STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in
Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

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.

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Customer Information Sheet - STAR SUPER SURPLUS (FLOATER) INSURANCE POLICY

Unique Identification No.: SHAHLIP19042V031819

TITLE		Description	Refer to Policy Clause Number
What am I covered for Silver Plan	a.	In-patient Treatment - Covers hospitalisation expenses for period more than 24 hrs.	I (A)
	b.	Pre-Hospitalisation - Medical Expenses incurred up to 30 days prior to the date of hospitalisation,	I (D)
	c.	Post-Hospitalisation - Medical Expenses incurred up to 60 days from the date of discharge from the hospital	I (E)
	d.	Deductible : The policy will not pay up to the deductible opted per hospitalization	Refer Policy Schedule
What am I covered for Gold Plan	a	In-patient Treatment - Covers hospitalisation expenses for period more than 24 hrs.	II (A)
	b	Emergency Ambulance – Up to a sum of Rs.3000/-per hospitalization for transporting insured person to hospital in case of an emergency , subject to a maximum of Rs.1500/- per policy period In case of Air Ambulance, per policy limit is up to 10% of the sum insured opted Note : Air Ambulance is available for the sum insured of Rs.10 lakhs and above only	II (C)
	c	Medical Second Opinion: The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners	II (D)
	d	Pre-Hospitalisation - Medical Expenses incurred up to 60 days prior to the date of hospitalisation,	II (E)
	e	Post-Hospitalisation - Medical Expenses incurred up to 90 days from the date of discharge from the hospital	II (F)
	f	Delivery Expenses : Expenses for a Delivery including Delivery by Caesarean section up to Rs.50,000/- per policy period.	II (G)
	g	Organ Donor Expenses : Expense for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured	II (H)
	h	Recharge Benefit : If the sum insured under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the limits stated would be provided once for the remaining policy period.	II (I)
	i	Defined Limit : The policy will not pay up to the defined limit per policy period	Refer Policy Schedule
What are the Major Exclusions in the policy– Silver Plan and Gold Plan	I.	Any hospital admission primarily for investigation diagnostic purpose	VI (13)
	II.	Pregnancy, infertility (except to the extent provided under coverage 1 S)	VI (23)
	III.	Domiciliary treatment, treatment outside India	IX (15)
	IV.	Circumcision, sex change surgery, cosmetic surgery & plastic surgery	VI (1)
	V.	Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries	VI (27) and VI (22)
	VI.	Substance abuse,self-inflicted injuries, STDs and HIV/AIDS	VI (6), VI (7) and VI (10)
	VII.	Hazardous sports, war, terrorism, civil war or breach of law	VI (8)
	VIII.	Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital.	VI (29)
		(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	

TITLE	Description	Refer to Policy Clause Number
Waiting Periods - (Silver Plan)	Initial Waiting Period : 30 days	IV (1)
	Specific waiting period: 24 months	IV (2)
	Pre-existing diseases : 36 months	IV (3)
Waiting Periods – (Gold Plan)	Initial Waiting Period : 30 days	V (1)
	Specific waiting period : 12 months	V (2)
	Pre-existing diseases : 12 months	V (3)
Payment basis	Reimbursement of covered expenses up to specified limits	I (A, D, E) and II (A,C,D,E,F,G,H,I)
	Fixed amount on the occurrence of a covered event	Nil
Loss Sharing	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the followings Sublimits 1. Room/ICU charges subject to a maximum of Rs.4000/- per day (under Silver Plan) and Single Standard A/C Room (Under Gold Plan) 2. For the following specified diseases: 3. Deductible of Rs…… per claim / per year /both 4. 10% of each claim as Co-payment (Applicable for Gold Plan)	I (A) and II (A) Nil Refer Policy Schedule II (Note -No.5)
Renewal Conditions	Lifelong Renewal	IX (6)
	Grace period of 30 days for renewing the policy is provided	
Renewal Benefits	Renewal Benefits	Nil
Cancellation	The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice	IX (11)
Claims	For Cashless Service:	Gold Plan - VII (2) Silver Plan –VIII(1)
	For Reimbursement of claim:	
Policy servicing / Grievances / Complaints	Company Officials IRDAI/(IGMS/Call Centre): Ombudsman	IX (19) and IX (21)
Insured's Rights	Free Look: Implied renewability Migration and Portability Increase in SI during policy term Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	IX (10) IX (6) IX (12) Nil IX (3)
Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	IX (5)
	Disclosure of Material Information during the policy period such as change in occupation (Note: If applicable, please provide details of the format & to whom the form is to be sent)	Not Applicable

LEGAL DISCLAIMER NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document, the terms and conditions mentioned in the policy document shall prevail

STAR Personal & Caring | Health Insurance
The Health Insurance Specialist

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STAR SUPER SURPLUS (FLOATER) INSURANCE POLICY

Unique Identification No.: SHAHLIP19042V031819

SILVER PLAN

The proposal, declaration and other documents if any given by the proposer form the basis of this policy of insurance

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its Parts, the Company by this Policy agrees as under:

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease, illness or injury shall require the insured Person/s, upon the advice of a duly Qualified Physician/Medical Specialist / **Medical Practitioner** or of duly **Qualified Surgeon** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **in-patient**, the Company will pay to the **Insured Person/s** the amount of such expenses in excess of the **Deductible** per hospitalization indicated in the schedule as are reasonably and necessarily incurred under the following heads but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto

I. COVERAGE

A) Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home subject to a maximum of Rs.4,000/- per day.

B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

C) Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, cost of Pacemaker and similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.

D) Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days immediately prior to the date of Hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy

E) Post-Hospitalization medical expenses incurred under the policy towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, for a period not exceeding 60 days after discharge from the Hospital following an admissible claim under the policy, provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized

Note

1. **Expenses** relating to the hospitalization will be considered in proportion to the **room rent** stated in the policy.
2. For the purpose of calculating the Deductible per hospitalization, **pre hospitalization expenses** and **post hospitalization expenses** will not be taken into account
3. Expenses on Hospitalization for minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day

Gold Plan

The proposal, declaration and other documents if any given by the proposer form the basis of this policy of insurance

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its Parts, the Company by this Policy agrees as under:

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease, illness or injury shall require the insured Person/s, upon the advice of a duly Qualified Physician/Medical Specialist / **Medical Practitioner** or of duly **Qualified Surgeon** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **in-patient**, the Company will pay to the **Insured Person/s** the amount of such expenses as are reasonably and necessarily incurred under the following heads, in excess of the defined limit but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

II. COVERAGE

A) Room (single standard AC room), Boarding, nursing expenses as provided by the Hospital / Nursing Home

B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, cost of Pacemaker and similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make

C) Emergency ambulance charges up-to a sum of Rs.3000/- 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 provided such hospitalization claim is admissible as per the Policy.

Subject to the above terms the insured person is eligible for reimbursement, expenses incurred towards cost of air ambulance up-to 10% of the sum insured, provided the same is availed on the advices of the treating medical practitioner / Hospital. Air ambulance is payable for only from the place of first occurrence of illness / accident to the nearest appropriate hospital. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s. This is applicable for sum insured of Rs.10 lacs and above.

D) The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor either online: e_medicalopinion@star health.in or through post/courier

Subject to the following conditions :-

- This should be specifically requested for by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted.
- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not amount to making a claim.

E) **Pre-Hospitalization** medical expenses incurred for a period not exceeding 60 days immediately prior to the date of Hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy

F) **Post-Hospitalization** medical expenses incurred under the policy towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, for a period not exceeding 90 days after discharge from the Hospital following an admissible claim under the policy, provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized

G) **Delivery Expenses :** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal, post-natal expenses and Lawful medical termination of Pregnancy) up-to Rs.50,000/- per policy period, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable while the policy is in force.

Special Conditions

1. This Benefit is subject to a waiting period of 12 months from the date of first commencement of Star Super Surplus (Floater) Insurance policy and continuous renewal thereof with the company.
2. Pre-hospitalization and Post Hospitalization expenses are not applicable for this benefit.
3. This cover is available only when both Self and Spouse are Covered under this policy until the period when the benefit becomes payable. Claims under this section will not reduce the Sum Insured

H) **Organ Donor Expenses** for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable.

Note (Applicable for Benefits A to H)

1. Expenses on Hospitalization for minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day
2. The Company's liability will begin only when the aggregate of the hospitalization expenses admissible under this policy during this policy period exceed the Defined limit. The amount payable shall be the amount in excess of the **defined limit**, however not exceeding the Sum Insured for the policy period.
3. Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy.

4. For the purpose of calculating the **Defined limit,** the pre-hospitalization and post-hospitalization expenses will not be taken into account.
5. **Co-payment:** This policy is subject to co-payment of 10% of each and every claim amount, for fresh as well as renewal policies for insured persons whose age at the time of entry into this policy is above 60 years. This co-payment will not apply for those insured persons who have entered the policy before attaining 60 years of age and renew the policy continuously without any break.

I) Recharge Benefit : If the **sum insured** under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the limits stated in the table given below would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy. The unutilized Recharge amount cannot be carried forward.

Defined Limit Rs.	Recharge Limit Rs.
3,00,000/-	50,000/-
5,00,000/-	75,000/-
10,00,000/-	1,00,000/-

III. DEFINITIONS (APPLICABLE FOR BOTH SILVER PLAN AND GOLD PLAN)

Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

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 may have been taken

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Company means Star Health and Allied Insurance Company Limited

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

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of sum insured. This clause shall not apply to any Benefit offered on fixed benefit basis

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

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

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

I. has qualified nursing staff under its employment ;
II. has qualified medical practitioner (s) in charge ;
III. has a fully equipped operation theatre of its own where surgical procedures are carried out
IV. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Day Care treatment means medical treatment and/or surgical procedure which is :-

a. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and
b. 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.

Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured

Defined Limit means the limit of admissible hospitalization expenses as per the terms of the policy, opted for and mentioned in the Schedule of the policy, up to which the Company will not be liable during the policy period.

Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

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 hereon shall forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact.

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

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:

a. Has qualified nursing staff under its employment round the clock;
b. 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;
c. Has qualified medical practitioner(s) in charge round the clock;
d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospitalization means admission in a hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours.

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 and visible and evident means which is verified and certified by a Medical Practitioner.

Insured Person means the name/s of person/s shown in the schedule of the Policy.

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.

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

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.

Maternity expense shall include a) Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections) incurred during Hospitalization b) expenses towards the lawful medical termination of pregnancy during the Policy Period.

Medical Advise means any consultation or advice from a Medical Practitioner including the issuance 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 a 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 thereby 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 is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

Pre-Existing Disease means any Condition, ailment or injury or related condition (s) for which the insured person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment within 48 months prior to the insured person's first policy with any Indian insurer.

Pre-hospitalization means medical expenses incurred immediately before the insured person is hospitalized, 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.

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.

Portability means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

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

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

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

Single Standard A/C Room means a single occupancy air-conditioned room with attached wash room and a couch for the attendant. The room may have a television and/or a telephone. Such room must be the most economical of all accommodations available in that hospital as single occupancy. This does not include deluxe room or a suite

Sum Insured means the Sum Insured opted and for which the premium is paid.

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: Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

IV. WAITING PERIOD (APPLICABLE FOR SILVER PLAN)

1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
2. A waiting period of 24 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
   - A. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
   - B. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
   - C. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
   - D. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
   - E. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi.
   - F. All types of Hernia,
   - G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
   - H. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
   - I. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
   - J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
   - K. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
   - L. Varicose veins and Varicose ulcers
   - M. All types of transplant and related surgeries.
   - N. Congenital Internal disease / defect

   If these are pre-existing at the time of proposal they will be covered subject to waiting period 3 given below.
3. Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Insurer**.**

The waiting periods 1, 2 and 3 above are subject to Portability Regulations.

V. WAITING PERIOD (APPLICABLE FOR GOLD PLAN)

1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
2. A waiting period of 12 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
   - A. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
   - B. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
   - C. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
   - D. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
   - E. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi.
   - F. All types of Hernia,
   - G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
   - H. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
   - I. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
   - J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
   - K. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
   - L. Varicose veins and Varicose ulcers
   - M. All types of transplant and related surgeries.
   - N. Congenital Internal disease / defect
3. Pre Existing Diseases as defined in the policy until 12 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Insurer**.**

The waiting periods 1, 2 and 3 above are subject to Portability Regulations.

VI. EXCLUSIONS (APPLICABLE FOR BOTH SILVER PLAN AND GOLD PLAN)

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
2. Congenital External Condition / Defects / Anomalies
3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
4. Psychiatric, mental and behavioral disorders.
5. Intentional self injury
6. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
7. Venereal Disease and Sexually Transmitted Diseases,
8. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
9. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or HIV / AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
11. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.
12. Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no12.
13. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
14. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
15. Unconventional, Untested, Unproven, Experimental therapies.
16. Stem cell Therapy, Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
17. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
18. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
19. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
20. Hospital record charges and such other charges

21. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons.
22. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
23. Treatment arising from or traceable to pregnancy, childbirth (except to the extent covered under **"II Coverage G"**), family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
24. Any medical expenses incurred towards treatment of New Born Baby.
25. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
26. Medical and / or surgical treatment of Sleep apnea and treatment for endocrine disorders.
27. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections.
28. Cochlear implants and procedure related hospitalization expenses
29. Hospital registration charges, admission charges, telephone charges and such other charges
30. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy.
31. Expenses incurred for treatment of diseases/illness/accidental injuries which does not warrant hospitalization.
32. **OTHER EXCLUDED EXPENSES AS DETAILED IN OUR WEBSITE WWW.STARHEALTH.IN**

VII. CONDITIONS (APPLICABLE FOR GOLD PLAN):

1. The Company's liability under the policy will begin when the aggregate of the admissible hospitalization expenses during the policy period exceed the Defined limit. The amount payable shall be the amount in excess of the Defined limit, however not exceeding the Sum Insured for the policy period.

   The Proposer can opt at the beginning of 6th year before renewal of this policy or later during any successive renewal , for an Indemnity Health Insurance policy without defined limit offered by the Company with continuity of benefits for the average sum insured of immediately preceding 5 years period subject to the following :-

   a) All Insured Persons are insured with the Company under this policy before the age of 50 years and have been continuously renewed without any break
   b) No claim has been made during the immediately preceding 5 years
   c) The proposer should exercise this option for all the insured persons.
   d) This policy shall not be further renewed if the option is exercised
2. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.

   Claiming process and documents to be submitted in support of claim:

   For Reimbursement claims:

   a. Duly completed claim form, and
   b. Pre Admission investigations and treatment papers.
   c. Discharge Summary from the hospital
   d. Cash receipts from hospital, chemists
   e. Cash receipts and reports for tests done
   f. Receipts from doctors, surgeons, anaesthetist
   g. Certificate from the attending doctor regarding the diagnosis.
   h. Copy of PAN card

   For Obtaining Medical opinion Second Opinion

   a. Send mail to e_medicalopinion@starhealth.in attaching scanned copies of medical reports about which the insured seeks the second opinion
   b. The response will be communicated by email

   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.

   Intimation of all hospitalizations during the policy period irrespective of whether a claim is made or not must be given to the Company within 15 days of its occurrence.

   For both Reimbursement and Cashless claims, certified true copies of the bills, receipts, discharge summary and other medical documents will be accepted, provided

   · such hospitalization is claimed from any other source, up to the 'defined limits' opted for and
   · such documents are certified as true copies by the company / body, if any, from which claim was made up to the 'defined limits'.

   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.

   The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy.

VIII. CONDITIONS (APPLICABLE FOR SILVER PLAN):

1. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.

   Claiming process and documents to be submitted in support of claim:

   For Reimbursement claims:

   a. Duly completed claim form, and
   b. Pre Admission investigations and treatment papers.
   c. Discharge Summary from the hospital
   d. Cash receipts from hospital, chemists
   e. Cash receipts and reports for tests done
   f. Receipts from doctors, surgeons, anesthetist
   g. Certificate from the attending doctor regarding the diagnosis.
   h. Copy of PAN card

   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.

   The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy.

IX. COMMON CONDITIONS APPLICABLE TO BOTH SILVER PLAN AND GOLD PLAN

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except 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.
2. 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.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.

   Note: Conditions 2 and 3 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.

Submission of Post hospitalization bills :-

Applicable for Silver Plan: Post hospitalization bills are to be submitted within 15 days after completion of 60 days from the date of discharge from hospital

Applicable for Gold Plan: Post hospitalization bills are to be submitted within 15 days after completion of 90 days from the date of discharge from hospital

4. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person 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 Company's cost.
5. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
6. **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured.

   A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits with reference to waiting periods will be allowed.

   Note: 1. The actual period of cover will start only from the date of payment of premium.
   2. Renewal premium is subject to change with prior approval from Regulator
   3. Defined limit / Deductible opted cannot be changed at the time renewal
7. **Revision of Sum Insured:**

   Reduction or enhancement of sum insured is permissible only at the time of renewal.

   Enhancement of sum insured is subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of additional sum insured by way of such enhancement shall be subject to the following terms

   A Waiting period as under shall apply afresh from the date of such enhancement for the additional sum insured

   i) First 30 days waiting period IV 1 and V 1 above

   ii) **Applicable for Silver Plan**

   a. 24 months with continuous coverage without break in respect of diseases / treatments falling under waiting period IV 2 above.

   b. 36 months of continuous coverage without break in respect of Pre-Existing diseases.

   c. 36 months of continuous coverage without break for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

   iii) **Applicable for Gold Plan**

   a. 12 months with continuous coverage without break in respect of diseases / treatments falling under waiting period V 2 above

   b. 12 months of continuous coverage without break in respect of Pre-Existing diseases

   c. 12 months of continuous coverage without break for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

   The above applies to each relevant insured person
8. **Modification of the terms of the policy**

   The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance
9. **Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.
10. **Free Look Period**: At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case , the premium refund shall be as follows :

    If the Insured has not made any claim during the free look period, the Insured shall be entitled to –

    1) a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges

       or

    2) where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover

       or

    3) where only a part of the insurance coverage has commenced , such proportionate premium commensurate with the insurance coverage during such period.

    Free look period shall not be applicable at the time of renewal
11. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

Period on risk	Rate of premium to be retained
Up to one month	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months up to 9 months	80% of the annual premium
Exceeding 9 months	Full annual premium

12. **Portability:** This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869
13. **Automatic Expiry**: The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:
    - ✓ Upon the death of the Insured Person. This also means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
    - ✓ Upon exhaustion of the sum insured under the policy
14. **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.
15. 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.
16. **Relief under Section 80-D**: Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.
17. **Policy Disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.
18. **IMPORTANT NOTE**:
    a) The Sum Insured floats amongst the insured members.
    b) The Policy Schedule and any 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
    c) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
    d) The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.
19. **Notices** 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, Valluvarkottam 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.
20. **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 hour
21. **Grievances**: In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

    Grievance Department: Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28233921 during normal business hours or Send e-mail to grievances@starhealth.in. Senior Citizens may call 044-28243923

    In the event of the following grievances:

    a. any partial or total repudiation of claims by an insurer;

b. any dispute in regard to premium paid or payable in terms of the policy;

c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;

d. delay in settlement of claims;

e. non-issuance of any insurance document to customer after receipt of the premium.

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.

LIST OF OMBUDSMAN OFFICE DETAILS

6th Floor, Jeevan Prakash Bldg., Tilak Marg, Relief Road, Ahmedabad - 380001. Phone: 079 - 25501201-02-05-06 Email ID : bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in **JURISDICTION : Gujarat, Dadra & Nagar Haveli, Daman and Diu.**	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664. Email:bimalokpal.chennai@ecoi.co.in **JURISDICTION : Tamil Nadu, Pondicherry Town and Karaikal**	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Fax: 0755 -2769203, Tel.: 0755 - 2769201 / 2769202. Email: bimalokpal.bhopal@ecoi.co.in **JURISDICTION : Madhya Pradesh, Chattisgarh.**	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 -2231310 Email:bimalokpal.lucknow@ecoi.co.in **JURISDICTION : Districts of Uttar Pradesh : 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, Ambedkar nagar, Sultanpur, Maharajgang, Santkabir nagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.**
Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg,Jaipur - 302 005. Tel.: 0141 - 2740363 Email:Bimalokpal.jaipur@ecoi.co.in **JURISDICTION : Rajasthan.**	1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email:bimalokpal.patna@ecoi.co.in **JURISDICTION : Bihar,Jharkhand.**	62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455, Fax: 0674 -2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in **JURISDICTION : Orissa.**	
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 -26106552 / 26106960, Fax: 022 - 26106052 Email:bimalokpal.mumbai@ecoi.co.in **JURISDICTION : Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.**	Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781 001 (ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 -2732937 Email:bimalokpal.guwahati@ecoi.co.in **JURISDICTION : Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.**	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email:bimalokpal.pune@ecoi.co.in **JURISDICTION : Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.**	2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email:bimalokpal.ernakulam@ecoi.co.in **JURISDICTION : Kerala, Lakshadweep, Mahe - a part of Pondicherry.**
Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, I[st] Phase, Bengaluru – 560 078. Tel. : 080 - 26652048 / 26652049 Email : bimalokpal.bengaluru@ecoi.co.in **JURISDICTION : Karnataka.**	Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email:bimalokpal.noida@ecoi.co.in **JURISDICTION : State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffar nagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram nagar, Saharanpur.**	S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17–D, Chandigarh–160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 -2708274 Email: bimalokpal.chandigarh@ecoi.co.in **JURISDICTION : Punjab, Haryana,Himachal Pradesh, Jammu & Kashmir, Chandigarh.**	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email:bimalokpal.delhi@ecoi.co.in **JURISDICTION : Delhi.**
6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122, Fax: 040 - 23376599 Email:bimalokpal.hyderabad@ecoi.co.in **JURISDICTION : Andhra pradesh, Telangana, Yanam and part of Territory of Pondicherry.**		Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 -22124341. Email:bimalokpal.kolkata@ecoi.co.in **JURISDICTION : West Bengal,Sikkim, Andaman & Nicobar Islands.**	STAR Personal & Caring | Health Insurance *The Health Insurance Specialist*

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