

ENDORSEMENT SCHEDULE

Group Health Insurance

IRDAI/HLT/SHAI/P-H/V.I/32/2015-16

Product Name : **Group Health Insurance** Policy period : 31-MAR-17 To 30-MAR-18
Endorsement No : P/131116/01/2017/020757/007 Endorsement Date : 13/09/2017
Endorsement Effective From 00:00 On 13/09/2017 To Midnight Of 30/03/2018
SAC Code : 997133/Accident and Health Insurance Services GSTIN : 36AAJCS4517L1ZZ
Proposer Code : 6887958 Issue Office Code : 131116
Proposer Name : ICREA INFOTECH PRIVATE LIMITED Issue Office Name : Branch Office - Tarnaka
Address : 18-271 TO 273 , 503 TO 507 , 5TH FLOOR , ASHOKA BHOOPAL CHAMBERS , SARDAR PATEL ROAD , SECUNDERABAD - 500003
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Hyderabad (M Corp.+OG)
(Part),Hyderabad,Telangana-500003
Tel /Mobile : 040-66207222/9166207444/ Tel /Fax /Email : 040 - 40181125 / / taranaka@starhealth.in
Fulfiller Code : SH19697

Intermediary Code/Name : BA0000136044/MALLAPURAM RAJASHEKAR

Intermediary Tel/Mobile : /9849064645

Intermediary Email : mrajashekhar@gmail.com

Total Premium : Rs. 11686 Type of Endorsement : Addition / Deletion of Persons
Collection No & Dt : 1050008761 - 13/09/2017

ENDORSEMENT

It is hereby declared and agreed that with effect from Various dates, 6 employees are added and 1 employee deleted under the scope of the policy.

SCHEDULE OF PREMIUM


Cover Description	Original Sum Insured	Endorsement Sum Insured	Revised Sum Insured	Endorsement Premium
TOTAL PREMIUM				9,904.00
ADD :CGST				891.00
ADD :SGST				891.00
STAMP DUTY				0.00
TOTAL AMOUNT				11,686.00
Total Amount in figures and words : 11,686 (Indian Rupees Eleven thousand six hundred eighty-six only)				

Entered By : SH37587
Examined By : SH35670

Place :
Date : 13/09/2017

For and on behalf of
Star Health And Allied Insurance Co Ltd

IRDA Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in


Authorised Signatory

Attached to and forming part of policy number: P/131116/01/2017/020757

All other terms/conditions/warranties/clauses in the policy remain unaltered

Warranted that in case of dishonour of premium cheque(s) the within mentioned policy stands cancelled from inception and the company absolves all liabilities under the Policy/Endorsement.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at Branch Office - Tarnaka on 13th Day of September 2017.

Entered By : SH37587

Examined By : SH35670

Place :

Date : 13/09/2017

For and on behalf of
Star Health And Allied Insurance Co Ltd



Authorised Signatory


Added\Deleted PERSON DETAILS :

S.No	Name of Employee	Status	Relationship	DOB	Age	Sex	ID Card No	SI	Occupation	Emp Id	Effective From Date	Effective To Date	Remarks
1	M Anil Kumar	Deleted	Employee	08/08/1988	28	Male	68879581700014100	0	Others	2015049	31/03/2017	08/09/2017	
2	M.Leela Krishna	Newly Added	Employee	17/08/1995	22	Male	68879581700027100	200000	Others	2017032	13/09/2017	30/03/2018	
3	T.Naveen Kumar	Newly Added	Employee	01/08/1995	22	Male	68879581700027200	200000	Others	2017033	13/09/2017	30/03/2018	
4	Kulla Ramesh	Newly Added	Employee	10/08/1995	22	Male	68879581700027300	200000	Others	2017034	13/09/2017	30/03/2018	
5	Kesanam Nagaraju	Newly Added	Employee	05/06/1990	27	Male	68879581700027400	200000	Others	2017036	13/09/2017	30/03/2018	
6	Annam Sai Nikhil	Newly Added	Employee	20/07/1996	21	Male	68879581700027500	200000	Others	2017037	13/09/2017	30/03/2018	
7	Toothkurthy Sandeep Kumar	Newly Added	Employee	17/07/1991	26	Male	68879581700027600	200000	Others	2017038	13/09/2017	30/03/2018	

Entered By : SH37587
Examined By : SH35670

Place :
Date : 13/09/2017

For and on behalf of
Star Health And Allied Insurance Co Ltd


Authorised Signatory