)
		2. Emergency Ambulance: Expenses incurred for transportation of the insured person by private ambulance service to go to the hospital for treatment	(E)
		3. Pre-Hospitalization: Medical Expenses incurred up to 30 days prior to the date of hospitalization	(F)
		4. Post-Hospitalization : Medical Expenses incurred up to 60 days from the date of discharge from the hospital	(F)

5. All day care procedures are covered	(G)
6. Cataract: Expenses incurred on treatment of cataract are payable upto the limits mentioned in the policy schedule	(H)
7. E-Medical Opinion: The Insured Person is given the facility of obtaining a "E Medical Opinion" from the Company's expert panel	(I)
8. Coverage for Modern Treatments (Applicable for both Section 1 and Section 2): Up to the specified limits	(J)
9. AYUSH Treatment: Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.	(K)
Applicable for Cardiac Ailments	Section 2
10. In-patient Treatment: Admission in Hospital beyond 24 hours	(A), (B) & (C)
11. Emergency Ambulance: Expenses incurred for transportation of the insured person by private ambulance service to go to the hospital for treatment	(D)
12. Pre-Hospitalisation: Medical Expenses incurred up to 30 days prior to the date of hospitalisation	(E)
13. Post-Hospitalisation: Medical Expenses incurred up to 60 days from the date of discharge from the hospital	(F)
14. All day care procedures are covered	(G)
15. E-Medical Opinion: The Insured Person is given the facility of obtaining a "E Medical Opinion" from the Company's expert panel	(H)
16. For Cardiac devices up to 50% of the Sum Insured	(I)
17. Heart Transplantation: Expenses incurred for harvesting and transportation of Heart by Air and/or Road is covered Note: Disease specific waiting period of 24 months is applicable for Heart Transplantation	(J)
18. Conventional Coronary Angiogram Test: Expenses incurred up to the limits mentioned are payable	(K)
19. AYUSH Treatment: Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.	(L)
20. Outpatient Expenses (Including Vaccination): Expenses reasonably and necessarily incurred at any Networked Facility in India are covered. Note: Payment under this benefit does not form part of the sum insured and claim under this benefit will not impact the Bonus	Section 3
Special Features Applicable for Section 1 Only 21. Automatic Restoration of Basic Sum Insured: There shall be automatic restoration of the Basic Sum Insured once by 100% upon exhaustion of the limit of coverage during the policy period	3(a)

		22. Cost of Health Checkup: Expenses incurred towards Cost of Health check-up up to the limits mentioned in the policy schedule on completion of each policy year (irrespective of claim) is payable	3(c)
		Special Features Applicable for Section 1 and Section 2	
		23. Star Wellness Program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style.	3(d)
		24. 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.	3(e)
		Standard Exclusion	
		1. Investigation & Evaluation	Excl 04
		2. Rest Cure, rehabilitation (except to the extent covered under Special Features 3 (e)) 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
6	Exclusions (What the policy does not cover)		

		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
		21. Injury or disease caused by or contributed to by nuclear weapons/ materials	Excl 25
		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	Excl 26
		23. Unconventional, Untested, Experimental therapies	Excl 27
		24. Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy	Excl 28
		25. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted	Excl 29
		26. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)	Excl 31
		27. Hospital registration charges, admission charges, telephone charges and such other charges	Excl 34
		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	Excl 35
		29. Any hospitalizations which are not Medically Necessary	Excl 36
		30. Other Excluded Expenses as detailed in the website www.starhealth.in	Excl 37
		31. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent)	Excl 38

<p style="text-align: center;">7</p>	<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 	<ul style="list-style-type: none"> • 30-day waiting period - Code Excl 03 (Applicable for Section 1) <ul style="list-style-type: none"> 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 	<p>4(3)</p>
	<ul style="list-style-type: none"> • Specified disease / procedure waiting period - Code Excl 02 (Applicable for Section 1) <ul style="list-style-type: none"> A. Expenses related to the treatment of the following 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 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; <ol style="list-style-type: none"> 1. Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect 	<p>4(2)</p>	

2. Desmoid tumour of anterior abdominal wall, Gall bladder and Pancreatic diseases and 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
3. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula
4. Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
5. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
6. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip/cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
7. Any transplant and related surgery

- **Pre-Existing Diseases - Code Excl 01**

A. **Applicable for Section 1:** 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

Applicable for Section 2 (Applicable for Cardiac Ailments): Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 30 days 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 the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage

D. **Applicable for Section 1:** 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

4(1)

8

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)**

Section 1 (Applicable for Accident and Non-cardiac ailments)

Room (Single Private A/c Room), 2(A)

Cataract Treatment: Payable upto the limits mentioned below

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)	2(H)
5,00,000/-	30,000/- per eye and not exceeding 40,000/- per policy period	
7,50,000/-, 10,00,000/- and 15,00,000/-	40,000/- per eye and not exceeding 60,000/- per policy period	

Coverage for Modern Treatments (Applicable for both Section 1 and Section 2):

Sum Insured (Rs.)	5,00,000/-	7,50,000/-	10,00,000/-	15,00,000/-	2(J)
Limit per person, per policy period for each treatment / procedure (Rs.)					
Uterine artery Embolization and HIFU	1,25,000	1,50,000	1,50,000	1,75,000	
Balloon Sinuplasty	50,000	75,000	1,00,000	1,25,000	
Deep Brain Stimulation	2,50,000	2,75,000	3,00,000	4,00,000	
Oral Chemotherapy*	1,25,000	1,75,000	2,00,000	2,50,000	
Immunotherapy- Monoclonal Antibody to be given as injection	2,50,000	3,00,000	4,00,000	5,00,000	
Intra Vitreal injections	50,000	60,000	75,000	1,00,000	
Robotic surgeries	2,50,000	2,75,000	3,00,000	4,00,000	
Stereotactic radio surgeries	2,00,000	2,15,000	2,25,000	2,50,000	
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	2,50,000	2,75,000	3,00,000	4,00,000	

Section 2 (Applicable for Cardiac Ailments)

Heart Transplantation: Expenses incurred for harvesting and transportation of Heart by Air and/or Road is covered Up to 200% of Basic Sum insured

(J)

Conventional Coronary Angiogram Test: Expenses incurred upto the limits mentioned in below

Basic Sum Insured (Rs.)	Limit per policy period (Rs.)
Upto 7,50,000	20,000
Above 7,50,000	25,000

(K)

A waiting period of 30 days from the first commencement of this policy will apply

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

3(e)

Pain Management treatment

Pain Management treatment			
Subject - Pain Management Cover	Sub-limits (Per Policy Period)		
Name of the covered pain management treatment	5 Lacs	7.5 and 10 Lacs	15 Lacs
Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	50,000/-	65,000/-	75,000/-
Caudal epidural injection for Discogenic pain	30,000/-	40,000/-	50,000/-
Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	40,000/-	50,000/-	60,000/-
Caudal Neuroplasty for Failed back spine surgery	70,000/-	85,000/-	1,00,000/-
Stellate ganglion ablation for upper limb CRPS	50,000/-	65,000/-	75,000/-
Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches	50,000/-	65,000/-	75,000/-

Pain Management treatment			
Subject - Pain Management Cover	Sub-limits (Per Policy Period)		
Name of the covered pain management treatment	5 Lacs	7.5 and 10 Lacs	15 Lacs
Lumbar sympathetic chain RF ablation for lower limb CRPS,diabetic periphery painful neuropathy and Ischaemic limb pain	50,000/-	65,000/-	75,000/-
Gasserian ganglion ablation for Trigeminal neuralgia	50,000/-	65,000/-	75,000/-
Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain	30,000/-	65,000/-	75,000/-
Coeliac plexus ablation for upper gastrointestinal malignancies pain	40,000/-	65,000/-	75,000/-
Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain	40,000/-	65,000/-	75,000/-
Ganglion impar ablation for perineal cancer pain and coccydynia	50,000/-	65,000/-	75,000/-
Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	75,000/-	1,00,000/-	1,25,000/-
Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain	40,000/-	65,000/-	75,000/-

Out-Patient Expenses (including vaccination)	
Basic Sum Insured (Rs.)	Limit (Rs.)
5,00,000/-	2,500/-
7,50,000/-	3,000/-
10,00,000/-	3,500/-
15,00,000/-	5,000/-

Section 3

	ii) Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured)	NIL	
	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>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-authorisation 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 	5(2) (B) & (C)

- 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

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

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

Turn Around Time (TAT) for claims settlement

- i. TAT for preauthorization of cashless facility: Within 1 hour 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 hours 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>

		<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>	
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>	5(21)
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>	5(15)
		<p>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/ 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 Period: 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> <ol style="list-style-type: none"> 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 and the stamp duty charges or 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 	5 (14)

		<p>Renewal of Policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;</p> <ol style="list-style-type: none"> 1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years 2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period 3. 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 4. Coverage is not available during the grace period 5. No loading shall apply on renewals based on individual claims experience 	5 (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>	5(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>	5(8)
		<p>Change in Sum Insured: Reduction or enhancement of sum insured is permissible only at the time of renewal. Enhancement of sum insured is subject to no claim being lodged or paid under this policy.</p> <p>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 such additional sum insured including the respective sub-limits shall be subject to the following terms.</p> <p>Exclusion as given below 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 current sum insured;</p>	5(26)

		<p>a) First 30 days as under Exclusion - Code Excl 03</p> <p>b) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion - Code Excl 02</p> <p>c) 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under Exclusion - Code Excl 01 However in respect of Section 2 this exclusion will be 30 days</p> <p>d) 36 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> <p>The above applies to each relevant insured person</p>	
		<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>	5(11)
13	Your Obligations	<p>Please disclose all pre-existing disease/s or conditions 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>	5(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"