



## 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 Health Gain Insurance Policy UIN: SHAHLIP21262V032021	
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)	<b>Expenses in respect of:</b> <b>In-patient Treatment:</b> Admission in Hospital beyond 24 hrs.	II(Section I) (A,B,C)
		<b>Day care Procedures:</b> All day care procedures requiring less than 24 hours of hospitalization	
		<b>Road Ambulance:</b> For transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital	II(Section I) (D)
		<b>Pre-hospitalization:</b> Medical Expenses incurred up to 30 days prior to the date of hospitalisation	II(Section I) (E)

		<b>Post-hospitalization:</b> Medical Expenses incurred up to 60 days from the date of discharge from the hospital	II(Section I) (F)
		<b>Coverage for Modern Treatments:</b> Upto specified limits	II(Section I) (G)
		<b>AYUSH Treatment:</b> 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.	II( Section I) (H)
		<b>Outpatient cover-</b> Medical Expenses incurred for outpatient treatment up to the specified limit in a policy year	II(Section II)
6	<b>Exclusions (What the policy does not cover?)</b>	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
		<b>Refractive Error:</b> Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 diopres	Excl 15
		<b>Unproven Treatments:</b> 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
<b>Sterility and Infertility:</b> 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		

	<p>Maternity</p> <p>i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy</p> <p>ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period</p>	Excl 18
	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
	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
	Injury or disease 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 similar to those mentioned herein under this exclusion	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 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, record charges, telephone charges and such other charges	Excl 34
		Cochlear implants and procedure related hospitalization expenses	Excl 35
		Any hospitalization which are not medically necessary	Excl 36
		Other Excluded Expenses as detailed in the website <a href="http://www.starhealth.in">www.starhealth.in</a>	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
		<b>Note:</b> Exclusion Nos. 15, 17,18, 31, 32, 33, 35, are not applicable for Section II.	
7	<p><b>Waiting Period:</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases / treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Initial waiting period:</b> <ol style="list-style-type: none"> <li>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</li> <li>This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months</li> <li>The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently</li> </ol> </li> </ul>	III(3) Excl 03
		<ul style="list-style-type: none"> <li>• <b>Specified disease / procedure waiting period</b> <ol style="list-style-type: none"> <li>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</li> <li>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase</li> <li>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</li> <li>The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion</li> <li>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</li> </ol> </li> </ul>	III(2) Excl 02

- F. List of specific diseases/procedures;
- i. 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
  - ii. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - iii. 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]
  - iv. 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)
  - v. 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 and Genitourinary tract calculi
  - vi. All types of Hernia
  - vii. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula
  - viii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
  - ix. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
  - x. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
  - xi. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
  - xii. Varicose veins and Varicose ulcers
  - xiii. All types of transplant and related surgeries
  - xiv. Congenital Internal disease / defect

		<ul style="list-style-type: none"> <li>• <b>Pre-Existing Diseases:</b> <ol style="list-style-type: none"> <li>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</li> <li>B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase</li> <li>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</li> <li>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</li> </ol> </li> </ul>	<p>III(1) Excl 01</p>														
<p>8</p>	<p><b>Financial limits of coverage</b> i. <b>Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</b></p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <ol style="list-style-type: none"> <li>1. Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 1% of the sum insured per day. (Expenses relating to Associated medical expenses will be considered in proportion to the eligible room rent/ room category)</li> </ol>	<p>II.Section 1(A)</p>														
		<ol style="list-style-type: none"> <li>2. Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalization claim is admissible as per the Policy.</li> </ol>	<p>II.Section 1(D)</p>														
		<ol style="list-style-type: none"> <li>3. <b>Cataract Treatment</b></li> </ol> <table border="1" data-bbox="556 1684 1342 2154"> <thead> <tr> <th>Sum Insured (in Rs.)</th> <th>Limit per eye (in Rs.)</th> <th>Limit per policy period (in Rs.)</th> </tr> </thead> <tbody> <tr> <td>1,00,000/-</td> <td colspan="2" rowspan="2">Up to 12,000/- per eye, per policy period</td> </tr> <tr> <td>2,00,000/-</td> </tr> <tr> <td>3,00,000/-</td> <td>Up to 25,000/-</td> <td>Up to 35,000/-</td> </tr> <tr> <td>4,00,000/-</td> <td>Up to 30,000/-</td> <td>Up to 45,000/-</td> </tr> <tr> <td>5,00,000/-</td> <td>Up to 40,000/-</td> <td>Up to 60,000/-</td> </tr> </tbody> </table>	Sum Insured (in Rs.)	Limit per eye (in Rs.)	Limit per policy period (in Rs.)	1,00,000/-	Up to 12,000/- per eye, per policy period		2,00,000/-	3,00,000/-	Up to 25,000/-	Up to 35,000/-	4,00,000/-	Up to 30,000/-	Up to 45,000/-	5,00,000/-	Up to 40,000/-
Sum Insured (in Rs.)	Limit per eye (in Rs.)	Limit per policy period (in Rs.)															
1,00,000/-	Up to 12,000/- per eye, per policy period																
2,00,000/-																	
3,00,000/-	Up to 25,000/-	Up to 35,000/-															
4,00,000/-	Up to 30,000/-	Up to 45,000/-															
5,00,000/-	Up to 40,000/-	Up to 60,000/-															

**4. Modern Treatments:**

Sum Insured (Rs.)	Uterine artery Embolization & HIFU	Ballon Sinuplasty	Deep Brain Stimulation
1,00,000/-	25,000/-	10,000/-	50,000/-
2,00,000/-	50,000/-	20,000/-	1,00,000/-
3,00,000/-	75,000/-	30,000/-	1,50,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-

Sum Insured (Rs.)	Oral Chemotherapy	Immunotherapy- Monoclonal Antibody to be given as injection	Intra vitreal Injections
1,00,000/-	25,000/-	50,000/-	10,000/-
2,00,000/-	50,000/-	1,00,000/-	20,000/-
3,00,000/-	75,000/-	1,50,000/-	30,000/-
4,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	2,50,000/-	50,000/-

Sum Insured (Rs.)	Robotic Surgeries	Stereotactic Radio Surgeries	Stemcell Therapy
1,00,000/-	50,000/-	50,000/-	50,000/-
2,00,000/-	1,00,000/-	1,00,000/-	1,00,000/-
3,00,000/-	1,50,000/-	1,50,000/-	1,50,000/-
4,00,000/-	2,00,000/-	1,75,000/-	2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-	2,50,000/-

Sum Insured (Rs.)	Bronchial Thermoplasty	Vaporisation of the prostate	IONM
1,00,000/-	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured
2,00,000/-			
3,00,000/-			
4,00,000/-			
5,00,000/-			

II. Section (I)(G)

		<p><b>Outpatient Benefit:</b> The Company will pay to the insured person/s the amount of such expenses as are reasonably and necessarily incurred at any Networked Facility in India as here in defined as an Out-patient treatment up-to the benefit limit in aggregate as stated in the policy schedule. The unutilized amount under this benefit can be carried forward to the next policy year on renewal. The maximum period of such carry over shall be limited to one immediately succeeding year only</p>	II.Section (II)
	<p>ii Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policy holder / insured)</p>	<p>Co-payment (Applicable for Section I only): This policy is subject to co-payment of 20% 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</p>	II.Section (I)(I)
	<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>	NIL	

9.

**Claims /  
Claims  
Procedure**

Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization

- a. For assistance call 24 hours help-line 044-69006900 or Toll Free No.1800 425 2255, Senior Citizens may call at 044-40020888
- b. Inform the ID number for easy reference
- c. 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
- f. This form is submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate
- h. 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
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals
- k. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents
- l. Prescriptions and receipts for Pre and Post-Hospitalization
- m. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

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

Please note that denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim.

Sl.No	Type of Claim	Prescribed Time Limit
1	Reimbursement of hospitalization, day care	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

IV(2)

		<p><b>Turn Around Time ( TAT) for claims settlement</b></p> <p>i) <b>TAT for preauthorization of cashless facility:</b> 1 hr from the time of receipt of all necessary relevant documents.  <a href="https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf">https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</a></p> <p><b>TAT for final bill authorization:</b> 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><b>Network Hospital details:</b> Insured can refer the company website using the following link to the list of Network hospitals:  <a href="https://www.starhealth.in/lookup/hospital/">https://www.starhealth.in/lookup/hospital/</a></p> <p><b>Helpline Number:</b> 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><b>Hospitals which are blacklisted or from where no claims will be accepted by insurer:</b> Insured can refer the company website using the following link to the list of excluded hospitals.  <a href="https://www.starhealth.in/lookup/hospital/#excluded-hospital">https://www.starhealth.in/lookup/hospital/#excluded-hospital</a></p> <p>Downloading/ getting Pre-Authorisation claim form:  a) <b>For Cashless:</b> <a href="https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf">https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</a>  b) <b>For Reimbursement:</b> <a href="https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf">https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</a></p>	
10	Policy servicing	<p><b>Details of the Company Official:</b>  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>	IV(20)
11	Grievances/ Complaints	<p><b>Details of Grievance Redressal Officer of the Insurer:</b>  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.  <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p>	IV(14)

		<p>If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600.</p> <p>For updated details of grievance officer, kindly refer the link <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System – <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	
		<p><b>Details of Ombudsman:</b> List of Insurance Ombudsman For updated list refer: <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a></p>	Page 6
12	Things to remember	<p><b>Free Look Period:</b> 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"> <li>i. 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</li> <li>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</li> <li>iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ol>	IV(14)
		<p><b>Policy renewal:</b> The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.</p> <ol style="list-style-type: none"> <li>1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.</li> <li>2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</li> <li>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.</li> <li>4. Coverage is not available during the grace period.</li> <li>5. No loading shall apply on renewals based on individual claims experience</li> </ol>	IV(9)

		<p><b>Migration:</b> (Applicable for Section I): 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>	IV(7)
		<p><b>Portability:</b> (Applicable for Section I): 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>	IV(8)
		<p><b>Change in Sum Insured:</b> 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 sub-limits shall be subject to the terms stated in the policy</p>	IV(25)
		<p><b>Moratorium Period:</b> 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>	IV(11)
13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.</p> <p><b>Disclosure of Information:</b> 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>	IV(1)

## Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)			Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)				
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
<b>Illustration 1</b>										
64	15,000	1,00,000	15,000	Nil	15,000	1,00,000	30,000	15,000	15,000	1,00,000
58	15,000	1,00,000	15,000		15,000	1,00,000				
Total Premium for all members of the family is <b>Rs.30,000/-</b> , when each member is covered separately. Sum insured available for each individual is <b>Rs.1,00,000/-</b>										
Total Premium when policy is opted on floater basis is <b>Rs.15,000/-</b> Sum insured of <b>Rs.1,00,000/-</b> , is available for the entire family (2A)										
<b>Illustration 2</b>										
47	15,000	1,00,000	15,000	Nil	15,000	1,00,000	45,000	30,000	15,000	1,00,000
44	15,000	1,00,000	15,000		15,000	1,00,000				
19	15,000	1,00,000	15,000		15,000	1,00,000				
Total Premium for all members of the family is <b>Rs.45,000/-</b> , when each member is covered separately. Sum insured available for each individual is <b>Rs.1,00,000/-</b>										
Total Premium when policy is opted on floater basis is <b>Rs.15,000/-</b> Sum insured of <b>Rs.1,00,000/-</b> , is available for the entire family (2A+1C)										

**Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.**

A-Adult, C-Child

**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](mailto:cisacknowledgement@starhealth.in) or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet".

