



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Corporate Office : No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4788 6666

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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 Hospital Cash Insurance Policy UIN: SHAHLIP20046V011920	-
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?) Applicable for both Basic and Enhanced Plan	Sickness Hospital Cash: If the insured person shall contract any disease or suffer from any illness and if such disease / illness shall, upon the advice of a duly qualified Medical Practitioner, require admission of the insured Person as an In-patient in any Hospital in India for the purpose of medical / surgical treatment, then the Company will pay to the Insured Person, Hospital Cash Amount mentioned in the schedule for every 24 hours of hospitalization subject to maximum number of days stated in the Schedule Note: One day deductible is applicable only for Sickness Hospital cash under basic plan	II(A)

	<p>Accident Hospital cash: If the insured person shall sustain bodily injury due to accident and if such accident shall, upon the advice of a duly qualified Medical Practitioner, require admission of the insured Person as an In-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, 150% of the Hospital Cash Amount mentioned in the schedule for every 24 hours of hospitalization subject to maximum number of days stated in the Schedule</p>	II(B)
	<p>ICU Hospital cash: If the insured person shall, upon the advice of a duly qualified Medical Practitioner, require admission in ICU for the purpose of treatment of Sickness / Accident / Injury, then the Company will pay to the insured person, 200% of the Hospital Cash Amount stated in the Schedule for every 24 hours of treatment In ICU.</p> <p>Note</p> <ol style="list-style-type: none"> Where the policy is issued on Individual Basis, ICU Hospital Cash is payable for a maximum of 30 days only per policy year. Where the policy is issued on Floater Basis, ICU Hospital Cash is payable for a maximum of 90 days only per policy year. 	II(C)
Applicable only for Enhanced Plan	<p>Convalescence Hospital Cash: If the insured person shall contract any disease or suffer from any illness or sustain bodily injury due to an accident and if such disease / injury or accident shall, upon the advice of a duly qualified Medical Practitioner, require admission of the insured Person as an In-patient in any Hospital in India for the purpose of medical /surgical treatment for more than 5 consecutive days, then the Company will pay to the Insured Person a lump sum equal to one day Hospital Cash Amount in addition to claim payable under Sickness Hospital Cash or Accident Hospital Cash or ICU Hospital Cash</p>	II(D)
	<p>Child Birth Hospital Cash: If the insured person shall, upon the advice of a duly qualified Medical Practitioner, require admission of the Insured Person as an In-patient in any Hospital in India for the purpose of Child Delivery, then the Company will pay to the insured person Hospital Cash Amount stated in the schedule subject to maximum number of days stated in the schedule.</p> <p>Special Condition</p> <ol style="list-style-type: none"> The coverage under this benefit (II E) is subject to a waiting period of 2 years from the first commencement of this Star Hospital Cash Insurance Policy Only female insured persons are eligible for this benefit 	II(E)
	<p>World Wide Hospital Cash: If the insured person shall contract any disease or suffer from any illness or sustain bodily injury due to an accident and if such disease / illness / injury or accident shall, upon the advice of a duly qualified Medical Practitioner, require admission of the insured Person as an In-patient in any Hospital outside India for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, 200% of Hospital Cash Amount mentioned in the schedule for every 24 hours of hospitalization</p>	II(F)

6	Exclusions: (What The policy does not cover?) (Applicable for Basic Plan and Enhanced Plan)	Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA	III(5)
		Congenital External Condition / Defects / Anomalies	III(6)
		Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states	III(7)
		Intentional self injury	III(8)
		Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing	III(9)
		Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)	III(11)
		Injury or disease caused by or contributed to by nuclear weapons/materials	III(12)
		Weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity	III(13)
		High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, 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	III(14)
		Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy	III(15)
		Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted	III(16)
		All types of Cosmetic, Aesthetic treatment of any description, all treatment for erectile dysfunctions, Change of Sex	III(17)
		Plastic surgery (other than as necessitated due to an accident or as a part of any illness)	III(18)
		Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)	III(19)
		Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)	III(20)
		Treatment arising from or traceable to pregnancy, childbirth except to the extent covered under "child birth hospital cash", family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy)	III(21)
		Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same	III(22)
		Medical and / or surgical treatment of Sleep apnea, treatment of endocrine disorders	III(23)
		Cochlear implants and procedure related hospitalization expenses	III(24)

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: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 	III(1)
		<ul style="list-style-type: none"> • Specific waiting periods (Not applicable for claims arising due to an accident) The following specified ailments / illness / diseases for 24 consecutive months from the inception date of this policy: <ul style="list-style-type: none"> A. 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. B. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology C. 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]. D. 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), E. 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. F. All types of Hernia, G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula, H. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases I. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, K. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence L. Varicose veins and Varicose ulcers M. All types of transplant and related surgeries (Other than bone marrow transplant for acute hematological malignancies and acute medical emergencies when indicated) N. Congenital Internal disease / defect 	III(2)
		<ul style="list-style-type: none"> • Pre-existing diseases: <ul style="list-style-type: none"> i) Applicable for Basic Plan: Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed; since first inception of this policy. 	III(3)

		ii) Applicable for Enhanced Plan: Pre Existing Diseases as defined in the policy until 24 consecutive months of continuous coverage have elapsed; since first inception of this policy.	III(4)
8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	NIL	
	ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)	NIL	
	iii) Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount))	One day deductible is applicable only for Sickness Hospital cash under basic plan.	II(A)

	iv) Any other limit (as applicable)	NIL	-
9	Claims/ Claims procedure	<ul style="list-style-type: none"> Notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event. 	IV(2)
		<ul style="list-style-type: none"> Claim must be filed within 15 days from the date of discharge from the Hospital. 	IV(3)
		<ul style="list-style-type: none"> The Insured Person/s shall submit to the Company <ol style="list-style-type: none"> Duly completed claim form, and Discharge Summary from the hospital Hospital Main bill with breakup details. <p>The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy.</p> <p>Note:</p> <ol style="list-style-type: none"> KYC (Identity proof with Address) of the proposer, as per AML Guidelines For assistance call 24 hours help-line 044-69006900 or Toll Free No.1800 425 2255, Senior Citizens may call at 044-40020888 	IV(4)
		i) Turn Around Time (TAT) for claims settlement: Not Applicable	
		ii) 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/	
		iii) 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	
		iv) Downloading / getting Pre-Authorisation claim form: For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf	
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: Details of company officials: 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>	IV(23)
		<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>	
		<p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	Page 4
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 and the stamp duty charges or where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period 	IV(10)

		<p>Policy renewal: The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period, the continuity of benefits with reference to Exclusions III (1, 2A to 2N, 3 and 4) will be allowed.</p> <p>Note:</p> <ol style="list-style-type: none"> 1. The actual period of cover will start only from the date of payment of premium 2. Renewal premium is subject to change as per the extant Guidelines. 	IV(7)
		Migration: Not applicable	-
		Portability: This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 30 days before but not earlier than 60 days from the date when the renewal is due.	IV(13)
		Change in Sum Insured: Not Available	-
		Moratorium Period: Not Available	-
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>	IV(11)

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										
64	6,400	3,000	6,400	Nil	6,400	3,000	12,800	4,800	8,000	3,000
58	6,400	3,000	6,400		6,400	3,000				
Total Premium for all members of the family is Rs.12,800/- , when each member is covered separately. Sum insured available for each individual is Rs.3,000/- Total Premium when policy is opted on floater basis is Rs.8,000/- Sum insured of Rs.3,000/- is available for the entire family (2A)										
Illustration 2										
47	3,333	3,000	3,333	Nil	3,333	3,000	9,999	3,650	6,349	3,000
44	3,333	3,000	3,333		3,333	3,000				
19	3,333	3,000	3,333		3,333	3,000				
Total Premium for all members of the family is Rs.9,999/- , when each member is covered separately. Sum insured available for each individual is Rs.3,000/- Total Premium when policy is opted on floater basis is Rs6,349/- Sum insured of Rs.3,000/- 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.

Note: 120 days Base Plan Premium taken | 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 "Customer Information Sheet".

