STAR GROUP CRITICAL ILLNESS MULTIPAY INSURANCE POLICY
Unique Identification No.: SHAHLGP22134V012122

A. OPERATIVE CLAUSE

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

B. PREAMBLE

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees that If during the period stated in the Policy Schedule the **insured person** shall be diagnosed with any Major Disease/s specified in the coverage given here under, the Company will pay to the Insured Person a lump-sum not exceeding the sum insured stated in the policy schedule

C. DEFINITIONS

Standard Definition:

Accident: An Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means

Condition Precedent: Condition precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

Congenital Anomaly: 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.

Disclosure to information norm: The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact

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

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

Major Diseases means

1. **CANCER OF SPECIFIED SEVERITY:** A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
   The following are excluded –
   i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive,

including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumors in the presence of HIV infection.

2. **MYOCARDIAL INFARCTION:** The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
   i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
   ii. New characteristic electrocardiogram changes
   iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

   The following are excluded:
   A. Other acute Coronary Syndromes
   B. Any type of angina pectoris
   C. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
3. **OPEN CHEST CABG:** The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

   The following are excluded:
   Angioplasty and/or any other intra-arterial procedures
4. **OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES:** The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves or Trans catheter aortic valve implantation (TAVI) under anesthesia, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve. The diagnosis of the valve abnormality must be supported by an echocardiography/ a cardiac catheterization and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques apart from TAVI (Trans catheter aortic valve implantation), including but not limited to, balloon valvotomy/valvuloplasty are excluded.
5. **COMA OF SPECIFIED SEVERITY:** A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. **KIDNEY FAILURE REQUIRING REGULAR DIALYSIS:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. **STROKE RESULTING IN PERMANENT SYMPTOMS:** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

   The following are excluded:

   i. Transient ischemic attacks (TIA)
   ii. Traumatic injury of the brain
   iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. **SURGERY FOR MAJOR ORGAN /BONE MARROW TRANSPLANT** The actual undergoing of a transplant of:

   i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
   ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

   The following are excluded:

   i. Other stem-cell transplants
   ii. Where only islets of langerhans are transplanted

9. **PERMANENT PARALYSIS OF LIMBS** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. **MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS** Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of atleast 3 months.

11. **MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS** The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

    i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
    ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

    Other causes of neurological damage such as SLE and HIV are excluded.

12. **BENIGN BRAIN TUMOR** Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.are excluded

13. **BLINDNESS:** Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
The Blindness is evidenced by:
i. corrected visual acuity being 3/60 or less in both eyes or ;
ii. the field of vision being less than 10 degrees in both eyes.
The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. **DEAFNESS** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

15. **END STAGE LUNG FAILURE** : End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
iv. Dyspnea at rest.

16. **END STAGE LIVER FAILURE:** Permanent and irreversible failure of liver function that has resulted in all three of the following:
i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.
Liver failure secondary to drug or alcohol abuse is excluded.

17. **LOSS OF SPEECH:** Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
All psychiatric related causes are excluded.

18. **MAJOR HEAD TRAUMA:** Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available.

Spinal cord injury are excluded:

19. **PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION** An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

    The NYHA Classification of Cardiac Impairment are as follows:

    i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
    ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

    Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

20. **THIRD DEGREE BURNS** There must be third-degree burns with scarring that cover at least 40% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 40% of the body surface area.

Medical Practitioner: 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 there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence

Migration: "Migration" means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer

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

Pre Existing Disease: Pre-existing disease means any condition, ailment, injury or disease:

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

Reasonable and Customary Charges: 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: 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.

Surgery or Surgical Procedure: Surgery or Surgical Procedure 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: 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.

Specific Definitions (for Major Diseases)

1. **ALZHEIMER'S DISEASE** Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.
   The following conditions are however not covered:
   a. non-organic diseases such as neurosis and psychiatric Illnesses;
   b. alcohol related brain damage; and
   c. any other type of irreversible organic disorder/dementia.
2. **CREUTZFELDT-JACOB DISEASE (CJD)** Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.
3. **ENCEPHALITIS** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Doctor who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.
   Encephalitis caused by HIV infection is excluded.
4. **FULMINANT HEPATITIS** A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
   a. Rapid decreasing of liver size;
   b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
   c. Rapid deterioration of liver function tests;
   d. Deepening jaundice; and
   e. Hepatic encephalopathy.
   Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

5. **MUSCULAR DYSTROPHY** A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

   Activities of daily living:

   i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
   ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
   iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
   vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

6. **SURGERY OF AORTA** The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

   The following are excluded from this definition

   a. Surgery performed using only minimally invasive or intra-arterial techniques.
   b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

7. **SYSTEMIC LUPUS ERYTHEMATOSUS WITH LUPUS NEPHRITIS** A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in

   Rheumatology and Immunology.

   The WHO Classification of Lupus Nephritis:

   Class I Minimal Change Lupus Glomerulonephritis

   Class II Messangial Lupus Glomerulonephritis

   Class III Focal Segmental Proliferative Lupus Glomerulonephritis

   Class IV Diffuse Proliferative Lupus Glomerulonephritis

   Class V Membranous Lupus Glomerulonephritis

8. **DISSECTING AORTIC ANEURYSM** A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

9. **APALLIC SYNDROME** Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.
10. **APLASTIC ANEMIA** Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
    - Blood product transfusion;
    - Marrow stimulating agents;
    - Immunosuppressive agents; or
    - Bone marrow transplantation.

    The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
    a. Absolute neutrophil count of less than 500/mm³ or less
    b. Platelets count less than 20,000/mm³ or less
    c. Reticulocyte count of less than 20,000/mm³ or less

    Temporary or reversible Aplastic Anemia is excluded.
11. **BACTERIAL MENINGITIS**: Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:
    a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
    b. A consultant neurologist.

    Bacterial Meningitis in the presence of HIV infection is excluded.
12. **BRAIN SURGERY** The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Doctor who is a qualified specialist.
13. **OTHER SERIOUS CORONARY ARTERY DISEASE** Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).
    For purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).
14. **HEART TRANSPLANTATION**: The actual undergoing of a transplant of heart that resulted from irreversible end stage failure of the heart.
    The following are excluded:
    i. Other stem cell transplants
    ii. Where only islets of Langerhans are transplanted
15. **CARDIOMYOPATHY OF SPECIFIED SEVERITY**: A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classification’s of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 25% 40% or less.
    The following conditions are excluded:
    - Cardiomyopathy secondary to alcohol or drug abuse.

- All other forms of heart disease, heart enlargement and myocarditis.

16. **PROGRESSIVE SUPRANUCLEAR PALSY:** Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.
17. **BONE MARROW TRANSPLANTATION:** The actual undergoing of a transplant of Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
    The following are excluded:
    i. Other stem-cell transplants
    ii. Where only islets of Langerhans are transplanted

Specific Definitions (other than Major Diseases)

Company means Star Health and Allied Insurance Company Limited

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

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

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

Instalment means Premium amount paid through Quarterly/ Half-yearly mode by the Policy Holder/ Insured

Sum Insured means the Sum Insured Opted for and for which the premium is paid

Survival Period is the period after an insured event that the insured person has to survive before a claim becomes valid following the first diagnosis of the Major Disease /undergoing the Surgical Procedure for the first time. For this policy it is limited to 15 days

Waiting Period: There is a waiting period of 90 days from the policy commencement date. In case the insured event happens during this period, no benefit shall be payable.
No benefit will be payable if diagnosis of any conditions / diseases covered under this product is first made within their respective waiting period from policy commencement

D. COVERAGE

I.

List of covered Major Diseases	Group Number or Category	Disease Group
1. Cancer of Specified Severity	1	Cancer related
2. Bone Marrow Transplantation		
3. Aplastic Anaemia		
4. Myocardial Infarction	2	Heart related conditions
5. Open Chest CABG		
6. Open Heart Replacement or Repair of Heart Valves		
7. Primary (Idiopathic) Pulmonary Hypertension		

8. Heart Transplantation		
9. Surgery of Aorta		
10. Dissecting Aortic Aneurysm		
11. Other Serious Coronary Artery Disease		
12. Cardiomyopathy of Specified Severity		
13. Coma of Specified Severity	**3**	**Brain & Nervous System related Conditions**
14. Stroke Resulting in Permanent Symptoms		
15. Permanent Paralysis of Limbs		
16. Motor Neuron Disease with Permanent Symptoms		
17. Multiple Sclerosis with Persisting Symptoms		
18. Benign Brain Tumour		
19. Loss of Speech		
20. Major Head Trauma		
21. Alzheimer's Disease		
22. Creutzfeldt-Jacob Disease (CJD)		
23. Encephalitis		
24. Muscular Dystrophy		
25. Bacterial Meningitis		
26. Brain Surgery		
27. Progressive Supranuclear Palsy		
28. Apallic Syndrome		
29. Major Organ Transplantation (of lung, liver, kidney, pancreas)	**4**	**Major Organ & Other Conditions**
30 Kidney Failure Requiring Regular Dialysis		
31. Blindness		
32. Deafness		
33. End Stage Liver Failure		
34. Third-Degree Burns		
35. Fulminant Hepatitis		
36. Systemic Lupus Erythematous with Lupus Nephritis		
37. End Stage Lung Failure		

Special Conditions

i. Major Disease experienced by the Insured is the first incidence of that Major Disease; and
ii. The first diagnosis of the covered major disease/condition should have been experienced by the Insured only after 90 days (ninety days) of commencement of cover under the policy.
iii. The insured person should have survived up to 15 days from the date of diagnosis of such Major disease; and
iv. Incidence of the Disease specified in the policy must be confirmed by a registered medical practitioner appointed by the Company and must be supported by clinical, radiological, histological, pathological, histo-pathological and laboratory evidence acceptable to the Company.
v. Only one claim is admissible under each group
vi. If the insured claims for different major diseases at the same time, then the Company's liability will be for only for one condition.
vii. Upon payment of lump-sum on occurrence of any Major Disease, the insurance will continue to provide coverage under the policy subject to the following:
    a. Cover shall be given for a second, third and fourth occurrences of covered Major diseases under group and maximum of 4 such occurrences are covered over a life time of the Insured.

b. Maximum One lump-sum (up to 100% of the Sum Insured) can be paid from each Group of covered Major Diseases and total payout over a life time of the Insured cannot exceed 400% of the Sum Insured.

c. Waiting period of 12 - months shall apply between the occurrence of each condition (i.e between the first and second condition or between the second and third condition or between the third and fourth condition)

d. The policy being renewed and the second or third or fourth event occurs during the renewed policy period.

e. Insured person is eligible for renewal if atleast one category is left where there has been no claim made.

II. Star **Wellness Program**: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as mentioned below are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium. This Wellness Program is enabled and administered online through Star Wellness Platform (digital platform).

Note: The Wellness Activates mentioned in the table below (from Serial Number 1 to 5) are applicable for the Insured person(s) aged 18 years and above only.

The following table shows the discount on renewal premium available under the Wellness Program*:*

Wellness Points Earned	*Discount in Premium*
200 to 350	*2%*
351 to 600	*5%*
601 to 750	*7%*
751 to 1000	*10%*

The* wellness *services and activities are categorized as below:

Sr. No.	Activity	Maximum number of Wellness Points that can be earned under each activity in a policy year
1.	**Manage and Track Health**	
	(a) Online Health Risk Assessment (HRA)	**50**
	(b) Preventive Risk Assessment	**200**
2.	**Affinity to Wellness**	
	(a) Participating in Walkathon, Marathon, Cyclothon and similar activities	**100**
	(b) Membership in a health club (for 1 year or more)	**100**
3.	**Stay Active –** If the Insured member achieves the step count target on mobile app	**200**
4(a).	**Weight Management Program** (for the Insured who is Overweight / Obese)	**100**
4(b).	**Sharing Insured Fitness Success Story through adoption of Star Wellness Program** (for the Insured who is **not** Overweight / Obese)	**50**

5(a).	**Chronic Condition Management Program** (for the Insured who is suffering from Chronic Condition/s - Diabetes, Hypertension)	**250**
5(b).	**On Completion of De-Stress & Mind Body Healing Program** (for the Insured who is **not** suffering from Chronic Condition/s - Diabetes, Hypertension)	**125**
	Additional Wellness Services	
6.	**Virtual Consultation Service**	
7.	**Medical Concierge Services**	
8.	**Period & Fertility Tracker**	
9.	**Digital Health Vault**	
10.	**Wellness Content**	
11.	**Health Quiz & Gamification**	
12.	**Post-Operative Care**	
13.	**Discounts from Network Providers**	

1. Manage and Track Health:

(a) **Completion of Health Risk Assessment (HRA):** The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured. It helps the Insured to introspect his/ her personal lifestyle. The Insured can log into his/her account on the website **www.starhealth.in** and complete the HRA questionnaire. The Insured can undertake this once per policy year.

On Completion of online HRA questionnaire, the Insured earns **50 wellness points.**

Note: To get the wellness points mentioned under HRA, the Insured has to complete the entire HRA within one month from the time he/she started HRA Activity.

(b) **Preventive Risk Assessment:** The Insured can also earn wellness points by undergoing diagnostic / preventive tests during the policy year. These tests should include the four mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.

- If all the results of the submitted test reports are within the normal range, **Insured earns 200 wellness points.**
- If the result of any one test is not within the normal range as specified in the lab report, **Insured earns 150 wellness points**.
- If two or more test results are not within the normal range, **Insured earns 100 wellness points only.**

List of mandatory tests under Preventive Risk Assessment
1. Complete Haemogram Test
2. Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
3. Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio)
4. Serum Creatinine

Note: These tests reports should be submitted together and within 30 days from the date of undergoing such Health Check-Up.

2. **Affinity towards wellness**: Insured earns wellness points for undertaking any of the fitness and health related activities as given below.

List of Fitness Initiatives and Wellness points:

	Initiative	Wellness Points
a.	**Participating in Walkathon, Marathon, Cyclothon and similar activities** - On submission of BIB Number along with the details of the entry ticket taken to participate in the event.	**100**
b.	**Membership in a health club (for 1 year or more) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes**	**100**
Note: In case if Insured is not a member of any health club, he/she should join into club within 3 months from the date of the policy risk commencement date. Insured person should submit the health club membership.		

3. **Stay Active: Insured earns wellness points on achieving the step count target on star mobile application as mentioned below:**

Average number of steps per day in a policy year	Wellness Points
• If the average number of steps per day in a policy year are between - 5000 and 7999	**100**
• If the average number of steps per day in a policy year are between - 8000 and 9999	**150**
• If the average number of steps per day in a policy year are - 10000 and above	**200**
Note: • First month and last month in each policy year will not be taken into consideration for calculation of average number of steps per day under Stay Active. • The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit. • The average step count completed by an Insured member would be tracked on star wellness mobile application.	

4. **(a) Weight Management Program**: This Program will help the Insured persons with Over Weight and Obesity to manage their Body Mass Index (BMI) through the empanelled wellness experts who will guide the Insured in losing excess weight and maintain their BMI.

- On acceptance of the Weight Management Program, **Insured earns 50 wellness points.**
- An additional **50 wellness points will be awarded** in case if the results are achieved and maintained as mentioned below.

Sr. No.	Name of the Ailment	Values to be submitted	Criteria to get the Wellness points
1.	Obesity (If BMI is above 29)	Height & Weight (to calculate BMI)	Achieving and maintaining the BMI between 18 and 29
2.	Overweight (If BMI is between 25 and 29)	Height & Weight (to calculate BMI)	Reducing BMI by **two points** and maintaining the same BMI in the policy year
- Values (for BMI) shall be submitted for every 2 months (**up to 5 times in each policy year**)			

(b) Incase if the Insured is not Overweight / Obese, the Insured can submit his/her **Fitness Success Story with us, on how the Insured Started / Improved /Maintaining his/her "Active/Healthy Life Style" through adoption of Star Wellness Activities**.

On submission of the Fitness Success Story through adoption of Star Wellness Activities, Insured earns **50** wellness points.

5. **(a). Chronic Condition Management Program:** This Program will help the Insured suffering from **Diabetes, Hypertension, Cardiovascular Disease or Asthma** to track their health through the empanelled wellness experts who will guide the insured in maintaining/ improving the health condition.

- On acceptance of the Chronic Condition Management Program, **Insured earns 100 wellness points.**
- The Insured has to submit the test result values for every 3 months maximum up to 3 times in a policy year.
- If the test result values are within +/- 10% range of the values given below, for at least 2 times in a policy year, **an additional 150 wellness points will be awarded.**
- These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up

Sr.No.	Name of the Ailment	Test to be submitted	Values Criteria to get the additional Wellness points
1.	Diabetes (Insured can submit either HbA1c test value (or) Fasting Blood Sugar (FBS) Range & Postprandial test value	HbA1c	≤ 6.5
		Fasting Blood Sugar (FBS) Range & Postprandial test value	100 to 125 mg/dl below 160 mg/dl
2.	Hypertension	Measured with - BP apparatus	Systolic Range - 110 to 140 mmHg Diastolic Range - 70 to 90 mmHg

5(b) In case if the Insured is not suffering from Chronic Condition/s (Diabetes, Hypertension, Cardiovascular Disease or Asthma) he/she can opt for **"De-Stress & Mind Body Healing Program"**. This program helps the Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress.

- On acceptance of De-stress & Mind Body Healing Program Insured earns **50** wellness points.
- On completion of De-stress & Mind Body Healing Program Insured earns an additional **75** wellness points.

Note: This is a 10 weeks program which insured needs to complete without any break.

6. **Virtual Consultation Service: 'Medical Consultation'** is available through our in-house Medical Practitioners/Empanelled Service providers round the clock to the insured through an online portal, mobile application as a chat service, voice call or a call back service. Consultations including on '**Diet & Nutrition'** and '**Second Medical Opinion'** is available.

7. **Medical Concierge Services:** The Insured can also contact Star Health to avail the following services:
   - Emergency assistance information such as nearest ambulance / hospital / blood bank etc.
8. **Period & Fertility Tracker:** The online easy tracking program helps every woman with their period health and fertility care. The program gives access to trackers for period and ovulation which maps out cycles for months. This helps in planning for conception prevention and tracks peak ovulation if planning pregnancy.
9. **Digital Health Vault:** A secured Personal Health records system for Insured to store/access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.
10. **Wellness Content:** The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes
11. **Health Quiz & Gamification**
    - The wellness portal provides a host of Health & Wellness Quizzes. The wellness quizzes are geared towards helping the Insured to be more aware of various health choices.
    - Gamification helps in creating fun and engaging health & wellness experiences. It helps to create a sense of achievement in users and increases motivation levels.
12. **Post-Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
13. **Discounts from Network Providers:** The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

Terms and conditions under wellness activity

- Any information provided by the Insured in this regard shall be kept confidential.
- There will not be any cash redemption against the wellness reward points.
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.
- No activity, report, document, receipt can be submitted in the last month of each policy year.
- For services that are provided through empanelled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.
- All medical services are being provided by empanelled health care service provider. We ensure full due diligence before empanelment. However Insured should consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured person's discretion.
- We reserve the right to remove the wellness reward points if found to be achieved in unfair manner.
- Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any
- actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of
- and / or on account of the Wellness Program.
- Services offered are subject to guidelines issued by IRDAI from time to time.

ILLUSTRATION OF BENEFITS

- **Lets look how the Insured can avail discount on premium through the "Star Wellness Program"**

Scenario – 1

A 24 year old Individual Ramesh buys **Star Critical Illness Multipay Insurance** Policy on 15th July, 2021 with Sum Insured of 25 Lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. Ramesh has declared that his Body Mass Index (BMI) as 25. Ramesh enrolled under the Star Wellness Program and completed the following **wellness activities**.

Sr.No	Name of the wellness activity taken up during the policy year	Wellness Points Earned
1.	Completed Online Health Risk Assessment (HRA)	50
2.	Submitted Health Check-Up Report (one test result is not within normal range)	150
3.	Participated in Walkathon	100
4.	Attended to Yoga Classes	100
5.	Achieved 10,000 average number of steps per day during the policy year	200
6.	Ramesh accepted the Weight management program and reached 23 BMI	100
7.	Ramesh has completed De-stress & Mind Body Healing Program	125
	Total Number of Wellness Points earned	**825**

Based on the number of Wellness Points earned Ramesh is eligible to get 10% discount on renewal premium.

ILLUSTRATION OF BENEFITS

- **Lets look how the Insured can avail discount on premium through the "Star Wellness Program"**

Scenario – 2

A 35 year old Individual Umesh buys **Star Critical Illness Multipay** Insurance Policy for two year period, with Sum Insured of 20 lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. He is suffering from Hypertension. Umesh enrolled under the Star Wellness Program and completed the following **wellness activities**.

Sr.No	Name of the wellness activity taken up during the policy year	Wellness Points Earned in the First Year	Wellness Points Earned in the Second Year
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participated in Walkathon	100	100
4.	Attended to Tai Chi Classes	100	-
5.	Achieved 10,000 average number of steps per day during the policy year	200	200

6.	Submitted his fitness success story	50	50
7.	Managed Hypertension through Chronic management program	250	250
	Total Number of Wellness Points earned	**950**	**850**
Total Number of Wellness Points earned by Umesh = 1800 (950+850) **Calculation of Wellness Points as per two year policy condition = 900 (1800/2)**			
Based on the number of Wellness Points earned, Umesh is eligible to get 10% discount on renewal premium			

E. EXCLUSIONS

The Company shall not be liable to make any payment under this Policy towards a covered Major disease, caused by, based on, arising out of or howsoever attributable to any of the following"

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.
2. Pre-existing Disease means any condition, aliment, injury or disease / critical illness / disability:
   a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
   b. For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement

   In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

   Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
6. Any Critical Illness, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Congenital External Anomalies, inherited disorders or any complications or conditions arising there from including any developmental conditions of the Insured.
9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving and selfie accident.
10. Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.

11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Any Critical Illness, caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
14. Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. Any Critical Illness, caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
16. Any Critical Illness, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
    a. Surgery to be conducted is upon the advice of the Doctor
    b. The Surgery / Procedure conducted should be supported by clinical protocols
    c. The member has to be 18 years of age or older and
    d. Body Mass Index (BMI):
        - greater than or equal to 40 or
        - greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
            i. Obesity related cardiomyopathy
            ii. Coronary heart disease
            iii. Severe Sleep Apnea
            iv. Uncontrolled Type 2 Diabetes despite optimal therapy
17. Any Critical Illness, caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
18. Any Critical Illness, caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Any Critical Illness, caused by sterility and infertility. This includes:
    a. Any type of contraception, sterilization
    b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    c. Gestational Surrogacy
    d. Reversal of sterilization

F. CONDITIONS

Standard Condition

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

2. **Claim Settlement**:
   A. **Condition Precedent to Admission of Liability**: The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.
   B. The Insured Person or person(s) claiming on behalf of the Insured Person shall submit within 15 days of notification of claim, the filled and signed claim form and all relevant documents, information medical records and any other information/ documents the Company may request, to establish the Claim made
   The company may examine and relax the time limits depending upon the merits of the Case Such documents include but not limited to the following :-
   - Claim form duly completed and signed
   - Medical Certificate confirming the diagnosis / treatment of Major Disease from the treating medical practitioner in letter head.
   - All Diagnostic test results / Imaging confirming positive existence of Major Disease
   - Discharge summary / in case papers / complete treatment records (wherever applicable)
   - Treating doctor's certificate regarding the duration & etiology of the Major Disease in letter head.
   - Any other document specific to the treatment / illness
   - Copy of PAN Card
   - Copy of Aadhaar Card
   - KYC (Identity proof with Address) of the proposer as per AML Guidelines.

   Note: Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477, Senior Citizens may call at 044 40020888
   C. **Notification of Claim:** 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

   Note: Condition C is 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.

3. **Provision for Penal Interest**
   i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
   ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
   iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
   iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
   v. "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

4. **Multiple Policies:** In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar polices

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

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

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

   For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

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

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

7. **Cancellation**

   i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Cancellation table applicable for Policy without instalment option	
Period on risk	**Rate of premium to be retained**
Up to one mth	22.5% of the policy premium
Exceeding one mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	Full of the policy premium
Cancellation table applicable for Policy with instalment option of Half-yearly premium payment frequency	
Period on risk	**Rate of premium to be retained**
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy with instalment option of Quarterly premium payment frequency	
Period on risk	**Rate of premium to be retained**
Up to 1 Mth	87.5% of the total premium received
Exceeding one mth up to 3 mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. **Payment of Premium in Instalments**: If the insured person has opted for Payment of Premium on an instalment basis i.e.Half Yearly or Quarterly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy);

a. Grace Period of 7 days would be given to pay the instalment premium due for the policy.
b. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
c. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
d. No interest will be charged If the instalment premium is not paid on due date
e. In case of instalment premium due not received within the grace period, the policy will get cancelled
f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
g. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy

9. **Redressal of Grievance**: Incase of any grievance the insured person may contact the Company through

Website : www.starhealth.in
Toll free : 1800 425 2255/1800 104 2277 | Senior Citizens may call at 044-28243923
E-mail **:** grievances@starhealth.in, gro@starhealth.in
Phone : 04428319100
Courier : No 1 New Tank Street, Valluvar Kottam High Road Nungambakkam Chennai 600034

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

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044 – 28243922/23/24/25

For updated details of grievance officer, kindly refer the link. https://www.starhealth.in/grievance-redressal
If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms. irda.gov. in/

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

Specific Conditions

11. **Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.
12. **Renewal:** The policy may be renewed subject to mutual consent and mutually agreed terms and conditions. The Company, however, shall not be bound to give notice that the policy is due for renewal.
13. 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.
14. All claims under this policy shall be payable in **Indian currency**.
15. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
16. 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.
17. **Notice and communication :** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai – 600034; Toll Free Fax No - 1800 425 5522/1800 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.
18. **Territorial Limit :** All investigations/treatments under this policy shall have to be taken in India.
19. **Automatic Expiry**: The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events:
    i. Upon the death of the Insured Person.
    ii. Upon exhaustion of the sum insured under the policy.
    iii. Upon payment of one claim under each of the four catergories

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

21. **Role of Group Administrator / Proposer:** The Group administrator shall play a facilitative role between the Insurer and the Insured Person. Such role includes
    1) To facilitate Insured Person / s in availing all insurance related services wherever required.
    2) If a member leaves the group as per group rules, group administrator should facilitate to provide option to migrate to another policy of similar nature at premium as applicable for such individual insurance. In such event continuity of cover shall be provided to an extent the Insured person was continuously covered under this group policy.

22. **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.

23. **Arbitration** If any dispute or difference shall arise under the contract of insurance such difference shall be referred to the decision of a sole arbitrator to be appointed in writing by the parties 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 and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as it stands now or may be amended from time to time".
    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

24. **Enhancement of Sum insured**: Sum insured once opted cannot be enhanced even on renewal.

25. **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 may result in the claim being denied.
    c) 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.

26. **Relief under Section 80-D**: Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.

27. **Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact No 1 New Tank Street, Valluvar Kottam High Road Nungambakkam Chennai 600034, during normal business hours.

List of Insurance Ombudsman

AHMEDABAD

Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001.
Tel.: 079 - 25501201/02/05/06
Email: bimalokpal.ahmedabad@cioins.co.in

JURISDICTION: 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@cioins.co.in

JURISDICTION: 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@cioins.co.in

JURISDICTION: 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@cioins.co.in

JURISDICTION: 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@cioins.co.in

JURISDICTION: Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & 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@cioins.co.in

JURISDICTION: Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).

DELHI

Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.
Tel.: 011 - 23232481/23213504
Email: bimalokpal.delhi@cioins.co.in

JURISDICTION: Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.

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@cioins.co.in

JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

GUWAHATI

Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).
Tel.: 0361 - 2632204 / 2602205
Email: bimalokpal.guwahati@cioins.co.in

JURISDICTION: 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 – 23312122 Fax: 040 - 23376599
Email: bimalokpal.hyderabad@cioins.co.in

JURISDICTION: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

JAIPUR

Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.Tel.: 0141 - 2740363
Email: bimalokpal.jaipur@cioins.co.in

JURISDICTION: Rajasthan.

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@cioins.co.in

JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.

LUCKNOW

Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.
Tel.: 0522 - 2231330 / 2231331
Fax: 0522 - 2231310
Email: bimalokpal.lucknow@cioins.co.in

JURISDICTION: Districts of Uttar Pradesh Lalitpur, 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@cioins.co.in

JURISDICTION: Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

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@cioins.co.in

JURISDICTION: Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

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.: 0120-2514252 / 2514253
Email: bimalokpal.noida@cioins.co.in

JURISDICTION: State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

PATNA

Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952
Email: bimalokpal.patna@cioins.co.in

JURISDICTION: Bihar, Jharkhand.