

C U S T O M E R I N F O R M A T I O N S H E E T

**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 SPECIAL CARE PLATINUM Unique Identification No : SHAHLIP26042V012526 | - |
| 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 | - |

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| 5 | Policy Coverage (What the Policy covers) | Expenses in respect of: | |
| | | 1. In-patient Treatment: Admission in Hospital beyond 24 hrs. | II(1 – i, ii, iii, iv) |
| | | 2. Day Care Treatment: All day care treatments requiring less than 24 hours of hospitalization. | II(2) |
| | | 3. AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment. | II(3) |
| | | 4. Coverage for Modern Treatment: Covered up to specified limits. | II(4) |
| | | 5. Coverage for Specific diseases: Covered up to specified limits. | II(5) |
| | | 6. Pre-Hospitalization: Medical expenses incurred for a period not exceeding 15 days prior to the date of hospitalization, for disease/illness, injury sustained following an admissible claim for hospitalization under the Policy subject to a maximum of Rs.5,000/- per hospitalization. This benefit is not applicable in case of any claim arising out of a Day care treatment. | II(6) |
| | | 7. Post-Hospitalization: Wherever recommended by the treating medical practitioner, Post-Hospitalization medical expenses incurred for a period not exceeding 15 days from the date of discharge from the hospital, for disease/illness, injury sustained following an admissible claim for hospitalization under the Policy subject to a maximum of Rs.5,000/- per hospitalization. This benefit is not applicable in case of any claim arising out of a Day care treatment. | II(7) |
| 6 | Exclusions (What the Policy does not cover) | 1. Investigation & Evaluation | Excl 04 |
| | | 2. Rest Cure, rehabilitation 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 |

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| | 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 similar therapies | Excl 26 |
| | 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. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) | Excl 32 |
| | 28. Hospital registration charges, admission charges, record charges, telephone charges and such other charges | Excl 34 |
| | 29. Cochlear implants and procedure related hospitalization expenses | Excl 35 |
| | 30. Any hospitalizations which are not Medically Necessary | Excl 36 |
| | 31. Other Excluded Expenses as detailed in the website www.starhealth.in | Excl 37 |
| | 32. Existing disease/s, disclosed by the Insured and mentioned in the Policy schedule under Permanent Exclusion (based on Insured's consent) | Excl 38 |

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| 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) | <p>III(3) Excl 03</p> |
| | <ul style="list-style-type: none"> • Specific waiting period (Not applicable for claims arising due to an accident) 36 months for listed diseases / procedures <ul style="list-style-type: none"> A. Expenses related to the treatment of following listed Conditions, surgeries / treatments shall be excluded until the expiry of 36 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 B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase C. 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 D. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage F. List of specific diseases/procedures; <ol style="list-style-type: none"> 1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, and Diseases related to Thyroid, Benign diseases of the breast 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology 3. 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] 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 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 | <p>III(2) Excl 02</p> | |

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|----------|---|--|---------------------------|
| | | <p>9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies</p> <p>10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele</p> <p>11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence</p> <p>12. Varicose veins and Varicose ulcers</p> <p>13. All types of transplant and related surgeries</p> <p>14. Congenital Internal disease / defect</p> | |
| | | <p>• Pre-existing diseases:</p> <p>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</p> <p>B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase</p> <p>C. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage</p> <p>D. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer</p> | <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, Nursing Expenses all-inclusive as provided by the Nursing Home / Hospital up to 1% subject to maximum of Rs.5,000/- per day.</p> | <p>II(1-i)</p> |
| | | <p>Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 2% of Sum Insured subject to maximum of Rs.10,000/- per day.</p> | <p>II(1-ii)</p> |

Sub-limits for Modern Treatment

| Sr No | Treatment / Procedure | Sum Insured Rs.3,00,000/- | Sum Insured Rs.5,00,000/- |
|-------|--|------------------------------|------------------------------|
| | | Sublimits Rs. | |
| 1 | Uterine artery Embolization and HIFU | 30,000/- | 50,000/- |
| 2 | Balloon Sinoplasty | 30,000/- | 40,000/- |
| 3 | Deep Brain Stimulation | 50,000/- | 75,000/- |
| 4 | Oral Chemotherapy* (Sublimits including Pre and Post hospitalization) | 25,000/- | 40,000/- |
| 5 | Immunotherapy- Monoclonal Antibody to be given as injection | 40,000/- | 50,000/- |
| 6 | Intra Vitreal injections | 10,000/- | 20,000/- |
| 7 | Robotic surgeries | 50,000/- | 75,000/- |
| 8 | Stereotactic radio surgeries | 40,000/- | 50,000/- |
| 9 | Bronchial Thermoplasty | 25,000/- | 40,000/- |
| 10 | Vaporisation of the prostate (Green laser treatment or holmium laser treatment) | 40,000/- | 50,000/- |
| 11 | IONM- (Intra Operative Neuro Monitoring) | 30,000/- | 40,000/- |
| 12 | Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions | 75,000/- | 1,00,000/- |

II(4)

*Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization

Sub-limits for specified treatment / procedures during the entire Policy period

| Sr No | Diseases / Conditions | Sum Insured Rs.3,00,000/- | Sum Insured Rs.5,00,000/- |
|-------|---|--------------------------------|--------------------------------|
| | | Sublimits Rs. | |
| 1 | All Cardiac Diseases / Ailments | | |
| | a. Coronary Artery By-Pass Grafting (CABG) | 1,10,000/- | 1,25,000/- |
| | b. PTCA (All inclusive irrespective of the number of stents used; incl. Angiogram) | 70,000/- | 80,000/- |
| | c. Medical and Surgical management for chronic cardiac conditions | 50,000/- | 75,000/- |
| 2 | Minor Surgeries Warranting Hospitalization | 12,000/- | 15,000/- |
| 3 | Admissions for Medical Diseases related to Central Nervous System | 35,000/- | 45,000/- |
| 4 | Major Surgeries (Other than those specifically provided for) | 35,000/- | 45,000/- |
| 5 | Oncology (All modes of therapy) | 70,000/- | 1,00,000/- |
| 6 | Accidental Grievous Injuries | 70,000/- | 1,00,000/- |
| 7 | Joint Replacement | 70,000/- | 1,00,000/- |
| 8 | Renal Transplant Surgery | 70,000/- | 1,00,000/- |
| 9 | Dialysis (1,000 per sitting) | 1,000/- | 1,000/- |
| 10 | Diabetic Foot ulcer/Amputation (management) | 15,000/- | 25,000/- |
| 11 | Management of Chronic Liver Disease | 35,000/- | 45,000/- |
| 12 | Management of Auto Immune conditions | 25,000/- | 35,000/- |
| 13 | Chronic Pulmonary Disease | 25,000/- | 35,000/- |
| 14 | Management of Chronic Pancreatic disorders | 50,000/- | 75,000/- |
| 15 | Cataract | 15,000/- | 20,000/- |
| 16 | Treatment for Infectious Diseases (per day limit & max cap) | 3,000/ day; Max 18,000/- | 4,500/ day; Max 30,000/- |
| 17 | All other Medical Managements/ Treatments - other than those specified above | 20,000/- | 30,000/- |
| 18 | All Interventional Therapies -including implants / conSumables - other than those specified above | 50,000/- | 75,000/- |

II (5)

| | <p>Pre-hospitalization medical expenses incurred for a period not exceeding 15 days prior to the date of hospitalization, for disease/illness, injury sustained following an admissible claim for hospitalization under the Policy subject to a maximum of Rs.5,000/- per hospitalization. This benefit is not applicable in case of any claim arising out of a Day care treatment.</p> | II(6) | | | | | | | | | | | | |
|---|---|------------------------|--|--|-----|--|-----|--|-----|--|-----|--|-----|-------|
| | <p>Post-Hospitalization: medical expenses incurred for a period not exceeding 15 days from the discharge date of hospitalization, for disease/illness, injury sustained following an admissible claim for hospitalization under the Policy subject to a maximum of Rs.5,000/- per hospitalization. This benefit is not applicable in case of any claim arising out of a Day care treatment.</p> | II(7) | | | | | | | | | | | | |
| <p>ii) Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by Policyholder / Insured)</p> | <p>Voluntary Co-payment: The Policyholder can choose any of the voluntary Co-payment options as given below:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2" style="background-color: #003366; color: white;">Voluntary Co-payment %</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">10%</td> </tr> <tr> <td></td> <td style="text-align: center;">20%</td> </tr> <tr> <td></td> <td style="text-align: center;">30%</td> </tr> <tr> <td></td> <td style="text-align: center;">40%</td> </tr> <tr> <td></td> <td style="text-align: center;">50%</td> </tr> </tbody> </table> | Voluntary Co-payment % | | | 10% | | 20% | | 30% | | 40% | | 50% | II(9) |
| Voluntary Co-payment % | | | | | | | | | | | | | | |
| | 10% | | | | | | | | | | | | | |
| | 20% | | | | | | | | | | | | | |
| | 30% | | | | | | | | | | | | | |
| | 40% | | | | | | | | | | | | | |
| | 50% | | | | | | | | | | | | | |
| <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> | <p>Defined Limit: The Company's liability will begin only when the aggregate of the admissible hospitalization expenses under this Policy during this Policy period exceeds the Defined limit of Rs.1,00,000/-; Rs.2,00,000/-; Rs.3,00,000/-; Rs.4,00,000/-; Rs.5,00,000/- as chosen by the Policyholder. Defined Limit once opted cannot be reduced at the time of renewal/s.</p> | II(8) | | | | | | | | | | | | |
| <p>iv. Any other limit (as applicable)</p> | NIL | - | | | | | | | | | | | | |

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| <p>9</p> | <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"> 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. For details of Networked Hospitals, the Insured may visit www.starhealth.in or contact the nearest branch k. In non-network hospitals, payment must be made up-front and then reimbursement will be effected on submission of documents. l. KYC (Identity proof with Address) of the proposer, as per AML guidelines <p>The Company reserves the right to call for additional documents wherever required.</p> <p>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 for a possible reimbursement.</p> | <p>IV (2-B)</p> |
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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.

Time limit for submission of:

| 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 30 days from the date of discharge from hospital |

IV (2-C)

(Refer policy clause for the complete list of documents)

Turn Around Time (TAT) for claims settlement

- i. TAT for preauthorization of cashless facility: Within 1 hr from the time of receipt of all necessary relevant documents https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf
- ii. TAT for cashless final bill authorization: Within 3 hrs 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
- iii. Hospitals which are excluded or from where no claims will be accepted by insurer:
<https://www.starhealth.in/lookup/hospital/#excluded-hospital>
- iv. Downloading/getting claim form:
For Cashless (Pre-Authorization Form)
https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf
For Reimbursement
<https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf>
- v. For the comprehensive list of documents to be submitted while filing a reimbursement claim:
<https://www.starhealth.in/claims/#claim-process>

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| 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 no 23 |
| 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. The Policyholder 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. If the Policyholder is not satisfied with any of the terms and conditions and has not made any claim, the Policyholder has the option to cancel his/her Policy. This option is available in case of policies with a term of one year or more. The Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any incurred by the Insurer on medical examination of the proposer and stamp duty charges</p> | IV (14) |

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| | | <p>Policy renewal:</p> <p>The Policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Policyholder. If the product is withdrawn, the Policyholder shall be provided with suitable options to migrate as per the procedure stated under “withdrawal clause”</p> <ol style="list-style-type: none"> i. At the end of the Policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days. ii. While coverage is not available during the Grace Period, if the Policy is renewed during the Grace Period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) accrued under the Policy shall be protected. | <p>IV (9)</p> |
| | | <p>Migration: In case of migration of one Policy to another with the same insurer, the Policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. in the previous Policy to the migrated Policy.</p> | <p>IV (7)</p> |
| | | <p>Portability</p> <ol style="list-style-type: none"> i. The Policyholder has the choice to port his / her Policy from one Insurer to another 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. ii. The Policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. from the existing Insurer to the Acquiring Insurer in the previous Policy. | <p>IV (8)</p> |
| | | <p>Change in Sum Insured :</p> <p>Reduction or enhancement of Sum Insured is permissible only at the time of renewal.</p> <p>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 additional Sum Insured including the respective sub-limits by way of such enhancement shall be subject to the following terms.</p> <p>Exclusions under shall apply afresh from the date of such enhancement for the increase in the Sum Insured , that is, the difference between the expiring Policy Sum Insured and the increased Sum Insured ;</p> | <p>IV (25)</p> |

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| | | <ul style="list-style-type: none"> i) First 30 days as under Exclusion - Code Excl03 ii) 36 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion Code Excl02 iii) 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined under Exclusion Code Excl 01 | |
| | | <p>Moratorium Period:</p> <p>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) |

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"