

**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	<b>Young Star Insurance Policy</b> Unique Identification No : SHAHLIP26043V062526	-
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Both Indemnity and Benefit	-
4	Sum Insured	Refer Policy Schedule attached with this document	-

5	Policy Coverage (What the Policy covers)	Expenses in respect of (Applicable for Silver Plan and Gold Plan)	
		1. <b>In-patient Treatment:</b> Admission in Hospital beyond 24 hours	II(1)(i,ii,iii)
		2. <b>Day Care Treatment:</b> All day care treatments requiring less than 24 hours of hospitalization	II(2)
		3. <b>AYUSH Treatment :</b> Covered up to Sum Insured	II(3)
		4. <b>Coverage for Modern treatment:</b> Up to Specified limits	II(4)
		5. <b>Pre-Hospitalization:</b> Medical Expenses incurred up to 60 days prior to the date of hospitalization	II(5)
		6. <b>Post-Hospitalization:</b> Medical Expenses incurred up to 90 days from the date of discharge from the hospital	II(6)
		7. <b>Road Ambulance:</b> Expenses incurred for transportation of the insured person by private ambulance service to go to hospital or transportation from one hospital to another hospital for better medical treatment or for transportation from hospital to residence	II(7)
		8. <b>Home care treatment:</b> Payable up to 10% of Sum Insured subject to maximum of Rs.5 lakhs in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions	II(8)
		9. <b>Cumulative Bonus:</b> The Insured Person will be eligible for Cumulative bonus calculated at 20% of basic Sum Insured for each claim free year subject to a maximum of 100% of the basic Sum Insured.	II(9)
		10. <b>Automatic Restoration of Sum Insured:</b> Automatic restoration of the Basic Sum Insured by 100% once during the Policy Period, immediately upon partial/full utilization of the limit of coverage	II(10)
		11. <b>Additional Basic Sum Insured for Road Traffic Accident (RTA):</b> If the Insured Person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic Sum Insured shall be increased by 25% subject to a maximum of Rs.10,00,000/-	II(11)
		12. <b>Preventive Health check Up:</b> We will arrange for a Preventive Health Check-up at Our Network Providers for the applicable package as per opted Sum Insured.  For the updated and applicable list of tests available under such package, Insured Persons are required to check our website <a href="http://www.starhealth.in">www.starhealth.in</a>	II(12)
		13. <b>E-Domestic Second Medical Opinion:</b> The Insured Person can obtain a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners practicing in India	II(13)
		14. <b>Unlimited Tele-Consultation:</b> Insured can avail unlimited number of Tele-consultations on Star Health mobile application or digital platforms	II(14)
15. <b>Star Wellness Program:</b> This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities	II(15)		

6	Exclusions (What the Policy does not cover)	<b>Coverage Available only under Gold Plan</b>	
		<b>16. Delivery Expenses:</b> Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up to Rs.30,000/- per delivery is payable	III (1)
		<b>17. Hospital Cash Benefit:</b> The Company will pay a Cash Benefit of Rs.1,000/- for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per Policy period	III (2)
		<b>Standard Exclusions</b>	
		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 (except to the extent covered under Delivery Section – Gold Plan)	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 directly or indirectly 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		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 and other such similar therapies		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. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedure related hospitalization expenses, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids		Excl 35
30. Any hospitalizations which are not Medically Necessary / does not warrant Hospitalization		Excl 36
31. Other Excluded Expenses as detailed in the website <a href="http://www.starhealth.in">www.starhealth.in</a>		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

<p style="text-align: center; font-size: 24px; font-weight: bold;">7</p>	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered</li> <li>• It is counted from the beginning of the Policy coverage</li> </ul>	<ul style="list-style-type: none"> <li>• <b>30-day waiting period</b> <ul style="list-style-type: none"> <li>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</li> <li>B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months</li> <li>C. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently</li> </ul> </li> </ul>	<p>Excl 03</p>
		<ul style="list-style-type: none"> <li>• <b>Specific waiting period</b> <ul style="list-style-type: none"> <li>A. 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</li> <li>B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase</li> <li>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</li> <li>D. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion</li> <li>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</li> <li>F. List of specific diseases/procedures;                             <ul style="list-style-type: none"> <li>i) Diseases of ENT and Thyroid</li> <li>ii) All types of Hydrocele, Hernia, Varicocele, Piles, Fistula, and Fissure in Ano</li> <li>iii) Diseases of Female Reproductive system</li> <li>iv) Calculus diseases of the Gall Bladder, Kidney and Urinary Tract</li> </ul> </li> </ul> </li> </ul>	<p>Excl 02</p>

		<ul style="list-style-type: none"> <li><b>Pre-Existing Diseases</b> <ol style="list-style-type: none"> <li>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</li> <li>In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase</li> <li>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</li> <li>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</li> </ol> </li> </ul>	Excl 01																																															
8	<p><b>Financial limits of coverage</b></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>The Policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sublimits</p> <p><b>Room category:</b> Private Single A/C room</p>	II(1)(i)																																															
		<p><b>Modern Treatments:</b> 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 amount mentioned</p> <table border="1" data-bbox="435 1137 1278 2069"> <thead> <tr> <th rowspan="2">Sum Insured (Rs.)</th> <th>Uterine artery Embolization and HIFU</th> <th>Balloon Sinuplasty</th> <th>Deep Brain Stimulation</th> </tr> <tr> <th colspan="3">Limits in Rs.</th> </tr> </thead> <tbody> <tr> <td>3,00,000</td> <td>37,500</td> <td>15,000</td> <td>75,000</td> </tr> <tr> <td>5,00,000</td> <td>1,25,000</td> <td>50,000</td> <td>2,50,000</td> </tr> <tr> <td>7,50,000</td> <td>1,37,500</td> <td>75,000</td> <td>2,75,000</td> </tr> <tr> <td>10,00,000</td> <td>1,50,000</td> <td>1,00,000</td> <td>3,00,000</td> </tr> <tr> <td>15,00,000</td> <td>1,75,000</td> <td>1,25,000</td> <td>4,00,000</td> </tr> <tr> <td>20,00,000</td> <td>2,00,000</td> <td>1,50,000</td> <td>4,50,000</td> </tr> <tr> <td>25,00,000</td> <td>2,00,000</td> <td>1,50,000</td> <td>5,00,000</td> </tr> <tr> <td>50,00,000</td> <td>2,25,000</td> <td>1,75,000</td> <td>6,00,000</td> </tr> <tr> <td>75,00,000</td> <td>2,50,000</td> <td>2,00,000</td> <td>7,00,000</td> </tr> <tr> <td>1,00,00,000</td> <td>3,00,000</td> <td>2,00,000</td> <td>7,50,000</td> </tr> </tbody> </table>	Sum Insured (Rs.)	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Limits in Rs.			3,00,000	37,500	15,000	75,000	5,00,000	1,25,000	50,000	2,50,000	7,50,000	1,37,500	75,000	2,75,000	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	II(4)
Sum Insured (Rs.)	Uterine artery Embolization and HIFU	Balloon Sinuplasty		Deep Brain Stimulation																																														
	Limits in Rs.																																																	
3,00,000	37,500	15,000	75,000																																															
5,00,000	1,25,000	50,000	2,50,000																																															
7,50,000	1,37,500	75,000	2,75,000																																															
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 & Post Hospitalization	Immunotherapy- Monoclonal Antibody to be given as injection	Intra Vitreal injection
	Limits in Rs.		
3,00,000	37,500	75,000	15,000
5,00,000	1,25,000	2,50,000	50,000
7,50,000	1,62,500	3,25,000	62,500
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

\*Sublimits are all inclusive with or without hospitalization wherever hospitalization includes pre and post hospitalizations.

Sum Insured (Rs.)	Robotic surgeries	Stereotactic radio surgeries
	Limits in Rs.	
3,00,000	75,000	75,000
5,00,000	2,50,000	2,00,000
7,50,000	2,75,000	2,12,500
10,00,000	3,00,000	2,25,000
15,00,000	4,00,000	2,50,000
20,00,000	4,50,000	2,75,000
25,00,000	5,00,000	3,00,000
50,00,000	6,00,000	3,50,000
75,00,000	7,00,000	3,75,000
1,00,00,000	7,50,000	4,00,000

Sum Insured (Rs.)	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	
	Limits in Rs.				
3,00,000	Up to Sum Insured			75,000	
5,00,000				2,50,000	
7,50,000				3,25,000	
10,00,000				4,00,000	
15,00,000				5,00,000	
20,00,000				5,50,000	
25,00,000				6,00,000	
50,00,000				7,50,000	
75,00,000				9,00,000	
1,00,00,000				10,00,000	
<b>Home Care Treatment:</b> Payable up to 10% of Sum Insured subject to maximum of Rs.5 lakhs in a Policy year, for treatment availed by the Insured Person at home, only for the specified conditions.					II(8)
<b>Delivery Expenses (Gold Plan):</b> Up to Rs.30,000/- per delivery					III(1)
ii Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by Policyholder / 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))	NIL				-

	iv. Any other limit as applicable	NIL	-
9	Claims / Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Notification of Claim:</b> Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, a Notification of Claim with full particulars shall be sent to the Company within stipulated time limit as described below:</p> <p><b>Emergency Hospitalization (Cashless / Reimbursement):</b> Within 24 hours of date and time of Hospitalization if the Insured Person has been hospitalized in an Emergency.</p> <p><b>Planned Hospitalization (Cashless / Reimbursement):</b> At least 48 hours prior to the proposed treatment or date and time of Hospitalization.</p> <p><b>For Cashless Treatment:</b></p> <ol style="list-style-type: none"> <li>a. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888</li> <li>b. Inform the ID number for easy reference</li> <li>c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk</li> <li>d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk</li> <li>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</li> <li>f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.</li> <li>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</li> <li>h. In case of emergency hospitalization information to be given within 24 hours after hospitalization</li> <li>i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit <a href="http://www.starhealth.in">www.starhealth.in</a> or contact the nearest branch</li> <li>j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines</li> </ol> <p>In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.</p> <p><b>Note:</b> The Company reserves the right to call for additional documents wherever required.</p>	V(2) (B), (C) & (D)

		<p><b>For Reimbursement claims</b>  <b>Time limit for submission:</b></p> <table border="1" data-bbox="437 300 1278 658"> <thead> <tr> <th>SI.No</th> <th>Type of Claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td> <td>Claim must be filed within 15 days from the date of discharge from the Hospital.</td> </tr> <tr> <td>2</td> <td>Reimbursement of Post hospitalization</td> <td>Within 15 days after completion of 90 days from the date of discharge from hospital</td> </tr> </tbody> </table> <p><b>(Refer Policy clause for the complete list of documents)</b></p> <p>i. TAT for preauthorization of cashless facility :1 hr from the time of receipt of all necessary relevant documents  <a href="https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf">https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</a></p> <p>ii. TAT for cashless final bill authorization:3 hrs from the time of receipt of all necessary relevant documents</p> <p><b>The details/web link for following:</b></p> <p>i. <b>Network Hospital details:</b> <a href="https://www.starhealth.in/lookup/hospital/">https://www.starhealth.in/lookup/hospital/</a></p> <p>ii. <b>Helpline number:</b> 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>iii. <b>Hospitals which are excluded or from where no claims will be accepted by insurer:</b> <a href="https://www.starhealth.in/lookup/hospital/#excluded-hospital">https://www.starhealth.in/lookup/hospital/#excluded-hospital</a></p> <p>iv. <b>Downloading/getting claim form:</b>  <b>For Cashless (Pre-Authorization Form)</b>  <a href="https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf">https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</a></p> <p><b>For Reimbursement</b>  <a href="https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf">https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</a></p> <p>v. For the comprehensive list of documents to be submitted while filing a reimbursement claim:  <a href="https://www.starhealth.in/claims/#claim-process">https://www.starhealth.in/claims/#claim-process</a></p>	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	Within 15 days after completion of 90 days from the date of discharge from hospital	
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	Within 15 days after completion of 90 days from the date of discharge from hospital										
10	<p><b>Policy servicing</b></p>	<p><b>Details of the Company Official:</b>                  Assistant General Manager – Customer Care                  Customer Care No. 044-69006900 or                  Toll Free No. 1800 425 2255,                  Senior Citizens: 044-69007500                  e-mail: <a href="mailto:support@starhealth.in">support@starhealth.in</a></p>	V(22)									

11	Grievances/ Complaints	<p><b>Details of Grievance Redressal Officer of the Insurer:</b>                      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  <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p> <p>If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600.</p> <p>For updated details of grievance officer, kindly refer the link <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System – <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	V(15)
		<p><b>Details of Ombudsman:</b> List of Insurance Ombudsman                      For updated list refer: <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a></p>	Page 36
12	Things to remember	<p><b>Free Look Cancellation:</b> 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 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.</p> <p>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>	V(14)
		<p><b>Renewal of Policy:</b> 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"> <li>i. At the end of the Policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days.</li> <li>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.</li> </ol>	V(9)

		<p><b>Migration</b> 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>	V(7)
		<p><b>Portability</b></p> <p>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.</p> <p>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>	V(8)
		<p><b>Revision of Basic Sum Insured</b> is permissible only at the time of renewal, subject to underwriter’s approval. If the Policy is renewed for enhanced Sum Insured, then <b>Exclusion Code- Excl 01, Exclusion Code- Excl 02 and Exclusion Code- Excl 03</b> will apply afresh to this enhanced Sum Insured (that is for the difference between the expiring Basic Sum insured and renewed Basic Sum Insured) from the effective date of such enhancement.</p>	V(27)
		<p><b>Moratorium Period:</b> 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	<p><b>Your Obligations</b></p>	<p>Please disclose all pre-existing disease/s or conditions before buying a Policy. Non-disclosure may affect the claim settlement.</p> <p><b>Disclosure of Information:</b> 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 material information details sought in the proposal form</p>	V(1)

Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of the family)			Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)				
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
<b>Illustration 1 - Gold Plan</b>										
31	7,691	5,00,000	7,691	Nil	7,691	5,00,000	14,800	3,661	11,139	5,00,000
28	7,109	5,00,000	7,109		7,109	5,00,000				
Total Premium for all members of the family is <b>Rs.14,800/-</b> , when each member is covered separately. Sum Insured available for each individual is <b>Rs.5,00,000/-</b>										
Total Premium when Policy is opted on floater basis is <b>Rs.11,139/-</b> - Sum Insured of <b>Rs.5,00,000/-</b> , is available for the entire family <b>(2A)</b>										
<b>Illustration 2 - Gold Plan</b>										
46	11,910	5,00,000	11,910	Nil	11,910	5,00,000	29,215	7,140	22,075	5,00,000
44	10,196	5,00,000	10,196		10,196	5,00,000				
18	7,109	5,00,000	7,109		7,109	5,00,000				
Total Premium for all members of the family is <b>Rs.29,215/-</b> , when each member is covered separately. Sum Insured available for each individual is <b>Rs.5,00,000/-</b>										
Total Premium when Policy is opted on floater basis is <b>Rs.22,075/-</b> - Sum Insured of <b>Rs.5,00,000/-</b> , is available for the entire family <b>(2A+1C)</b>										
<b>Note:</b>										
1. Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.										
2. Floater discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured.										
3. Premium considered are of Zone D										

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](mailto:cisacknowledgement@starhealth.in) or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet"