



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 | Super Surplus Insurance Policy SHAHLIP22035V062122 | - |
| 2 | Policy Number | Refer Policy Schedule attached with this document | - |
| 3 | Type of Insurance Product / Policy | Indemnity (Where Insured losses are covered up to the Sum Insured under the policy) | - |
| 4 | Sum Insured | Refer Policy Schedule attached with this document | - |
| 5 | Policy Coverage: (What the policy covers?) | Expenses in respect of: In-patient Treatment: Admission in Hospital beyond 24 hrs. | II(A,B,C) & III(A,B,C) |
| | | Day care Procedures: All day care procedures requiring less than 24 hours of hospitalization | II(Note)(2) & III(Note)(1) |
| | | Road Ambulance (Available only under Gold Plan): Emergency ambulance charges up-to a sum of Rs.3,000/- per policy period | III(C) |

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| | | Air Ambulance (Available only under Gold Plan): Expenses incurred towards cost of air ambulance up-to 10% of the sum insured. This is applicable for sum insured of Rs.7 lacs and above | III(D) |
| | | Pre-hospitalization: Silver Plan - Medical expenses incurred up to 30 days immediately before the insured person is hospitalized. Gold plan - Medical expenses incurred up to 60 days immediately before the insured person is hospitalized. | II(D) & III(F) |
| | | Post-hospitalization: Silver Plan - Medical expenses incurred up to 60 days immediately after the insured person is discharged from the hospital. Gold Plan - Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital | II(E) III(G) |
| | | Delivery Expenses (Available only under Gold Plan): Expenses up-to Rs.50,000/- per policy period, subject to a maximum of 2 deliveries | III(H) |
| | | Organ Donor Expenses (Available only under Gold Plan): 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. | III(I) |
| | | E-Medical Opinion (Available only under Gold Plan): The Insured Person is given the facility of obtaining "E Medical Opinion" from the Company's expert panel | III(E) |
| | | Coverage for Modern Treatment: The 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 specified limit. | II(F) & III(J) |
| | | 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(G) & III (K) |
| | | Recharge Benefit (Available only under Gold Plan): 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. | III(L) |
| | | Wellness Services (Refer policy clause for the complete details): Online Chat with Doctor, Medical Concierge Services, Period & Fertility Tracker Digital Health Vault. Wellness Content, Health Quiz & Gamification, Post-Operative Care Discounts from Network Providers | III(M) |
| 6. | Exclusions (What the policy does not cover) | Investigation & Evaluation | Excl 04 |
| | | Rest Cure, rehabilitation and respite care | Excl 05 |
| | | Obesity / Weight Control | Excl 06 |
| | | Change-of-Gender treatments | Excl 07 |

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| | Cosmetic or plastic Surgery | Excl 08 |
| | Hazardous or Adventure sport | Excl 09 |
| | Breach of law | Excl 10 |
| | Excluded Providers | Excl 11 |
| | Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof | Excl 12 |
| | Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons | Excl 13 |
| | Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure | Excl 14 |
| | Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres | Excl 15 |
| | Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness | Excl 16 |
| | <p>Sterility and Infertility: Expenses related to sterility and infertility. This includes;</p> <p>a. Any type of contraception, sterilization</p> <p>b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</p> <p>c. Gestational Surrogacy</p> <p>d. Reversal of sterilization</p> | Excl 17 |
| | <p>Maternity (except to the extent covered under "III Coverage H")</p> <p>i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy</p> <p>ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period</p> | Excl 18 |
| SPECIFIC EXCLUSIONS | | |
| | Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA | Excl 19 |
| | Congenital External Condition / Defects / Anomalies | Excl 20 |
| | Convalescence, general debility, run-down condition, Nutritional deficiency states | Excl 21 |

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| | Intentional self injury | Excl 22 |
| | Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) | Excl 24 |
| | Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials | Excl 25 |
| | Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies | Excl 26 |
| | Unconventional, Untested, Experimental therapies | Excl 27 |
| | Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy | Excl 28 |
| | Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted | Excl 29 |
| | All treatment for Priapism and erectile dysfunctions | Excl 30 |
| | Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) | Excl 31 |
| | Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) | Excl 32 |
| | Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders | Excl 33 |
| | Hospital registration charges, admission charges, record charges, telephone charges and such other charges | Excl 34 |
| | Cochlear implants and procedure related hospitalization expenses | Excl 35 |
| | Expenses incurred for treatment of diseases / illness/ accidental injuries which does not warrant hospitalization | Excl 36 |
| | Other Excluded Expenses as detailed in our website www.starhealth.in | Excl 37 |
| | Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent) | Excl 38 |
| | Any medical expenses incurred towards treatment of New Born Baby | Excl 44 |

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| <p>7</p> | <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>IV(3) Excl 03</p> |
| | <ul style="list-style-type: none"> • Specific waiting periods (Not applicable for claims arising due to an accident) 24 months for specified disease/ procedures: <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. 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, 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) | <p>IV(2) Excl 02</p> | |

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| | | <ol style="list-style-type: none"> 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 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 | |
| | | <ul style="list-style-type: none"> • Pre-existing diseases: <ol 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 style="text-align: right;">IV(1) Excl 01</p> |

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)**

The policy will pay only up to the limits specified hereunder for the following diseases/procedures:
 In case of a claim, this policy requires you to share the following costs:

Expenses exceeding the following sublimits:

1. Room rent:

- **Silver Plan:** Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home subject to a maximum of Rs.4,000/- per day.
- **Gold Plan:** Single Private A/C room, Boarding and Nursing Expenses as provided by the hospital.

II(A)

III(A)

2. Delivery Expenses (Available only under Gold plan): 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 in the entire life time of the insured person are payable while the policy is in force.

III(H)

3. Modern Treatments:

As applicable in Silver Plan:

| Sum Insured (Rs.) | Uterine artery Embolization and HIFU | Balloon Sinuplasty | Deep Brain Stimulation |
|-------------------|--------------------------------------|--------------------|------------------------|
| 7,00,000/- | 1,25,000/- | 50,000/- | 2,50,000/- |
| 10,00,000/- | 1,50,000/- | 1,00,000/- | 3,00,000/- |

| Sum Insured (Rs.) | Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation) | Immunotherapy- Monoclonal antibody to be given as injection | Intra Vitreal injections |
|-------------------|---|---|--------------------------|
| 7,00,000/- | 1,25,000/- | 2,75,000/- | 60,000/- |
| 10,00,000/- | 2,00,000/- | 4,00,000/- | 75,000/- |

| Sum Insured (Rs.) | Robotic surgeries | Stereotactic radio surgeries | Stem cell therapy: Hematopoietic stem cells for bone marrow |
|-------------------|-------------------|------------------------------|---|
| 7,00,000/- | 2,75,000/- | 2,75,000/- | 2,75,000/- |
| 10,00,000/- | 3,00,000/- | 3,00,000/- | 3,00,000/- |

II(F)

| Sum Insured (Rs.) | Bronchial Thermoplasty | Vaporisation of the prostate (Green laser treatment or holmium laser treatment) | IONM- (Intra Operative Neuro Monitoring) |
|-------------------|------------------------|---|--|
| 7,00,000/- | Up to Sum Insured | | |
| 10,00,000/- | | | |

As applicable in Gold Plan:

| Sum Insured (Rs.) | Uterine artery Embolization and HIFU | Balloon Sinuplasty | Deep Brain Stimulation |
|-------------------|--------------------------------------|--------------------|------------------------|
| 5,00,000/- | 1,25,000/- | 50,000/- | 2,50,000/- |
| 7,00,000/- | 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 Chemotherapy* (Sublimits including Pre and Post Hospitalisation) | Immunotherapy Monoclonal antibody to be given as injection | Intra Vitreal injections |
|-------------------|---|--|--------------------------|
| 5,00,000/- | 1,25,000/- | 2,50,000/- | 50,000/- |
| 7,00,000/- | 1,25,000/- | 2,75,000/- | 60,000/- |
| 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/- |

III(J)

| Sum Insured (Rs.) | Robotic surgeries | Stereotactic radio surgeries | Stem cell therapy: Hematopoietic stem cells for bone marrow |
|-------------------|-------------------|------------------------------|---|
| 5,00,000/- | 2,50,000/- | 2,00,000/- | 2,50,000/- |
| 7,00,000/- | 2,75,000/- | 2,75,000/- | 2,75,000/- |
| 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 (Green laser treatment or holmium laser treatment) | IONM-(Intra Operative Neuro Monitoring) |
|-------------------|------------------------|---|---|
| 5,00,000/- | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured |
| 7,00,000/- | | | |
| 10,00,000/- | | | |
| 15,00,000/- | | | |
| 20,00,000/- | | | |
| 25,00,000/- | | | |
| 50,00,000/- | | | |
| 75,00,000/- | | | |
| 1,00,00,000/- | | | |

4. Recharge Benefit (Applicable for Gold Plan):

| 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)

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| | | <p>5. Emergency ambulance charges up-to a sum of Rs.3,000/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalization claim is admissible as per the Policy.</p> | III(C) |
| | | <p>6. Air Ambulance expenses: The insured person is eligible for reimbursement, expenses incurred towards cost of air ambulance up-to 10% of the sum insured.</p> | III(D) |
| | <p>ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)</p> | 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>Applicable as per the limit chosen in:</p> <p>i) Silver Plan: Rs. 3,00,000/-</p> <p>ii) Gold Plan: 3,00,000/-, 5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/-</p> | - |
| | <p>iv) Any other limit (as applicable)</p> | NIL | |

9

**Claims/
Claims
procedure**

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

a) Documents for Cashless Treatment:

- 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-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk
- e. The Treating Doctor will complete the hospitalization/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
- j. KYC (Identity proof with Address) of the proposer, as per AMLGuidelines

V(2)(B)

b) For Reimbursement claims: For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder;

| SI.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> |

V(2)(C)

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| | | <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.</p> <p>Note: Conditions C and D are precedent to admission of liability under the policy.</p> <p>However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.</p> | V(2)(D) |
| | | <p>For Obtaining E-Medical Opinion (Applicable for Gold Plan):</p> <p>a. Send mail to e_medicalopinion@starhealth.in attaching scanned copies of medical reports about which the insured seeks the second opinion</p> <p>b. The response will be communicated by email</p> <p>Applicable for Gold Plan: Intimation of all hospitalizations during the policy period irrespective of whether a claim is made or not must be given to the Company within 15 days of its occurrence</p> | V(2)(F) |
| | | <p>For both Reimbursement and Cashless claims: certified true copies of the bills, receipts, discharge summary and other medical documents will be accepted, provided such hospitalization is claimed from any other source, up to the 'defined limits' opted for and such documents are certified as true copies by the company / body, if any, from which claim was made up to the 'defined limits'</p> <p>(Refer policy clause for the complete list of documents)</p> | |
| | | <p>Turn Around Time (TAT) for claims settlement</p> | |
| | | <p>TAT for preauthorization of cashless facility: 1 hour from the time of receipt of all necessary relevant documents.</p> <p>https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> | |
| | | <p>TAT for cashless final bill authorization: 3 hours from the time of receipt of all necessary relevant documents.</p> | |
| | | <p>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/</p> | |
| | | <p>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</p> | |
| | | <p>Hospitals which are blacklisted or from where no claims will be accepted by insurer: Insured can refer the company website using the following link to the list of excluded hospitals. https://www.starhealth.in/lookup/hospital/#excluded-hospital</p> | |

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| | | <p>Downloading/ getting claim form:</p> <p>a) For Cashless: https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> <p>b) 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> | 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</p> <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. Grievance may also be lodged at IRDAI Integrated Grievance Management System https://bimabharosa.irdai.gov.in/</p> <p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p> | V(15) |
| | | | 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.</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 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) |

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| | | <p>Policy renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.</p> <ul 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. | 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>Change in 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> | V(26) |

| | | | |
|----|-------------------------|--|-------|
| | | <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> | |
| | | <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) |
| 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> | 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:

- <https://www.starhealth.in/downloads/>
- In case of any conflict, the term and conditions mentioned in the policy document shall prevail.
- Kindly mail us at cisacknowledgement@starhealth.in or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet"