



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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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 Critical Illness Multipay Insurance Policy UIN: SHAHLIP22140V012122	-
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Benefit	-
4	Sum Insured	Refer Policy Schedule attached with this document	-
5	Policy Coverage: (What The policy covers?) List of covered Major Diseases	<p>Cancer related Coverage:</p> <ol style="list-style-type: none"> 1. Cancer of Specified Severity 2. Bone Marrow Transplantation 3. Aplastic Anaemia <p>Heart related conditions:</p> <ol style="list-style-type: none"> 1. Myocardial Infarction 2. Open Chest CABG 3. Open Heart Replacement or Repair of Heart Valves 4. Primary (Idiopathic) Pulmonary Hypertension 5. Heart Transplantation 6. Surgery of Aorta 	D(I)

	<ol style="list-style-type: none"> 7. Dissecting Aortic Aneurysm 8. Other Serious Coronary Artery Disease 9. Cardiomyopathy of Specified Severity 	
	<p>Brain & Nervous System related Conditions:</p> <ol style="list-style-type: none"> 1. Coma of Specified Severity 2. Stroke Resulting in Permanent Symptoms 3. Permanent Paralysis of Limbs 4. Motor Neuron Disease with Permanent Symptoms 5. Multiple Sclerosis with Persisting Symptoms 6. Benign Brain Tumour 7. Loss of Speech 8. Major Head Trauma 9. Alzheimer's Disease 10. Creutzfeldt-Jacob Disease (CJD) 11. Encephalitis 12. Muscular Dystrophy 13. Bacterial Meningitis 14. Brain Surgery 15. Progressive Supranuclear Palsy 16. Apallic Syndrome 	
	<p>Major Organ & Other Conditions:</p> <ol style="list-style-type: none"> 1. Major Organ Transplantation (of lung, liver, kidney, pancreas) 2. Kidney Failure Requiring Regular Dialysis 3. Blindness 4. Deafness 5. End Stage Liver Failure 6. Third-Degree Burns 7. Fulminant Hepatitis 8. Systemic Lupus Erythematosus with Lupus Nephritis 9. End Stage Lung Failure 	
	<p>Special Conditions:</p> <p>Major Disease experienced by the insured is the first incidence of that Major Disease</p>	(i)
	<p>The first diagnosis of the covered major disease/condition should have been experienced by the insured only after 90 days of commencement of cover under the policy</p>	(ii)
	<p>The insured person should have survived up to 15 days from the date of diagnosis of such major disease</p>	(iii)
	<p>Incidence of the disease specified in the policy must be confirmed by a registered medical practitioner appointed by the Company and must be supported by clinical, radiological, histological, pathological, histo-pathological and laboratory evidence acceptable to the Company</p>	(iv)
	<p>Only one claim is admissible under each group</p>	(v)
	<p>If the insured claims for multiple major diseases at the same time, then the Company's liability will be for only one group</p>	(vi)
	<p>Upon payment of lump-sum on occurrence of any Major Disease, the insurance will continue to provide under the policy subject to the following:</p>	(vii)

		<ul style="list-style-type: none"> a. Cover shall be given for a second, third and fourth occurrences of covered major diseases under other group and maximum of 4 such occurrences are covered over a life time of the insured b. Maximum One lump-sum (up to 100 % of the Sum Insured) can be paid from each Group of covered Major Diseases and total payout over a life time of the Insured cannot exceed 400% of the Sum Insured c. Waiting Period of 12 - months shall apply between the occurrence of each condition (i.e between the first and second condition or between the second and third condition or between the third and fourth condition) d. The policy being renewed and the second or third or fourth event occurs during the renewed policy period e. Insured person is eligible for renewal if atleast one category is left where there has been no claim made f. Maximum One Claim only is payable on a Policy year 	
		<p>Star Wellness program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.</p>	D(II)
6	<p>Exclusions (What the policy does not cover?)</p>	<p>Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy</p>	E(1)
		<p>Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:</p> <ul style="list-style-type: none"> a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy. <p>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. 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>	E(2)
		<p>Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p>	E(3)
		<p>Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner</p>	E(4)
		<p>Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane</p>	E(5)

	Any Critical Illness, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peacetime), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.	E(6)
	Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack	E(7)
	Congenital External Anomalies, inherited disorders or any complications or conditions arising there from including any developmental conditions of the Insured	E(8)
	Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving and selfie accident	E(9)
	Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable	E(10)
	Any Critical Illness, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period	E(11)
	Any Critical Illness, caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness	E(12)
	Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for	E(13)
	Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex	E(14)
	Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner	E(15)

		<p>Any Critical Illness, caused due to surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> Surgery to be conducted is upon the advice of the Doctor The Surgery / Procedure conducted should be supported by clinical protocols The member has to be 18 years of age or older and Body Mass Index (BMI): <ul style="list-style-type: none"> - greater than or equal to 40 or - greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss: <ol style="list-style-type: none"> Obesity related cardiomyopathy Coronary heart disease Severe Sleep Apnea Uncontrolled Type 2 Diabetes despite optimal therapy 	E(16)
		Any Critical Illness, caused due to 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 reason	E(17)
		Any Critical Illness, caused by treatment arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	E(18)
		In the event of the death of the Insured Person within the stipulated survival period as set out above	E(19)
		Any Critical Illness, caused by sterility and infertility. This includes: <ol style="list-style-type: none"> Any type of contraception, sterilization Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI Gestational Surrogacy Reversal of sterilization 	E(20)
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: The first diagnosis of the covered major disease/ condition should have been experienced by the insured only after 90 days of commencement of cover under the policy 	D(I)(ii) (special conditions)
		<ul style="list-style-type: none"> • Specified Diseases/ Procedures: Not Applicable 	-
		<ul style="list-style-type: none"> • Pre-existing diseases: Not Applicable 	-

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>	NIL
	<p>ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)</p>	NIL
	<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))</p>	NIL



	<p>iv) Any other limit (as applicable)</p>	<p>NIL</p>	<p>-</p>
<p>9</p>	<p>Claims/ Claims procedure</p>	<p>The Insured Person or person(s) claiming on behalf of the Insured Person shall submit within 15 days of notification of claim, the filled and signed claim form and all relevant documents, information medical records and any other information/documents the Company may request, to establish the Claim made.</p> <p>The company may examine and relax the time limits depending upon the merits of the Case Such documents include but not limited to the following: -</p> <ul style="list-style-type: none"> ● Claim form duly completed and signed ● Medical Certificate confirming the diagnosis / treatment of Major Disease from the treating medical practitioner in letter head. ● All Diagnostic test results / Imaging confirming positive existence of Major Disease ● Discharge summary / in case papers / complete treatment records (wherever applicable) ● Treating doctor’s certificate regarding the duration & etiology of the Major Disease in letter head. ● Any other document specific to the treatment / illness ● Copy of PAN Card ● Copy of Aadhaar Card ● KYC (Identity proof with Address) of the proposer as per AML Guidelines. <p>Note: 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>Notification of Claim: Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event</p> <p style="text-align: center;">Turn Around Time (TAT) for claims settlement</p> <p>The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.</p> <p>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>Downloading/ getting claim form: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</p>	<p>F(2)</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>	
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 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, amended from time to time.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	F(12)
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page 10
12	Things to remember	<p>Free Look cancellation: Not Applicable</p> <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"> 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. Coverage is not available during the grace period. 	F(8)

		<p>iv) No loading shall apply on renewals based on individual claims experience</p> <p>Note: Policy can be renewed if at least one category is left where there has been no claim made.</p>	
		Migration: Not Applicable	
		Portability: Not Applicable	
		Change in Sum Insured: Not Applicable	
		<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>	
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>	F(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".