



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 Premier Insurance Policy Unique Identification No : SHAHLIP22226V012122 | - |
| 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) | Expenses in respect of 1. In-patient Treatment: Admission in Hospital beyond 24 hours | II(1,2,3) |
| | | 2. Day care Procedures: All day care procedures requiring less than 24 hours of hospitalization | II(4) |
| | | 3. Cataract Treatment: Expenses incurred on treatment of cataract is covered upto specified limits | II(5) |
| | | 4. Coverage for Non-medical Items: If there is an admissible claim under the policy, then Items as per List I will be become payable specified in the policy | II(6) |

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| | 5. Road ambulance expenses: Expenses incurred for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment | II(7) |
| | 6. Air Ambulance: Charges up to Rs.2,50,000/- per hospitalization and maximum upto Rs.5,00,000/- per policy year | II(8) |
| | 7. Pre-Hospitalization: Medical Expenses incurred up to 60 days prior to hospitalization | II(9) |
| | 8. Post-Hospitalization : Medical Expenses incurred up to 90 days after discharge from the hospital | II(10) |
| | 9. Organ Donor Expenses: In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. | II(11) |
| | 10. AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment | II(12) |
| | 11. Bariatric Surgery: Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable up to the specified limits. | II(13) |
| | 12. Coverage for Modern Treatment: Covered up to 50% of SI | II(14) |
| | 13. Domiciliary Hospitalization: Coverage for medical treatment for a period exceeding three days | II(15) |
| | 14. Automatic Restoration of Sum Insured: There shall be automatic restoration of the Sum Insured once by 100% | II(16) |
| | 15. 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 sum insured whichever is less, per policy year. Note Sub-limits will apply, even if these treatments are taken as part of Hospice Care Treatment can be taken only at the Authorized centres mentioned in the website - www.starhealth.in | II(18) |
| | 16. Hospice Care: Payable up to 10% of sum insured subject to a maximum of Rs.5 lakhs only at Networked facility | II(19) |
| | 17. Home care treatment: Treatment availed by the Insured Person at home for the specified conditions from the list of Network service providers | II(20) |
| | 18. Health Check Up benefit: Expenses incurred towards health check-up up to the limits mentioned in the policy schedule for every claim free year | II(21) |
| | 19. Outpatient Medical Expenses covered up to the specified limits | II(22) |
| | 20. Star Wellness Program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. | II(23) |

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| 6 | Exclusions (What the policy does not cover) | Standard Exclusion | |
| | | 1. Investigation & Evaluation | Excl 04 |
| | | 2. Rest Cure, rehabilitation (except to the extent covered under Coverage II-18) 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 |
| | | 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 similar to those mentioned herein under this exclusion | Excl 26 | | |

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| | | 23. Unconventional, Untested, Experimental therapies | Excl 27 |
| | | 24. Autologous derived Stromal vascular fraction, 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, record charges, telephone charges and such other charges | Excl 34 |
| | | 28. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids | Excl 35 |
| | | 29. Any hospitalization which are not medically necessary / does not warrant hospitalization | Excl 36 |
| | | 30. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent) | Excl 38 |
| | | 30-day waiting period (Not Applicable for Accidents): 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 | III(3) Excl 03 |
| 7 | <p>Waiting Period</p> <ul style="list-style-type: none"> Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage | <p>Specified disease/Procedure waiting period: Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.</p> <p>The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>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>List of specific diseases/procedures</p> <ol style="list-style-type: none"> 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 Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology 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]. | III(2) Excl 02 |

| | | | |
|----------|---|---|---------------------------|
| | | <ol style="list-style-type: none"> 4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident) 5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi. 6. All types of Hernia 7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula 8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases 9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies 10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele 11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence 12. Varicose veins and Varicose ulcers 13. All types of transplant and related surgeries 14. Congenital Internal disease / defect <p>Note: Waiting period for the following benefit is as follows: Bariatric Surgery: A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof. Hospice Care : A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof.</p> | |
| | | <p>Pre-Existing Diseases: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy</p> | <p>III(1) Excl 01</p> |
| <p>8</p> | <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>Room, Boarding and Nursing Expenses: Covered up to 1% of sum insured or maximum up to Rs.20,000/- per day whichever is less as provided by the Hospital / Nursing Home</p> <p>If Policy Holder chooses a higher room category above the eligibility defined in policy, then proportionate deduction will apply on the Associated Medical Expenses in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy and consumables, Cost of implants and medical devices and Cost of diagnostics.</p> | <p>II(1)</p> |

Cataract: Expenses incurred on treatment is subject to the limit as per the following table

| Sum Insured (Rs.) | 10 / 20 / 30 Lakhs | 50 lakhs and above |
|-----------------------------|--------------------|--------------------|
| Limit Per Eye (Rs.) | 50,000 | 60,000 |
| Limit Per Policy year (Rs.) | 80,000 | 1,00,000 |

II(5)

Air Ambulance: The Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to Rs.2,50,000/- per hospitalization and maximum upto Rs.5,00,000/- per policy year is payable.

II(8)

Bariatric Surgery: Hospitalisation Expenses incurred for bariatric surgical procedure and its complications thereof are payable subject to the limits mentioned in the table below

| Sum Insured (Rs.) | Limit per policy period (Rs.) |
|-----------------------|-------------------------------|
| 10 lakhs and 20 lakhs | 2,50,000/- |
| Above 20 lakhs | 5,00,000/- |

II(13)

Coverage for Modern Treatment: The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital upto 50% of sum insured specified in the policy schedule (including Pre and Post hospitalization expenses) during the policy period;

- a) Uterine artery Embolization and HIFU
- b) Balloon Sinuplasty
- c) Deep Brain Stimulation
- d) Oral Chemotherapy
- e) Immunotherapy - Monoclonal Antibody to be given as injection
- f) Intra Vitreal injections
- g) Robotic surgeries
- h) Stereotactic radio surgeries
- i) Bronchical Thermoplasty
- j) Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k) IONM-(Intra Operative Neuro Monitoring)
- l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions

II(14)

Rehabilitation and Pain Management: The Company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit mentioned in the coverage above table (or) maximum up to 10% of the sum insured whichever is less, per policy year

| Sl. No | Subject - Pain Management Cover | Sub-limits (Per Policy Period) (Rs.) | |
|--------|---|--------------------------------------|---------------------------|
| | Name of the covered pain management treatment | Rs. 10/20 lakhs SI | Rs. 30 Lakhs and above SI |
| 1 | Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis | 65,000/- | 75,000/- |
| 2 | Caudal epidural injection for Discogenic pain | 40,000/- | 50,000/- |
| 3 | Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain | 50,000/- | 60,000/- |
| 4 | Caudal Neuroplasty for Failed back spine surgery | 85,000/- | 1,00,000/- |
| 5 | Stellate ganglion ablation for upper limb CRPS | 65,000/- | 75,000/- |
| 6 | Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches | 65,000/- | 75,000/- |
| 7 | Lumbar sympathetic chain RF ablation for lower limb CRPS, diabetic periphery painful neuropathy and Ischaemic limb pain | 65,000/- | 75,000/- |
| 8 | Gasserian ganglion ablation for Trigeminal neuralgia | 65,000/- | 75,000/- |
| 9 | Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain | 65,000/- | 75,000/- |
| 10 | Coeliac plexus ablation for upper gastrointestinal malignancies pain | 65,000/- | 75,000/- |

II(18)

| | | | |
|----|--|------------|------------|
| 11 | Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain | 65,000/- | 75,000/- |
| 12 | Ganglion impar ablation for perineal cancer pain and coccydynia | 65,000/- | 75,000/- |
| 13 | Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip | 1,00,000/- | 1,25,000/- |
| 14 | Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain | 65,000/- | 75,000/- |

Outpatient Medical Expenses: Expenses incurred for an Outpatient treatment up to the limits mentioned in the coverage above table are payable from day 1.

| Sum Insured (Rs.) | Limit Upto (Rs.) | |
|-------------------|------------------|------------|
| | Individual SI | Floater SI |
| 10,00,000/- | 3,000/- | 4,000/- |
| 20,00,000/- | 4,000/- | 6,000/- |
| 30,00,000/- | 4,500/- | 6,500/- |
| 50,00,000/- | 5,000/- | 7,500/- |
| 75,00,000/- | 7,000/- | 10,000/- |
| 1,00,00,000/- | | |

II(22)

ii. Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policy holder / insured)

Each and every claim under the Policy shall be subject to a Copayment of 20% applicable to claim amount admissible and payable
(Applicable for Insured persons whose age at the time of entry is above 65 years)

II(24)

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|---|---|---|-----------------|
| | <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 | <p>Claims / Claims Procedure</p> | <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 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 | IV(2) (B) & (C) |

- 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

Notification of Claim: Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.

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 90 days from the date of discharge from hospital |

(Refer policy clause for the complete list of documents)

- 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

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|----|------------------------|---|---------|
| | | <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: https://www.starhealth.in/lookup/hospital/#excluded-hospital</p> <p>iv. Downloading/getting claim form: For Cashless (Pre-Authorization Form): https://d28c6jni2fmamz.cloudfront.net/Preauthorization_form_38c71d3dca.pdf For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</p> | |
| 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> | IV(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 If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600. For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p> | IV(15) |
| | | <p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p> | Page 11 |

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|----|--------------------|--|--------|
| 12 | Things to remember | <p>The 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.</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"> 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 ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period | IV(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"> i) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. ii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iii) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. iv) Coverage is not available during the grace period v) No loading shall apply on renewals based on individual claims experience | IV(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> | IV(7) |

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| | | <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> | IV(8) |
| | | <p>Change in Sum Insured: Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.</p> | IV(26) |
| | | <p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p> | IV (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> | 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.) |
| Illustration 1 | | | | | | | | | | |
| 63 | 44,020 | 10,00,000 | 44,020 | Nil | 44,020 | 10,00,000 | 77,255 | 13,294 | 63,961 | 10,00,000 |
| 58 | 33,235 | 10,00,000 | 33,235 | | 33,235 | 10,00,000 | | | | |
| <p>Total Premium for all members of the family is Rs.77,255/-, when each member is covered separately. Sum insured available for each individual is Rs. 10,00,000/-</p> <p>Total Premium for all members of the family is Rs.77,255/-, when they are covered under a single policy. Sum insured available for each family member is Rs.10,00,000/-</p> | | | | | | | | | | |
| Illustration 2 | | | | | | | | | | |
| 54 | Not Applicable | 10,00,000 | Not Applicable | Nil | Not Applicable | 10,00,000 | Not Applicable | Not Applicable | 50577 | 10,00,000 |
| 51 | Not Applicable | 10,00,000 | Not Applicable | | Not Applicable | 10,00,000 | | | | |
| 23 | Not Applicable | 10,00,000 | Not Applicable | | Not Applicable | 10,00,000 | | | | |
| 19 | Not Applicable | 10,00,000 | Not Applicable | | Not Applicable | 10,00,000 | | | | |
| <p>Total Premium when policy is opted on floater basis is Rs.50577/-</p> <p>Total Premium when policy is opted on floater basis is Rs.10,00,000/-, is available for the entire family (2A+2C)</p> | | | | | | | | | | |

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 or call us at +91-7338737872 to acknowledge the receipt of this document

