



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 Super Surplus (Floater) Insurance Policy Unique Identification No : SHAHLIP22034V062122	
2	Policy Number	Refer Policy Schedule attached with this document	
3	Type of Insurance Product / Policy	Indemnity	
4	Sum Insured (Basis)	Refer Policy Schedule attached with this document	
5	Policy Coverage (What the policy covers)	Expenses in respect of Silver Plan	
		1. In-patient Treatment: Admission in Hospital beyond 24 hours	II(A)
		2. Pre-Hospitalisation: Medical Expenses incurred up to 30 days prior to the date of hospitalisation	II(C)
		3. Post-Hospitalisation: Medical Expenses incurred up to 60 days from the date of discharge from the hospital	II(D)
		4. Modern Treatments: Covered up to specified limits	II(E)
		5. AYUSH Treatment: 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(F)
		Expenses in respect of Gold Plan	
	5. In-patient Treatment: Admission in Hospital beyond 24 hours	III(A)	

		<p>6. Emergency ambulance charges: Covered up-to a sum of Rs.3,000/- per hospitalization for transportation of the insured person by private ambulance service</p>	III(C)										
		<p>7. Air Ambulance expenses: Air Ambulance is available for the sum insured of Rs. 10 lakhs and above only</p>	III(D)										
		<p>8. E-Medical Opinion: The Insured Person is given the facility of obtaining "E Medical Opinion" from the Company's expert panel.</p>	III(E)										
		<p>9. Pre-hospitalization Expenses: Medical Expenses incurred up to 60 days prior to the date of hospitalization</p>	III(F)										
		<p>10. Post-Hospitalization: Medical Expenses incurred up to 90 days from the date of discharge from the hospital</p>	III(G)										
		<p>11. Delivery Expenses: Expenses for a Delivery including Delivery by Caesarean section up to Rs.50,000/- per policy period</p>	III(H)										
		<p>12. Organ Donor Expenses: Expense for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured</p>	III(I)										
		<p>13. AYUSH Treatment: 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.</p>	III(K)										
		<p>14. Recharge Benefit: If the Sum Insured under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the specified limits would be provided once for the remaining policy period.</p> <table border="1"> <thead> <tr> <th>Defined Limit Rs</th> <th>Recharge Limit Rs</th> </tr> </thead> <tbody> <tr> <td>3,00,000/-</td> <td>50,000/-</td> </tr> <tr> <td>5,00,000/-</td> <td>75,000/-</td> </tr> <tr> <td>10,00,000/-</td> <td>1,00,000/-</td> </tr> <tr> <td>15,00,000/- and above</td> <td>2,50,000/-</td> </tr> </tbody> </table>	Defined Limit Rs	Recharge Limit Rs	3,00,000/-	50,000/-	5,00,000/-	75,000/-	10,00,000/-	1,00,000/-	15,00,000/- and above	2,50,000/-	III(L)
Defined Limit Rs	Recharge Limit Rs												
3,00,000/-	50,000/-												
5,00,000/-	75,000/-												
10,00,000/-	1,00,000/-												
15,00,000/- and above	2,50,000/-												
		<p>15. Wellness Services: Can be availed through "Star Health" Mobile App</p>	III(M)										
		<p>16. Coverage for Modern Treatments: Covered up to specified limits</p>	III(J)										
6	Exclusions (What the policy does not cover)	Standard Exclusion											
		1. Investigation & Evaluations	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 - (except to the extent covered under "Ill Coverage H")	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
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. All treatment for Priapism and erectile dysfunctions	Excl 30
27. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)	Excl 31

		28. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)	Excl 32
		29. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders	Excl 33
		30. Hospital registration charges, admission charges, record charges, telephone charges and such other charges	Excl 34
		31. Cochlear implants and procedure related hospitalization expenses - Code Excl 35	Excl 35
		32. Expenses incurred for treatment of diseases/illness/accidental injuries which does not warrant hospitalization	Excl 36
		33. Other Excluded Expenses as detailed in our website www.starhealth.in	Excl 37
		34. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent)	Excl 38
		35. Any medical expenses incurred towards treatment of New Born Baby	Excl 44
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"> 30-day waiting period <ul style="list-style-type: none"> A. 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 B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently Specified disease / procedure waiting period <ul style="list-style-type: none"> A. Applicable for Silver Plan: 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. Applicable for Gold Plan: Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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. 	<p>Excl 03</p> <p>Excl 02</p>

- 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;
1. 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
 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 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

		<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> <ol style="list-style-type: none"> 1. Varicose veins and Varicose ulcers 2. All types of transplant and related surgeries 3. Congenital Internal disease / defect <ul style="list-style-type: none"> • Pre-Existing Diseases <ul style="list-style-type: none"> A. Applicable for Silver Plan: 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 Applicable for Gold Plan: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase 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 D. Applicable for Silver Plan: 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 Applicable for Gold Plan: Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer 	<p>Excl 01</p>
		<p>Coverage – Silver Plan</p>	
		<p>Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home: Covered upto maximum of Rs.4,000/- per day</p> <p>Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room rent limit stated in the policy or actuals whichever is less.</p>	<p>II(A)</p>

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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)**

Modern Treatments: Expenses payable during the entire policy period for the following treatment/procedure (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in policy wording

Treatment / Procedure	Deductible Rs.	Limit per Policy Period for each treatment / procedure Rs
Uterine artery Embolization and HIFU	3,00,000/-	75,000/-
	5,00,000/-	1,25,000/-
Balloon Sinuplasty	3,00,000/-	30,000/-
	5,00,000/-	50,000/-
Deep Brain Stimulation	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-
Oral Chemotherapy	3,00,000/-	75,000/-
	5,00,000/-	1,25,000/-
Immunotherapy- Monoclonal Antibody to be given as injection	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-
Intra Vitreal injections	3,00,000/-	30,000/-
	5,00,000/-	50,000/-
Robotic surgeries	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-
Stereotactic radio surgeries	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-
Bronchical Thermoplasty	3,00,000/-	3,00,000/-
	5,00,000/-	5,00,000/-
Vaporisation of the prostate (Green Laser treatment or holmium laser treatment)	3,00,000/-	3,00,000/-
	5,00,000/-	5,00,000/-
IONM-(Intra Operative Neuro Monitoring)	3,00,000/-	3,00,000/-
	5,00,000/-	5,00,000/-
Stemcell Therapy (Hematopoietic stem cells for bone marrow transplant for haematological) conditions	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-

II(E)

Coverage – Gold Plan

Room (Single Private A/C room), Boarding and Nursing Expenses as provided by the Hospital.

Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room category stated in the policy or actuals whichever is less

Emergency ambulance: Rs.3,000/- per hospitalization for transportation of the insured person by private ambulance service

III(C)

Air Ambulance expenses: The insured person is eligible for reimbursement, expenses incurred towards cost of air ambulance up-to 10% of the sum insured

III(D)

Delivery Expenses: Expenses for a Delivery including Delivery by Caesarean section (including pre-natal, post-natal expenses and Lawful medical termination of Pregnancy) up-to Rs.50,000/- per policy period, subject to a maximum of 2 deliveries

III(H)

Modern Treatments

Sum Insured (Rs.)	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation
5,00,000	1,25,000	50,000	2,50,000
10,00,000	1,50,000	1,00,000	3,00,000
15,00,000	1,75,000	1,25,000	4,00,000
20,00,000	2,00,000	1,50,000	4,50,000
25,00,000	2,00,000	1,50,000	5,00,000
50,00,000	2,25,000	1,75,000	6,00,000
75,00,000	2,50,000	2,00,000	7,00,000
1,00,00,000	3,00,000	2,00,000	7,50,000

Sum Insured (Rs.)	Oral Chemo-therapy	Immunotherapy Monoclonal antibody to be given as injection	Intra vitreal Injections
5,00,000	1,25,000	2,50,000	50,000
10,00,000	2,00,000	4,00,000	75,000
15,00,000	2,50,000	5,00,000	1,00,000
20,00,000	2,75,000	5,50,000	1,25,000
25,00,000	3,00,000	6,00,000	1,50,000
50,00,000	4,00,000	7,50,000	1,75,000
75,00,000	5,00,000	9,00,000	2,00,000
1,00,00,000	6,00,000	10,00,000	2,00,000

Sum Insured (Rs.)	Robotic Surgeries	Stereotactic Radio Surgeries	Stem cell Therapy
5,00,000	2,50,000	2,00,000	2,50,000
10,00,000	3,00,000	2,25,000	3,00,000
15,00,000	4,00,000	2,50,000	4,00,000
20,00,000	4,50,000	2,75,000	4,50,000
25,00,000	5,00,000	3,00,000	5,00,000
50,00,000	6,00,000	3,50,000	7,50,000
75,00,000	7,00,000	3,75,000	9,00,000
1,00,00,000	7,50,000	4,00,000	10,00,000

Sum Insured (Rs.)	Bronchial Thermoplasty	Vaporisation of the prostate	IONM
5,00,000	 <p>Up to Sum Insured</p>		
10,00,000			
15,00,000			
20,00,000			
25,00,000			
50,00,000			
75,00,000			
1,00,00,000			

III(J)

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

NIL

	<p>iii. Deductible (It is a specified amount: up to which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>	<p>Silver Plan: 3,00,000/- and 5,00,000/-</p> <p>Gold Plan : 3,00,000/-, 5,00,000/-, 10,00,000/-, 15,00,00/-, 20,00,000/-, 25,00,000/-</p>	-
	<p>iv. Any other limit (As Applicable)</p>	<p>NIL</p>	
<p>9. 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. This form is submitted to the Company f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate. g. 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 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 	<p>V(2) (B), (C) and (D)</p>

- 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

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	<p>Silver Plan: within 15 days after completion of 60 days from the date of discharge from hospital</p> <p>Gold Plan: within 15 days after completion of 90 days from the date of discharge from hospital</p>

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.

- 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
- iii. 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 blacklisted 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/Preauthorization_form_38c71d3dca.pdf

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>	V(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>	V(15)
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page 9
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 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. 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 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 	V(14)

		<p>Policy Renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.</p> <ol style="list-style-type: none"> 1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. 2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. 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. 4. Coverage is not available during the grace period. 5. No loading shall apply on renewals based on individual claims experience 	V(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>	V(7)
		<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>	V(8)
		<p>Revision of Sum Insured: 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 additional sum insured by way of such enhancement shall be subject to the following terms</p>	

		<p>1. Exclusion Code- Excl 01, Exclusion Code- Excl 02 and Exclusion Code- Excl 03 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 current sum insured.</p> <p>2. Waiting Periods as under shall apply afresh from the date of such enhancement for the additional sum insured in respect of diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods:-</p> <p>i) For Silver Plan: 36 months of continuous coverage without break</p> <p>ii) For Gold Plan: 12 months of continuous coverage without break</p> <p>3. The above applies to each relevant insured person</p>	V(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>	V(11)
14	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>	V(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".