

**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 persons 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 SPECIAL CARE**  
 Unique Identification No.: SHAHLIP18079V011718

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.	I (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	I (D)	
	c. Post-Hospitalisation- 7% of the hospitalization expenses or actuals incurred up to 60 days after discharge from the hospital following an admissible claim whichever is higher	I (E)	
	d. Sub-limits for certain procedures and /or treatments	I (F)	
What are the Major Exclusions in the policy	I. Any hospital admission primarily for investigation diagnostic purpose	IV(11)	
	II. Treatment outside India	V (15)	
	III. Circumcision, sex change surgery, cosmetic surgery & plastic surgery	IV(1), IV(17)	
	IV. Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries	IV(10), IV(4)	
	V. Substance abuse, self-inflicted injuries, STDs and HIV/AIDS	IV(8)	
	VI. Hazardous sports, war, terrorism, civil war or breach of law	IV(6)	
	VII. Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital.	IV(15)	
	(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)		
	Initial Waiting Period : 30 days	III (1)	
	Specific waiting period: 24 months	III (2)	
Pre-existing diseases : 48 months	III (3)		
Waiting Periods	Reimbursement of covered expenses up to specified limits AND/OR	I(A) to I(F)	
	Fixed amount on the occurrence of a covered event	Nil	
Payment basis			

TITLE	Description	Refer to Policy Clause Number
<b>Loss Sharing</b>	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the followings Sublimits 1. Room/ICU charges beyond rs. 5,000/- per day. 2. For the following specified diseases: 3. Deductible of Rs..... per claim / per year /both 4. % of each claim as Co-payment	I (A) I(F) Nil I(G)
<b>Renewal Conditions</b>	Lifelong Renewal	V(7)
	Grace period of 30 days for renewing the policy is provided	
<b>Renewal Benefits</b>	Renewal Benefits	Nil
<b>Cancellation</b>	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	V(11)
<b>Claims</b>	For Cashless Service:	V(4)
	For Reimbursement of claim:	
<b>Policy servicing /Grievances / Complaints</b>	Company Officials IRDAI/(IGMS/Call Centre): Ombudsman (Note: Please provide the contact details Toll free number/e -mail)	V(18) And V(20)
<b>Insured's Rights</b>	Free Look:	V(10)
	Implied renewability	V(7)
	Migration and Portability	V(13)
	Increase in SI during policy term	Nil
	Turn Around Time (TAT) for issue of Pre -Auth and Settlement of Reimbursement	V(3)
<b>Insured's Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non -disclosure may result in claim not being paid.	V(6)
	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 CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail**



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### STAR SPECIAL CARE

Unique Identification No.: SHAHLIP18079V011718

The proposal, declaration and other documents given by the proposer shall be the basis of this contract and is deemed to be incorporated herein.

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

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease 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 up-to the limits but not exceeding the sum insured in aggregate as stated in the schedule hereto.

### I. COVERAGE

- A. Room, boarding, nursing expenses (all inclusive) as provided by the Hospital / Nursing Home up to Rs.5,000/- per day.  
However if the insured opts to occupy a Shared Accommodation, the insured person shall be paid an amount of Rs.500/- per day subject to a maximum of Rs.2000/- per hospitalization and Rs.10,000/- per policy period. **Note:** Insured's stay in Intensive Care Unit or High Dependency Units / wards will not be considered as stay in Shared Accommodation.
- 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, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy and similar expenses.
- D. Emergency ambulance charges, actual subject to a maximum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- 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 however there is an admissible claim under the policy.
- E. **Post Hospitalization** expenses : A sum equivalent to 7% of the hospitalization expenses or actuals incurred up to 60 days after discharge from the hospital following an admissible claim whichever is higher, provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

Where package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at Rs 5,000/- per day.

The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours.

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

F. **Sublimits:**

The expenses incurred on treatment of the following procedure are payable up-to the limits mentioned hereunder:

Ailment / Treatment	Company's liability per policy period Rs.
AdenoTonsilectomy	Rs.25,000/- per policy period
Hospitalization for Treatment of Seizures	Rs.30,000/- per policy period
Hospitalization for Treatment of fractures requiring surgery	Up to 20% of the sum insured per policy period
Botox injection (Payable when administered during inpatient hospitalization only)	Rs.5000/- per sitting subject to a maximum of Rs.20,000/- per policy period.
Behavioral Therapy, Physiotherapy, Occupational Therapy and Speech Therapy	Up to Rs.1,500/- per policy period

- G. **Co-payment** : This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies.

## II. 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.

**Autism** means a condition evidenced by functional impairment caused by problems in reciprocating social or emotional interaction, including difficulty establishing or maintaining back-and-forth conversations and interactions, inability to initiate an interaction, and problems with shared attention or sharing of emotions and interests with others, severe problems maintaining relationships, ranging from a lack of interest in other people to difficulties in pretend play and engaging in age-appropriate social activities, and problems adjusting to different social expectations, Nonverbal communication problems such as abnormal eye contact, posture, facial expressions, tone of voice and gestures, as well as an inability to understand these

**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.

**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.

**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

**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..

**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 misrepresentation, 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

**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.

**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.

**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.

**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

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

**Medical Advice** means any consultation or advice from a Medical Practitioner including the 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

**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 medical 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

**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

**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.

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

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

**Shared accommodation** means a room with two or more patient beds in a Network Hospital. Insured's stay in Intensive Care Unit or High Dependency Units/wards is outside the scope of this definition

**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

**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.

### III. Waiting Periods

The following waiting periods will apply:

1. 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) with any of the Indian General / Health Insurance Company for a continuous period of preceding 12 months without a break.
2. During the first 24 months of continuous operation of Insurance Policy, any expenses on
  - a) Diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, all types of Hernia, all obstructive uropathies, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse and Congenital Internal disease / defect anomalies.
  - b) Gall bladder and Pancreatic diseases and 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.
  - c) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Ganglion and similar pathology
  - d) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]

This waiting period shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian General/ Health Insurer for a continuous period of preceding 24 months without any break.

If these are pre-existing at the time of proposal they will be covered subject to waiting period III (3) below.

3. 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. For the purpose of this waiting period, Autism will not be considered as Pre Existing Disease / Condition.

**All the above waiting periods are subject to portability regulations.**

### IV. 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, Preputio plasty, Frenuloplasty, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)
2. Congenital External diseases/condition defects or anomalies
3. Cerebral palsy, Mental retardation, Chromosomal and Genetic abnormalities.
4. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
5. Convalescence, general debility, run-down condition or rest cure, Rehabilitation, Nutritional deficiency states, Venereal disease, Sexually transmitted diseases, use of intoxicating drugs / alcohol, substance abuse, smoking and tobacco chewing
6. 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)
7. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
8. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS
9. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for endocrine disorders.
10. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections and related procedures.
11. 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.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
13. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
14. Psychological, Psychiatric, Stem cell Therapy, Bone marrow transplantation, Chondrocyte, Implantation, Immunotherapy without proper indication.

15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
16. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
17. Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.
18. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Muscle relaxing pump such as Baclofen Pump or any ITB Therapy, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids, Cochlear implants and procedure related hospitalization expenses
19. Out Patient Medical Expenses. This exclusion does not apply to Behavioral Therapy, Physiotherapy, Occupational Therapy and Speech Therapy
20. Any hospitalizations which are not Medically Necessary
21. Other expenses as detailed in the website www.starhealth.in

## V. 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 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 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 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 filed within 15 days from the date of discharge from the Hospital.  
Note: Conditions 2 & 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.

### Claims Procedure

#### 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-authorization 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 should be 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
- 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 for a permissible reimbursement

#### For Out Patient Treatment (Applicable Behavioral Therapy, Physiotherapy, Occupational Therapy and Speech Therapy)

1. Prescription recommending the therapy from the treating Doctor.
2. Receipt

#### For Reimbursement claims:

Documents to be submitted in support of claim are (as applicable)

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

- g. Prescriptions and receipts for Post-Hospitalization
- h. Certificate from the attending doctor regarding the diagnosis.
- i. Copy of PAN Card

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

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. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
6. 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.
7. **Renewal:** The policy can be renewed except on grounds of misrepresentation / Non-disclosure of material fact 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 available. Any Disease/illness contracted or injury sustained during the grace period will be deemed as Pre existing and will be subject to a waiting period of 48 months from the date of payment of renewal premium.

The policy is renewable up to the insured person/s completing 25 years of age. Beyond 25 years of age the insured person/s will be offered any other suitable Individual Indemnity based Health Insurance Product with continuity of benefits for all waiting periods.

**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

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 Regulator. In such an event the insured will be intimated three months in advance prior to their renewal due date.
9. **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.
10. **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 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.

11. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact 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. **Automatic Expiry :** The insurance under this policy with respect to each relevant insured person policy shall cease immediately on the earlier of the following events
  - ✓ Upon the death of the Insured Person
  - ✓ Upon exhaustion of the sum insured under the policy
13. **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



**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. Important Note:**

- a. 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
- b. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply with may result in the claim being denied.
- c. The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the Company for necessary compliance by all stake holders.

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. **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](mailto: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.

19. **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

20. **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.

**Grievances 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](mailto: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
<b>AHMEDABAD</b> 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.
<b>BENGALURU</b> 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.
<b>BHOPAL</b> 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.
<b>BHUBANESHWAR</b> 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.
<b>CHANDIGARH</b> 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.
<b>CHENNAI</b> 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).
<b>DELHI</b> 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.
<b>GUWAHATI</b> 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.
<b>HYDERABAD</b> 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
<b>JAIPUR</b> 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.
<b>ERNAKULAM</b> 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.
<b>KOLKATA</b> 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.
<b>LUCKNOW</b> 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, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> 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.
<b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha 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, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
<b>PATNA</b> 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.
<b>PUNE</b> 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 Thane exclud ing Mumbai Metropolitan Region.

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