



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 UIN: SHAHLIP22032V052122	-
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Indemnity and Benefit	-
4	Sum Insured	Refer Policy Schedule attached with this document	-
5	Policy Coverage: (What the policy covers?) Section 1	Expenses in respect of Accident and Non-cardiac ailments: In-patient Treatment: Admission in Hospital beyond 24 hrs.	2.Section 1(A,B,C)
		Day care Procedures: All day care procedures requiring less than 24 hours of hospitalization	-
		Emergency Ambulance: Expenses incurred for transportation of the insured person by private ambulance service from one hospital to another hospital	2.Section 1(D)
		Pre-hospitalization: Medical Expenses incurred up to 30 days prior to the date of hospitalisation	2.Section 1(E)
		Post-hospitalization: Medical Expenses incurred up to 60 days from the date of discharge from the hospital	2.Section 1(F)
		Coverage for Modern Treatment are payable up to the specified limits	2 Section 1(G)

		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.	2 Section 1(H)
Section 2		Expenses in respect of Cardiac Ailments i) Under Silver Plan Expenses incurred as an inpatient for treatment in respect of all cardiac related complications that necessitate surgery/ intervention. ii) Under Gold Plan Expenses incurred as an inpatient for treatment in respect of all cardiac related complications that necessitates in-patient hospitalization.	2 (Section 2)
		Applicable for Cardiac Ailments under both the plans (Silver & Gold): i) In so far as stenting is concerned, the company will pay such amount up to the extent of the cost of bare metal stent / drug eluting cobalt chromium stent /drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.	2 (Section 2) (i)
		ii) 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.	2 (Section 2) (ii)
	Section 3	Out-Patient Expenses: Expenses reasonably and necessarily incurred at any Networked Facility in India herein defined as an Out-patient Treatment, provided policy is in force.	2 (Section 3)
Section 4	Personal Accident : The Company will pay an amount as compensation the Sum Insured mentioned in the Schedule	2 (Section 4)	
6	Exclusions (What the policy does not cover?)	Investigation & Evaluation	Excl 04
		Rest Cure, rehabilitation and respite care	Excl 05
		Obesity / Weight Control	Excl 06
		Change-of-Gender treatments	Excl 07
		Cosmetic or plastic Surgery	Excl 08
		Hazardous or Adventure sport	Excl 09
		Breach of law	Excl 10
		Excluded Providers	Excl 11
		Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof	Excl 12
		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
		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
Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopres	Excl 15		

	Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness	Excl 16
	Sterility and Infertility: Expenses related to sterility and infertility. This includes; a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization	Excl 17
	Maternity i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period	Excl 18
Specific Exclusions		
	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
	Congenital External Condition / Defects / Anomalies	Excl 20
	Convalescence, general debility, run-down condition, Nutritional deficiency states	Excl 21
	Intentional self-injury	Excl 22
	Venereal Disease and Sexually Transmitted Diseases (Other than HIV)	Excl 23
	Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)	Excl 24
	Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/ materials	Excl 25
	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
	Unconventional, Untested, Experimental therapies	Excl 27
	Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy	Excl 28
	Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted	Excl 29
	All treatment for Priapism and erectile dysfunctions	Excl 30

	Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)	Excl 31
	Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)	Excl 32
	Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders	Excl 33
	Hospital registration charges, admission charges, telephone charges and such other charges	Excl 34
	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
	Any hospitalization which are not medically necessary	Excl 36
	Other Excluded Expenses as detailed in the website www.starhealth.in	Excl 37
	Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent)	Excl 38
EXCLUSIONS APPLICABLE FOR PERSONAL ACCIDENT		
	Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance	Excl 01
	Any claim arising out of Accidents that the Insured Person has caused a. Intentional self injury / suicide or attempted suicide or b. Whilst under the influence of intoxicating liquor or drugs or c. Self endangerment unless in self defense or to save human life	Excl 02
	Any claim arising out of suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease (Other than HIV)	Excl 03
	Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from	Excl 04
	Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever	Excl 05
	Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority	Excl 06

		<p>Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from</p> <p>a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel</p> <p>b) Nuclear weapons material</p> <p>c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof</p> <p>d) Nuclear, chemical and biological terrorism</p>	Excl 07
		Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons	Excl 08
		Participation in Hazardous Sport / Hazardous Activities	Excl 09
		Persons who are physically challenged unless specifically agreed and endorsed in the policy	Excl 10
		Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law	Excl 11
		Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly	Excl 12
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 	<ul style="list-style-type: none"> Initial waiting period (Applicable for Section 1 for both plans): <ol style="list-style-type: none"> 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 This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently Specific waiting period (Applicable for Section 1 for both plans) Specified disease / procedure waiting period <ol style="list-style-type: none"> 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 In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase 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 The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion 	<p>3(3) Excl 03</p> <p>3(2) Excl 02</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

F. List of specific diseases/procedures;

- i. 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
- ii. 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
- iii. 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
- iv. 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]
- v. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
- vi. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- vii. Any transplant and related surgery

● **Pre-existing diseases: (Applicable for Section 1 for both plans)**

- A. 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
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase

3(1)
Excl 01

		<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 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer</p>																					
		A waiting period of 90 days from the first commencement of this policy will apply (Applicable for Section 2 Under Both The Plans)	Page (3) Section 2																				
8	<p>Financial limits of coverage</p> <p>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>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub-limits</p> <ol style="list-style-type: none"> Room, Boarding and Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured, subject to a maximum of Rs.5,000/- per day Post Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs. 5,000/- per hospitalization, provided such expenses so incurred are in respect of ailment for which the insured person was hospitalized. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken Emergency Ambulance: Rs.750/- per hospitalization, Rs.1,500/- in a policy year Modern Treatment: <table border="1"> <thead> <tr> <th rowspan="2">Procedures</th> <th colspan="2">Limit per person per policy year for each treatment in (Rs.)</th> </tr> <tr> <th>3,00,000/-</th> <th>4,00,000/-</th> </tr> </thead> <tbody> <tr> <td>Uterine artery Embolization and HIFU</td> <td>37,500/-</td> <td>1,00,000/-</td> </tr> <tr> <td>Balloon Sinuplasty</td> <td>15,000/-</td> <td>40,000/-</td> </tr> <tr> <td>Deep Brain Stimulation</td> <td>75,000/-</td> <td>2,00,000/-</td> </tr> <tr> <td>Oral Chemotherapy*</td> <td>37,500/-</td> <td>1,00,000/-</td> </tr> <tr> <td>Immunotherapy- Monoclonal Antibody to be given as injection</td> <td>75,000/-</td> <td>2,00,000/-</td> </tr> </tbody> </table>	Procedures	Limit per person per policy year for each treatment in (Rs.)		3,00,000/-	4,00,000/-	Uterine artery Embolization and HIFU	37,500/-	1,00,000/-	Balloon Sinuplasty	15,000/-	40,000/-	Deep Brain Stimulation	75,000/-	2,00,000/-	Oral Chemotherapy*	37,500/-	1,00,000/-	Immunotherapy- Monoclonal Antibody to be given as injection	75,000/-	2,00,000/-	<p>2.Section 1(A)</p> <p>2.Section 1(F)</p> <p>2.Section 1(D)</p> <p>2.Section 1(G)</p>
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		Procedures	Limit per person per policy year for each treatment in (Rs.)		
			3,00,000/-	4,00,000/-	
		Intra Vitreal injections	15,000/-	40,000/-	
		Robotic surgeries	75,000/-	2,00,000/-	
		Stereotactic radio surgeries	75,000/-	1,75,000/-	
		Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	75,000/-	2,00,000/-	
		Bronchical Thermoplasty	Up to Sum Insured		
		Vaporisation of the prostate (Green laser treatment or holmium laser treatment)			
		IONM-(Intra Operative Neuro Monitoring)			
		<p>Out-Patient Expenses: Expenses reasonably and necessarily incurred at any Networked Facility in India herein defined as an Out-patient Treatment, provided policy is in force.</p> <p>The limit of benefit under this Section is Rs.500/- per event subject to a maximum of Rs.1,500/- per policy period. This benefit forms part of the Sum Insured.</p>			2 Section 3
	ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)	This policy is subject to Co-payment of 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 61years and above			

	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> <ul 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 • 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. • KYC (Identity proof with Address) of the proposer, as per AML Guidelines 	5(2)

- **For Reimbursement claims: Time limit for submission of**

SI.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

(Refer policy clause for the complete list of documents)

- Claims of Out Patient Consultations / treatments (Section 3) will be settled on a reimbursement basis on production of cash receipts
- Documents to be submitted for Accidental Death Claims (Section 4) :
 - a. Claim form
 - b. Death Certificate
 - c. Post mortem certificate, if conducted
 - d. FIR (wherever required)
 - e. Police investigation report(wherever required)
 - f. Viscera Sample Report (wherever required)
 - g. Forensic Science Laboratory Report(wherever required)
 - h. Legal Heir Certificate
 - i. Succession Certificate (wherever required)
 - j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
 - k. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
 - l. CKYC No. of the proposer (if available)

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

Turn Around Time (TAT) for claims settlement

- i) TAT for preauthorization of cashless facility: 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: 3 hrs from the time of receipt of all necessary relevant documents
- iii) Network Hospital details: Insured can refer the company website using the following link to the list of Network hospitals: <https://www.starhealth.in/lookup/hospital/>
- iv) 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>v) Hospitals which are blacklisted or from where no claims will be accepted by insurer : Insured can refer the company website using the following link to the list of excluded hospitals. https://www.starhealth.in/lookup/hospital/#excluded-hospital</p>	
		<p>Downloading/ getting Pre-Authorisation claim form: a) For Cashless: https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf b) 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</p> <p>If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	5(15)
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page 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 	

		<p>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</p> <p>iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</p>	5(14)
		<p>Policy renewal: 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. 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 sublimits 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> <ul style="list-style-type: none"> a) First 30 days as under Exclusion - Code Excl 03 b) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion - Code Excl 02 c) 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under Exclusion - Code Excl 01 <p>However in respect of Section 2 this exclusion will be 90 days</p> <ul style="list-style-type: none"> 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 two policy periods 	<p>5(26)</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>	<p>5(11)</p>
<p>13</p>	<p>Your Obligations</p>	<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>	<p>5(1)</p>

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"..

