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 HEALTH GAIN INSURANCE POLICY

Unique Identification No.: SHAHLIP18088V021718

TITLE		Description	Refer to Policy Clause Number
What am I covered for Section I	a.	In-patient Treatment- Covers hospitalisation expenses for period more than 24 hrs.	A
	b.	Emergency Ambulance-Up to Rs. 750/-per hospitalization for utilizing ambulance service for transporting insured person to hospital in case of an emergency subject to a maximum of Rs.1500/- per policy period	D
	c.	Pre-Hospitalisation- Medical Expenses incurred up to 30 days prior tothe date ofhospitalisation,	E
	d.	Post-Hospitalisation- Medical Expenses incurred up to 60 days from the date of discharge from the hospital	F
What am I covered for Section II	a	**Outpatient cover-** Cover outpatient benefit up to the benefit limit in aggregate as stated in the schedule	Section II
What are the Major Exclusions in the policy - Section I	I.	Any hospital admission primarily for investigation diagnostic purpose	4(13)
	II.	Pregnancy, infertility (except to the extent provided under coverage 1 S)	4(23)
	III.	Domicilary treatment, treatment outside India	5(17)
	IV.	Circumcision, sex change surgery, cosmetic surgery & plastic surger y	4(1),4(18) and 4(19)
	V.	Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries	4(22) and 4(26)
	VI.	Substance abuse, self-inflicted injuries, STDs and HIV/AIDS	4(6) and 4(10)
	VII.	Hazardous sports, war, terrorism, civil war or breach of law	4(8)
	VIII.	Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital.	4(28)
	(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)		
Waiting Periods- Section I	Initial Waiting Period : 30 days		3(i)
	Specific waiting period: 24 months		3(ii)
	Pre-existing diseases : 48 months		3(iii)
Payment basis	Reimbursement of covered expenses up to specified limits AND/OR		Section I (A to F)and Section II

TITLE	Description	Refer to Policy Clause Number
Loss Sharing	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the followings Sublimits 1. Room charges beyond 1% of the sum insured per day 2. For the following specified diseases: 3. Deductible of Rs…… per claim / per year /both 4. 20% of each claim as Co-payment	 Section I (A) Nil Nil 5(5)
Renewal Conditions	Lifelong Renewal	5(8)
	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	5(13)
Claims	For Cashless Service:	5(4)
	For Reimbursement of claim:	
Policy servicing /Grievances / Complaints	Company Officials IRDAI/(IGMS/Call Centre): Ombudsman (Note: Please provide the contact details Toll free number/e -mail)	5(20) And 5(22)
Insured's Rights	Free Look:	5(12)
	Implied renewability	5(8)
	Migration and Portability	5(15)
	Revision in SI during policy term	5(9)
	Turn Around Time (TAT) for issue of Pre -Auth and Settlement of Reimbursement	5(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.	5(7)
	Disclosure of Material Information during th e 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 CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

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STAR HEALTH GAIN INSURANCE POLICY

Unique Identification No.: SHAHLIP18088V021718

The proposal, declaration and other documents if any, given by the proposer forms 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

1. COVERAGE

Section I : In-Patient Hospitalization

If during the policy 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 indemnify the **Insured Person/s** the amount of such expenses as are reasonably and necessarily incurred up-to the limits mentioned but not exceeding the sum insured in aggregate as stated in the schedule hereto.

A) Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 1% of the sum insured per day.

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

C) Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, stent and such other 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) Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalization claim is admissible as per the Policy.

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

F) Post Hospitalization: Medical expenses incurred for a period up to 60 days from the date of discharge from the hospital towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, following an admissible claim for hospitalization provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized

Expenses on Hospitalization for a 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.

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

Expenses incurred on treatment of Cataract is subject to the limit as per the following table

Sum Insured Rs.	Limit per eye (in Rs.)	Limit per policy period (in Rs.)
1,00,000/-	Up to 12,000/- per eye, per policy period	
2,00,000/-		
3,00,000/-	Up to 25,000/-	Up to 35,000/-
4,00,000/-	Up to 30,000/-	Up to 45,000/-
5,00,000/-	Up to 40,000/-	Up to 60,000/-

Section II: Outpatient Benefit

The Company will pay to the insured person/s the amount of such expenses as are **reasonably and necessarily** incurred at any **Networked Facility** in India as here in defined as an **Out-patient** treatment up-to the benefit limit in aggregate as stated in the schedule hereto. The unutilized amount under this benefit can be carried forward to the next policy year on renewal. The maximum period of such carry over shall be limited to one immediately succeeding year only.

Note: Admission of a claim under this section II will not prejudice the Company's right to reject a claim under Section I.

2. DEFINITIONS

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

Any One Illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was 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.

Cashless Service 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 a 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

Co-payment means 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.

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 fully equipment 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 personal

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

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

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

Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

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: The policy shall be 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

Grace Period means the specified period of time immediately following the premium due date during which the payment can be made to renew or continue a 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

Family means Insured Person, spouse, dependent children between 3months and 25 years of age

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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and 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 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;
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 makes these accessible to the insurance company's authorized personnel.

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.

Insured Person means the name/s of persons 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.

Medical Advice 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.

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 its scope and jurisdiction of license.

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

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

Networked Facility means hospitals, day care centers, clinics, diagnostic centers that the Company has mutually agreed with to provide medical services.

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 centre 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.

Out-patient treatment means the one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medial practitioner. The insured is not admitted as a day care or in-patient.

Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

Pre Hospitalization means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that :

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

Post Hospitalization means Medical Expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

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

Portability means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

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.

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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Sum Insured: means the Sum Insured Opted for and mentioned in the policy schedule.

Unproven/Experimental treatment: means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

3. WAITING PERIODS (Applicable for Section I)

I. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.

This waiting period shall not apply in case of the insured person having been covered under any health insurance policy (Individual policy) with any of the Indian General Insurance companies / health insurance companies for a continuous period of preceding 12 months without a break.

II. 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 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

III. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian General/ Health Insurer.

The waiting periods I, II and III above are subject to Portability Regulations.

4. EXCLUSIONS

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, substances 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, 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 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, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
24. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
25. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
26. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections.
27. Cochlear implants and procedure related hospitalization expenses
28. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy.
29. Hospital registration charges, admission charges, telephone charges and such other charges
30. Any hospitalizations which are not Medically Necessary
31. Other Excluded Expenses as detailed in the website www.starhealth.in

Note: Exclusion Nos.21 to Nos.28 are not applicable for Section -2.

5. CONDITIONS:

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 and 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 admission of any liability by 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 on Company letter head and signed by an authorized official of the Company.
2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.
3. Claim must be preferred within 15 days from the date of discharge from the Hospital. This relates to hospitalization claims only.

   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.

   Post hospitalization bills are to be submitted within 15 days after completion of 60 days from the date of discharge from hospital
4. 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.

   Documents to be submitted in support of claim are

   <u>For Reimbursement claims</u>:

   a. Duly completed claim form, and
   b. Pre Admission investigations and treatment papers in original.
   c. Discharge Summary in original from the hospital
   d. Cash receipts in original from hospital, chemists.
   e. Cash receipts and reports for tests done in original
   f. Receipts from doctors, surgeons, anaesthetist in original

g. Certificate from the attending doctor regarding the diagnosis.

h. Copy of PAN Card

Claims of Out Patient Consultations / treatments will be settled on a reimbursement basis on production of cash receipts in original and supporting medical records.

For Cashless Treatment:

a. Call the 24 hour help-line for assistance - **1800 425 2255 / 1800 102 4477**

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.

f. This form is submitted to the Company

g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.

h. 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.

i. In case of emergency hospitalization information to be given within 24 hours after hospitalization

j. Cashless facility can be availed only in networked Hospitals

k. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

l. Prescriptions and receipts for Pre and Post-Hospitalization

Note: The Company reserves the right to call for additional documents wherever required.

Please note that 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.

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2017, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim has fallen due. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extant regulation requires payment based on some other prescribed interest rate.

5. **Co-payment (Applicable for Section I only):** This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years.

6. 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 Company's cost

7. 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.

8. **Renewability and grace period:** The policy can 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 period 3 (I, II, III) will be allowed .

Any Disease/illness contracted or injury sustained during the grace period will be deemed as Pre existing and will be subject to waiting period as stated under 3(III) from the date of payment of renewal premium.

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

9. **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 such additional sum insured including the respective sublimits shall be subject to the following terms

A Waiting period as under shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured.

I. First 30 days as under waiting period 3-I

II. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under waiting period 3-II

III. 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases.

IV. 48 months of continuous coverage without break (with grace period) 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

10. **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 prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance.
11. **Withdrawal:** 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.
12. **Free Look Period**: A free look period of 15 days from the date of receipt of the policy by the insured is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company may allow refund of premium paid after adjusting the cost of pre-medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

    Free **look** Period is not applicable at the time of renewal of the policy
13. **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

14. **Automatic Termination**: The insurance under this policy with respect to each relevant insured person policy shall terminate immediately on the earlier of the following events:
    - ✓ 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 subject to other terms of the policy.
    - ✓ Upon exhaustion of the sum insured under the policy
15. **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
16. **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.
17. All claims under this policy shall be payable in Indian currency. All treatments under this policy shall have to be taken In India.
18. **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.
19. **Important Note:**
    a) Where the policy is issued on floater basis, 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.

20. **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, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Toll Free Fax No.: 1800 425 5522, Toll Free No.: 1800 425 2255 / 1800 102 4477, 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.

21. **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

22. **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, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, Phone: 044-28243921 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 the Company

    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	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg., Near S.V. College, Relief Road, Ahmedabad - 380001. Phone: 079 - 25501201-02-05-06 Email ID : bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 -2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455, Fax: 0674 -2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, 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@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 -24333664 Email:bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532, Fax: 011 -23230858 Email:bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, 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@gbic.co.in	Assam,Meghalaya,Manipur,Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 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@gbic.co.in	Andhra Pradesh,Telangana, Yanam and part of Territory of Pondicherry.

LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg,Jaipur - 302 005. Tel.: 0141 -2740363 Email:Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 -2359336 Email:bimalokpal.ernakulam@gbic.co.in	Kerala,Lakshadweep,Mahe- a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue,KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 -22124341 Email:bimalokpal.kolkata@gbic.co.in	West Bengal,Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 -2231310 Email:bimalokpal.lucknow@gbic.co.in	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, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 -26106552 / 26106960, Fax: 022 -26106052 Email:bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, 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@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
PATNA Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email:bimalokpal.patna@gbic.co.in	Bihar,Jharkhand.
PUNE Office of the Insurance Ombudsman, 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@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thaneexcl uding Mumbai Metropolitan Region.

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