

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office: No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. 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.

S.No	Title	Description	Refer to Policy Clause Number
1.	Name of Insurance Product / Policy	Star Group Covid Insurance Policy (Lump Sum Plan) Unique Identification No: SHAHLGP22147V022122	-
2.	Policy number		-
3.	Type of Insurance Product / Policy	Benefit (Lump Sum Plan)	-
4.	Sum Insured		-
5	Policy Coverage (What the policy covers) (Policy clause Number/s)	In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under. Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre. Note: i. Payment will be made only on Hospitalisation for a minimum continuous period of 72 hours following positive diagnosis for COVID. ii. This is onetime benefit applicable for the entire tenure of the Policy and shall terminate upon payment of this benefit.	III
6	Exclusions (What the policy does not cover)	Exclusion (Standard Exclusions)	V

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		<u>Standard Exclusions</u>	
		Investigation & Evaluation - Code- Excl 04 a. Expenses related to any admission primarily for diagnostics and evaluation purposes. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment	Excl 04
		Specific Exclusion	
		Any diagnosis which is not related and not incidental to COVID is not covered in this Policy	V (2)
		Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy	V (3)
		Any claim with respect to COVID manifested prior to commencement date of this policy or during the waiting period.	V (4)
		Cover under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.	V (5)
7	Waiting Period	<ul style="list-style-type: none"> Initial waiting period: An initial waiting period of 15 days is applicable from the date of commencement of this Insurance 	IV
		<ul style="list-style-type: none"> Specified Diseases/ Procedure Waiting Period: Not Applicable 	-
		<ul style="list-style-type: none"> Pre-Existing Diseases: Not Applicable 	-
8	Financial limits of coverage		
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	NIL	-
	ii. Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policyholder / insured)	NIL	-
	iii. Deductible (It is a specified amount:	NIL	-

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	<p>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>iv. Any other limit (As Applicable)</p>	<p>NIL</p>							
<p>9.</p>	<p>Claims / Claims Procedure</p>	<p>Claims Documents Required:</p> <ul style="list-style-type: none"> I. Duly filled and signed Claim Form II. Copy of Insured Person's passport, if available (All pages) III. Photo Identity proof of the patient (if insured person does not own a passport) IV. Medical practitioner's prescription advising admission V. Discharge summary including complete medical history of the patient along with other details. VI. Investigation reports including Insured Person's Test Reports from Authorized diagnostic centre for COVID. VII. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque (Customer name, Bank Account No., Name of the Bank, IFSC code) VIII. KYC (Identity proof with Address) of the proposer, as per AML Guidelines IX. CKYC No. of the proposer X. Legal heir/succession certificate, wherever applicable XI. Any other relevant document required by Company/TPA for assessment of the claim . <p>The insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.</p> <table border="1" data-bbox="762 1101 1478 1255"> <thead> <tr> <th>S.No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>I.</td> <td>COVID Cover</td> <td>Within thirty days of date of discharge from hospital following positive diagnosis for COVID.</td> </tr> </tbody> </table>	S.No	Type of Claim	Prescribed Time limit	I.	COVID Cover	Within thirty days of date of discharge from hospital following positive diagnosis for COVID.	<p>VI (2)</p>
S.No	Type of Claim	Prescribed Time limit							
I.	COVID Cover	Within thirty days of date of discharge from hospital following positive diagnosis for COVID.							
		<p>Turn Around Time (TAT) for claims settlement</p> <ul style="list-style-type: none"> i) TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents. <p>https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p>							

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		<p>ii) TAT for cashless final bill authorization: Within 3 hours from the time of receipt of all necessary relevant documents</p> <p>iii) 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>iv) 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>v) 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> <p>Downloading/ getting Pre-Authorisation claim form: a) For Cashless : https://d28c6jini2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf 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>	VI (17)
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>	VI (8)

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		<p>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</p> <p>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</p> <p>For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page No: 9
12	Things to remember	Free look cancellation: Not Applicable	-
		<p>Renewal of Policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.</p> <ul style="list-style-type: none"> i) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. ii) 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. iii) Coverage is not available during the grace period. 	VI (6)
		Migration: Not Applicable	-
		Change in Sum Insured: Not Applicable	-
		Moratorium Period: Not Applicable	-
13	Your Obligations	<p>Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder</p> <p>Please disclose the material information details sought in the proposal form.</p>	VI (1)

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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".