

## **ENDORSEMENT SCHEDULE**

Group Health Insurance

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

Product Name : **Group Health Insurance** Policy period : 08-MAR-18 To 07-MAR-19  
Endorsement No : P/131116/01/2018/019058/005 Endorsement Date : 15/05/2018  
Endorsement Effective From 21:07 On 15/05/2018 To Midnight Of 07/03/2019  
SAC Code : 997133/Accident and Health Insurance Services GSTIN : 36AAJCS4517L1ZZ  
Proposer Code : 8874078 Issue Office Code : 131116  
Proposer Name : DSMART SYSTEMS PRIVATE LIMITED Issue Office Name : Branch Office - Tarnaka  
Address : 4TH FLOOR, DWARAKA HEIGHTS, PLOT NO - 17, JUBILEE ENCLAVE, HI-TECH CITY, HYDERABAD, TELANGANA 500081 Address : 303/4, third floor, 12-13-97 Mundra Tara Tycoon, Taranaka, Hyderabad - 500 017.  
-  
-  
Hyderabad,Rangareddi,Telangana-500081  
Tel /Mobile : -/9176006525/ Tel /Fax /Email : 040 - 40181125 / / taranaka@starhealth.in  
Proposer GSTIN : 36AAFCD4062P1ZA Place of Supply : Telangana / State Code : 36  
Fulfiller Code : SH19697

**Intermediary Code/Name : BA0000136044/MALLAPURAM RAJASHEKAR**

**Intermediary Tel/Mobile : /9849064645**

**Intermediary Email : mrajashekhar@gmail.com**

Total Premium : Rs. 15325 Type of Endorsement : Addition / Deletion of Persons  
Collection No & Dt :

### **ENDORSEMENT**

It is hereby declared and agreed that with effect from 15/05/2018.1 Employee added under the scope of the policy

### **SCHEDULE OF PREMIUM**

Cover Description	Original Sum Insured	Endorsement Sum Insured	Revised Sum Insured	Endorsement Premium
TOTAL PREMIUM				12,987.00
ADD :CGST				1,169.00
ADD :SGST				1,169.00
STAMP DUTY				0.00
TOTAL AMOUNT				15,325.00

Entered By : SH37587

Examined By : SH41268

Place :  
Date : 15/05/2018

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/131116/01/2018/019058**

Total Amount in figures and words : 15,325 ( Indian Rupees Fifteen thousand three hundred twenty-five only )

---

All other terms/conditions/waranties/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 16th Day of May 2018.

Entered By : SH37587

Examined By : SH41268

Place :

Date : 15/05/2018

---

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	Emp Id	Occupation	Floater SI	No of Dependents	Effective From Date	Effective To Date	Remarks
1	Srinivasulu L	Newly Added	Employee	05/03/1987	31	Male	88740781800002500	DS1020	Others	200000	4	15/05/2018	07/03/2019	
Dependant Details		Status	Relationship	DOB	Age	Sex	ID Card No					Effective From Date	Effective To Date	Remarks
Preethi Alekhya L		Newly Added	Spouse	09/02/1987	31	Female	88740781800002501					15/05/2018	07/03/2019	
Chakrin L		Newly Added	Son	06/01/2016	2	Male	88740781800002502					15/05/2018	07/03/2019	
Venkateswarlu L		Newly Added	Father	02/05/1965	53	Male	88740781800002503					15/05/2018	07/03/2019	
Vani L		Newly Added	Mother	08/06/1970	47	Female	88740781800002504					15/05/2018	07/03/2019	

Entered By : SH37587  
Examined By : SH41268

Place :  
Date : 15/05/2018

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



Authorised Signatory