Policy Wording

**Star Group COVID Insurance Policy**
**UIN SHAHLGP21115V012021**
**Indemnity Plan**

The declaration and other documents if any shall be the basis of this Contract and is deemed to be incorporated herein.

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

that if during the period stated in the Schedule the insured person is required to be hospitalized as an inpatient for treatment of **COVID** at a Hospital in India or given Home Care Treatment following the advice of a duly qualified**,** then the **Company** will pay to the **Insured Person/s** the amount of such Hospitalization expenses as are **reasonably and necessarily** incurred up-to the limits mentioned in the schedule but not exceeding the **sum insured** stated in the schedule hereto.

## I. Coverage

A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home

B) Medical Practitioner, Consultants, Specialist Fees. Oxygen, ICU Charges, ICCU charges, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.

C) Emergency ambulance charges up to Rs.2000/- per hospitalization for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment of COVID, provided however there is an admissible claim under the policy.

D) Pre-hospitalization / home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.

E) Post hospitalization / home care treatment medical expenses incurred, related to an admissible hospitalization//home care treatment, for a fixed period of 30days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

F) **Home Care Treatment Expenses** Home Care Treatment means Treatment availed by the Insured Person at home for COVID on positive diagnosis of COVID in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

1. The Medical practitioner advices the Insured person to undergo treatment at home.
2. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
3. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained .
4. Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
5. In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.
6. In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,
   a. Diagnostic tests undergone at home or at diagnostics centre
   b. Medicines prescribed in writing
   c. Consultation charges of the medical practitioner
   d. Nursing charges related to medical staff
   e. Medical procedures limited to parenteral administration of medicines
   f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

G) **AYUSH Treatment**: The Company shall indemnify medical expenses incurred for inpatient care treatment for COVID on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment

for COVID under Ayurveda, Yoga and Naturopathy, Unani , Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

H) **Optional Cover (On payment of additional premium)** : The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim. The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

**Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours**

**Expenses relating to hospitalization will be considered in proportion to the room rent limit stated in the policy schedule or actual whichever is less.**

**Co-payment: Claims payable subject to copayment as stated in the schedule.**

II. **Waiting Period:** An initial waiting period of 15 days is applicable from the date of commencement of this Insurance.

III. **DEFINITIONS**

**Any One Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

**AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

1. Central or State Government AYUSH Hospital or
2. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
3. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
   i. Having at least 5 in-patient beds;
   ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
   iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iv. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

**AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

**Condition Precedent** means the policy term or condition upon which the insurer's liability under the policy is conditional upon.

**Congenital Anomaly:** means a condition which is present since birth, and which is abnormal with reference

to form, structure or position.

a) **Internal Congenital Anomaly :** Congenital anomaly which is not in the visible and accessible parts of the body.

b) **External Congenital Anomaly :** Congenital anomaly which is in the visible and accessible parts of the body

**Company** means Star Health and Allied Insurance Company Limited

**Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policy holder/insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum Insured.

**COVID:** For the purpose of this Policy, Coronavirus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2.

**Day Care Centre** means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under :-

-has qualified nursing staff under its employment;

-has qualified medical practitioner/s in charge;

-has a fully equipment operation theatre of its own where surgical procedures are carried out.

-maintains daily records of patients and will make these accessible to the insurance company's authorized personal

**Day Care treatment** means medical treatment and/or surgical procedure which is;

1. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
2. Which would have otherwise required a hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**Dependent Child** means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 25 years

**Diagnosis** means Diagnosis by a registered medical practitioner, supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

**Disclosure to information norm** means the policy shall be void and all premium paid thereon shall forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact

**Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

**Family means** the Family that consists of the proposer and any one or more of the family members as mentioned below:

1. Legally wedded spouse.
2. Parents and Parents-in-law.
3. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage

**Group Administrator / Proposer** means the person/organization who has signed in the proposal form / declaration form and named in the Policy Schedule. He may or may not be insured under the policy

**Health care worker** for the purpose of this policy shall mean doctors, nurses, midwives, dental practitioners and other health professionals including laboratory assistants, pharmacists, physiotherapists, technicians and people working in hospitals.

**Home Care Treatment** means treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

1. The Medical practitioner advices the Insured person to undergo treatment at home.
2. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
3. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

**Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**Hospital/Nursing Home** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in- patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock.
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

For the purpose of this policy any other set-up designated by the Government as hospital for the treatment of Covid shall also be considered as hospital.

**Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   2. it needs ongoing or long-term control or relief of symptoms
   3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   4. it continues indefinitely
   5. it recurs or is likely to recur

**Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

**In-Patient** means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

**Insured Person** means the name/s of persons shown in the schedule of the Policy

**Intensive Care Unit means** an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

**Medical Advice means** any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

**Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been

insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**Medically Necessary** means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a *medical practitioner*;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India

**Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

**Network Hospital** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility

**Non Network Hospital** means any hospital, day care center or other provider that is not part of the network

**Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

**Pre Existing Disease** means any condition, ailment, injury or disease

1. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
2. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

**Pre Hospitalization** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that :

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

**Post Hospitalization** means Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

a. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming pmt thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.

**Policy Schedule** means the Policy Schedule attached to and forming pa1t of Policy

**Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

**Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

**Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

**Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

**Sum Insured** wherever it appears shall mean the amount of insurance for which the premium has been paid. Where coverage is on individual basis / family floater basis the sum insured is the amount shown against each individual / family unit respectively

**Surgery/Surgical Operation** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

**Waiting Period:** Waiting period refers to the period during which the Company shall not be liable to make any payment for any claim which occurs or where the signs and/ or the symptoms of illness/ condition for the claim has occurred.

## IV. EXCLUSIONS

The Company shall not be liable to make any payment under this Policy:-

1. **Investigation & Evaluation- Code- Excl 04**
   A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
2. **Rest Cure, rehabilitation and respite care - Code- Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. 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 **- Code- Excl 14**
4. 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 supportt their effectiveness. However, treatment authorized by the government for the treatment of COVID shall be covered. **Code- Excl 16.**
5. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.
6. Any expenses incurred on Day Care treatment and OPD treatment
7. Diagnosis /Treatment outside the geographical limits of India
8. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
9. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.
10. Other expenses as detailed in annexure 1.

## V. CONDITIONS:

1. **Claims Procedure**
   A. **Condition Precedent to Admission of Liability**: The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.
   B. **For Cashless Treatment:**
      a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
      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 or refer to the list of Networked Hospitals provided with the policy document.

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.
Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

C. **For Reimbursement claims** : Time limit for submission of

| Sl.no. | Type of Claim | Prescribed time limit |
|---|---|---|
| 1 | Reimbursement of hospitalization, day care and pre hospitalization expenses | Claim must be filed within 15 days from the date of discharge from the Hospital. |
| 2 | Reimbursement of Post hospitalization | Within fifteen days from completion of post hospitalization treatment |
| 3 | Reimbursement of Home Care expenses | Within thirty days from completion of home care treatment |

D. **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. At least 48 hrs prior to admission in Hospital in case of a planned Hospitalization

**Note:** Conditions C and D are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

E. **Documents to be submitted**

| | |
|---|---|
| For Hospitalization Claim | 1. Duly filled and signed Claim Form<br>2. Copy of insured Person's passpo1i, if available (All pages)<br>3. Photo Identity proof of the patient (if insured person does not own a passport)<br>4. Original bills with itemized break-up<br>5. Payment receipts<br>6. Discharge summary including complete medical history of the patient along with other details.<br>7. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID<br>8. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable<br>9. Sticker/Invoice of the Implants, wherever applicable.<br>10. NEFT Details (to enable direct credit of claim amount<br>11. Bank account) and cancelled cheque<br>12. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines<br>13. Legal heir/succession certificate, wherever applicable |

| | |
|---|---|
| | 14. Any other relevant document required by Company for assessment of the claim. |
| For Home Care Treatment | 1. Duly filled and signed Claim Form<br>2. Copy of Insured Person's passport, if available (All pages)<br>3. Photo Identity proof of the patient (if insured person does not own a passport)<br>4. Medical practitioners prescription advising hospitalization<br>5. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit.<br>6. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment.<br>7. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained |

F. **Provision of Penal Interest:**

a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2o/o above the bank rate.

c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

e) "Bank rate" shall mean the rate fixed by the Reserve Bank of India.

G. **Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

H. **Multiple Policies**

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

I. **Nomination**: The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of

nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

2. All claims under this policy shall be payable in Indian currency.

3. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except acknowledged on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

4. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.

5. **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.

6. **Notice and communication** : Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, Vallurvar Kottam High Road Nungambakkam Chennai 600034 Fax 04428319100 Toll Free Fax No. 1800 425 5522 E-Mail support@starhealth.in.
Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
7. **Territorial Limit :** All treatments under this policy shall have to be taken in India.
8. **Fraud**: If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

   Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

   For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any. other pa(y acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
   a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
   b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
   c. any other act fitted to deceive; and
   d. any such act or omission as the law specially declares to be fraudulent

   The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

9. **Disclosure to Information Norms:** The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim.

10. **Cancellation:** The Company may cancel the Policy at any time on grounds of mis-represenation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-represenation, non-disclosure of material facts or fraud.

11. **Automatic Termination**: The insurance under this policy with respect to each relevant insured person / family shall terminate immediately on the earlier of the following events:
    1. Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
    2. Upon exhaustion of the sum insured

12. **Automatic Termination of Individual Certificate of Insurance**. The Certificate of Insurance will terminate on the earliest of the following dates:
    The date of expiry of certificate of insurance or
    The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule or
    The Insured person ceases to be a resident of India or
    From the date the Certificate of Insurance is cancelled either by the Company or Insured Person(s)

13. **Role of Group Administrator / Proposer**
    The Group administrator / Proposer shall play a facilitative role between the Insurer and the Insured Person. Such role includes
    1) Furnish to the Company detailed list of Insured Person/s for preparation of Individual Certificate and ID cards
    2) Distribute Individual Certificate and ID cards received from the Company. (However, where the Company issues ID card / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).
    3) To facilitate Insured Person / s in availing all insurance related services including cashless facility wherever required.

14. **Addition Deletion of members :** Addition of members is permitted at the premium rate agreed at the inception of the policy. Deletion of member will be on no refund basis.

15. **Arbitration** If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

    It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy.

    It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

16. All claims under this policy shall be payable in Indian currency. All medical /surgical treatments under this policy shall have to be taken in India.

17. **Important Note:**
    a. Where the insured person has opted for floater policy, the sum insured floats amongst the insured members and all the benefits / coverage floats amongst the insured members.
    b. The Policy Schedule, Certificate of Insurance and Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws. The Special Conditions if any stated in the Schedule supersede these policy wordings.
    c. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with. Failure to comply may result in the claim being denied.
    d. The attention of the policy holder / Insured Person is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders

18. **Customer Service** If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours

19. **Grievances**: Incase of any grievance the insured person may contact the Company through
    **Website: www.starhealth.in**
    **Toll free: 1800 425 2255/1800 104 2277: Senior Citizens may call at 044-28243923**
    **E-mail: grievances@starhealth.in**
    **Fax: 04428319100**
    **Courier: No 1 New Tank Street, Vallurvar Kottam High Road Nungambakkam Chennai 600034**
    **Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.**
    **If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at**
    **For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal.**

    **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:/ligms. irda.gov. in/**

| List of Ombudsman | |
|---|---|
| Office Details | Jurisdiction of Office<br>Union Territory (District) |
| AHMEDABAD<br>Office of the Insurance Ombudsman,<br>Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road,<br>Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06<br>Email: bimalokpal.ahmedabad@ecoi.co.in | Gujarat, Dadra & Nagar Haveli,<br>Daman and Diu. |
| BENGALURU<br>Office of the Insurance Ombudsman,<br>Jeevan Soudha Building, PID No. 57-27-N-19<br>Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase,<br>Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049<br>Email: bimalokpal.bengaluru@ecoi.co.in | Karnataka. |
| BHOPAL<br>Office of the Insurance Ombudsman,<br>JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel<br>Office, Near New Market, Bhopal – 462 003.<br>Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203<br>Email: bimalokpal.bhopal@ecoi.co.in | Madhya Pradesh, Chattisgarh. |
| BHUBANESHWAR<br>Office of the Insurance Ombudsman,<br>62, Forest park, Bhubneshwar – 751 009.<br>Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429<br>Email: bimalokpal.bhubaneswar@ecoi.co.in | Orissa. |
| CHANDIGARH<br>Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd Floor,<br>Batra Building, Sector 17 – D, Chandigarh – 160 017.<br>Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274<br>Email: bimalokpal.chandigarh@ecoi.co.in | Punjab, Haryana, Himachal Pradesh,<br>Jammu & Kashmir, Chandigarh. |

| | |
|---|---|
| CHENNAI<br>Office of the Insurance Ombudsman,<br>Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,<br>CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284<br>Fax: 044 – 24333664 Email: bimalokpal.chennai@ecoi.co.in | Tamil Nadu, Pondicherry Town and Karaikal (which are part of ondicherry). |
| DELHI<br>Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504<br>Email: bimalokpal.delhi@ecoi.co.in | Delhi. |
| GUWAHATI<br>Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).<br>Tel.: 0361 - 2632204 / 2602205<br>Email: bimalokpal.guwahati@ecoi.co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| HYDERABAD<br>Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool,<br>Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122<br>Fax: 040 – 23376599 Email: bimalokpal.hyderabad@ecoi.co.in | Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry. |
| JAIPUR<br>Office of the Insurance Ombudsman,<br>Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: Bimalokpal.jaipur@ecoi.co.in | Rajasthan. |
| ERNAKULAM<br>Office of the Insurance Ombudsman,<br>2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,<br>Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338<br>Fax: 0484 – 2359336 Email: bimalokpal.ernakulam@ecoi.co.in | Kerala, Lakshadweep, Mahe-a part of Pondicherry. |
| KOLKATA<br>Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue,<br>KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340<br>Fax : 033 – 22124341 Email: bimalokpal.kolkata@ecoi.co.in | West Bengal, Sikkim,<br>Andaman & Nicobar Islands. |
| LUCKNOW<br>Office of the Insurance Ombudsman,<br>6th Floor, JeevanBhawan, Phase-II,<br>Nawal Kishore Road, Hazratganj,<br>Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331<br>Fax: 0522 – 2231310 Email: bimalokpal.lucknow@ecoi.co.in | Districts of Uttar Pradesh :<br>Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |

| | |
|---|---|
| MUMBAI<br>Office of the Insurance Ombudsman,<br>3rd Floor, JeevanSeva Annexe, S. V. Road, Santacruz (W),<br>Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960<br>Fax: 022 – 26106052 Email: bimalokpal.mumbai@ecoi.co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. |
| NOIDA<br>Office of the Insurance Ombudsman,<br>BhagwanSahai Palace, 4th Floor, Main Road,<br>Naya Bans, Sector 15, Distt: GautamBuddh Nagar,<br>U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253<br>Email: bimalokpal.noida@ecoi.co.in | State of Uttaranchal and the following Districts of Uttar Pradesh:<br>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |
| PATNA<br>Office of the Insurance Ombudsman,<br>1st Floor,Kalpana Arcade Building, Bazar Samiti Road,<br>Bahadurpur, Patna 800 006. Tel.: 0612-2680952<br>Email: bimalokpal.patna@ecoi.co.in | Bihar, Jharkhand. |
| PUNE<br>Office of the Insurance Ombudsman,<br>JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198 N.C. Kelkar Road, Narayan Peth, Pune – 411 030.<br>Tel.: 020-41312555<br>Email: bimalokpal.pune@ecoi.co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |

| Sl No | Items for which coverage is not available in the policy (Annexure 1) |
|---|---|
| 1 | BABY FOOD |
| 2 | BABY UTILITIES CHARGES |
| 3 | BEAUTY SERVICES |
| 4 | BELTS/ BRACES |
| 5 | BUDS |
| 6 | COLD PACK/HOT PACK |
| 7 | CARRY BAGS |
| 8 | EMAIL / INTERNET CHARGES |
| 9 | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) |
| 10 | LEGGINGS |
| 11 | LAUNDRY CHARGES |
| 12 | MINERAL WATER |
| 13 | SANITARY PAD |
| 14 | TELEPHONE CHARGES |
| 15 | GUEST SERVICES |
| 16 | CREPE BANDAGE |
| 17 | DIAPER OF ANY TYPE |
| 18 | EYELET COLLAR |
| 19 | SLINGS |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED |
| 22 | TELEVISION CHARGES |
| 23 | SURCHARGES |
| 24 | ATTENDANT CHARGES |
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26 | BIRTH CERTIFICATE |
| 27 | CERTIFICATE CHARGES |
| 28 | COURIER CHARGES |
| 29 | CONVEYANCE CHARGES |
| 30 | MEDICAL CERTIFICATE |
| 31 | MEDICAL RECORDS |
| 32 | PHOTOCOPIES CHARGES |
| 33 | MORTUARY CHARGES |
| 34 | WALKING AIDS CHARGES |
| 35 | SPIROMETRE |
| 36 | STEAM INHALER |
| 37 | ARMS LING |
| 38 | THERMOMETER |
| 39 | CERVICAL COLLAR |
| 40 | SPLINT |
| 41 | DIABETIC FOOT WEAR |
| 42 | KNEE BRACES (LONG/ SHORT/ HINGED) |
| 43 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 44 | LUMBOSACRAL BELT |
| 45 | NIMBUS BED OR WATER OR AIR BED CHARGES |

| | |
|---|---|
| 46 | AMBULANCE COLLAR |
| 47 | AMBULANCE EQUIPMENT |
| 48 | ABDOMINAL BINDER |
| 49 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 50 | SUGAR FREE TABLETS |
| 51 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 52 | ECG ELECTRODES |
| 53 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 54 | KIDNEY TRAY |
| 55 | OUNCE GLASS |
| 56 | PELVIC TRACTION BELT |
| 57 | PAN CAN |
| 58 | TROLLY COVER |
| 59 | UROMETER, URINE JUG |

**Star Group COVID Insurance Policy**
**UIN : SHAHLGP21115V012021**
**Lumpsum Plan**

The proposal, declaration, enrolment form and other documents given by the Proposer and/or Insured Person shall be the basis of this Contract and is deemed to be incorporated herein.

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

## I. Coverage:

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.

## II. Waiting Period:

An initial waiting period of 15 days is applicable from the date of commencement of this Insurance.

## III. DEFINITIONS

**Age** means age of the Insured person on last birthday as on date of commencement of the Policy.

**Company** means Star Health and Allied Insurance Company Limited

**Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

**COVID:** For the purpose of this Policy, Corona virus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2

**Diagnosis:** means diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable.

**Disclosure to information norm**: 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 policy holder.

**Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments

specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
iii. has qualified medical practitioner (s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
vi. For the purpose of this policy any other set-up designated by the government as hospital for the treatment of Covid-19 shall also be considered as hospital.

**Hospitalisation** means admission in a hospital designated for COVID-19 treatment by Government, for a minimum period of seventy-two (72) consecutive 'In-patient care' hours.

**In-Patient Care** means treatment for which the insured person has to stay in a hospital continuously for more than 72 hours for treatment of COVID,

**Insured Person** means person(s) named in the schedule of the Policy.

**Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

**Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.

**Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

**Non- Network Provider** means any hospital that is not part of the network.

**Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

**Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.

**Policy period** means period of three and half months (3 lf2 months), six and half months (6 lf2 months) and nine and half months (9 months) i.e, l 05 days, 195 days and 285 days respectively as specified in the policy schedule.

**Policy Schedule** means the Policy Schedule attached to and forming part of Policy

**Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum liability for any and all claims made under the Policy, in respect of that Insured Person during the Policy period.

**Waiting Period** means a period from the inception of this Policy during which specified disease is not covered. On completion of the period, specified disease shall be covered provided the Policy has been continuously renewed without any break.

## IV. EXCLUSION

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation - Code- Excl 04
   i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
   ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

2. Any diagnosis which is not related and not incidental to COVID is not covered in this Policy.

3. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy

4. Any claim with respect to COVID manifested prior to commencement date of this policy or during the waiting period.

5. Cover under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

## V. CONDITIONS:

### 1. Claim Procedure:

**A. Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

B. The insured person may submit the necessary documents to TPA(if applicable)/Company within the prescribed time limit as specified hereunder.

| No | Type of Claim | Prescribed Time limit |
|---|---|---|
| I. | COVID Cover | Within thirty days of date of discharge from hospital following positive diagnosis for COVID. |

**C.** Notification **of Claim:**
Upon the happening of the covered event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 15 days from the date of occurrence of the event / diagnosis of COVID.

**D. Documents to be submitted**:

The claim is to be supported with the following documents and submitted within the prescribed time limit.

| Benefits | Claims Documents Required |
|---|---|
| 1. Covid-19 Cover | I. Duly filled and signed Claim Form<br>II. Copy of Insured Person's passport, if available (All pages)<br>iii. Photo Identity proof of the patient (if insured person does not own a passport)<br>IV. Medical practitioner's prescription advising admission<br>V. Discharge summary including complete medical history of the patient along with other details.<br>VI. Investigation reports including Insured Person's Test Reports from Authorized diagnostic centre for COVID.<br>VII. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque<br>VIII. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines<br>IX. Legal heir/succession certificate, wherever applicable<br>X. Any other relevant document required by Company/TPA |

**Note:**

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the insured Person

**E. Provision of Penal Interest**

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

**F. Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**G. Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

**2. Payment of Claim**

All claims under the policy shall be payable in Indian currency only. On payment of I 00% of sum insured the policy will be terminated.

### 3. 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.

### 4. Notice & Communication

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, Vallurvar Kottam High Road Nungambakkam Chennai 600034 Fax 04428319100 Toll Free Fax No. 1800 425 5522 E-Mail support@starhealth.in.

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail

**5. Territorial Limit** The company's liability to make any payment under the policy will be within India only.

### 6. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy shall be repaid by all recipient(s) /policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy:

(a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
(b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
(c) any other act fitted to deceive; and
(d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

7. **Cancellation:** The Company may cancel the Policy at any time on grounds of mis-represenation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-represenation, non-disclosure of material facts or fraud.

8. **Automatic termination:**

This policy shall terminate for the Insured immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule

- Upon the demise of the covered person.
- Upon payment of an admissible claim and settlement of 100% of Sum Insured specified in the Policy Schedule.

9. **Automatic Termination of Individual Certificate of Insurance**. The Certificate of Insurance will terminate on the earliest of the following dates:

The date of expiry of certificate of insurance or
The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule or
The Insured person ceases to be a resident of India or
From the date the Certificate of Insurance is cancelled either by the Company or Insured Person(s)

10. **Role of Group Administrator / Proposer**

The Group administrator / Proposer shall play a facilitative role between the Insurer and the Insured Person. Such role includes

1) Furnish to the Company detailed list of Insured Person/s for preparation of Individual Certificate and ID cards
2) Distribute Individual Certificate and ID cards received from the Company. (However, where the Company issues ID card / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).
3) To facilitate Insured Person / s in availing all insurance related services including cashless facility wherever required.

11. **Addition Deletion of members :** Addition of members is permitted at the premium rate agreed at the inception of the policy. Deletion of member will be on no refund basis.

12. **Arbitration**

If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as

amended by Arbitration and Conciliation (Amendment) Act, 2015 (No.3 of 2016).

It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

**13. Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

14. **REDRESSAL OF GRIEVANCE:** In case of any grievance the insured person may contact the company through

Website:www.starhealth.in
Toll free:1800 425 2255 / 1800 104 2277
E-mail: grievances@starhealth.in
Fax : 04428319100
Courier: No. 1 New Tank Street, Vallurvar Kottam High Road, Nungambakkam, Chennai - 600034

Insured person may also approach the grievance cell at any of the company 's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-28243921

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 :// igms.irda.gov. in/