MEDI Classic Insurance Policy (Individual)

Unique Identification No.: IRDA/NL-HLT/SHAI/P-H/V.II/400/13-14

The comforts and luxuries of today's life come at a price-the price of uncertainities. Of the uncertainities, health of oneself and one's family is prime concern. Added to this, the fact that medical expenses are getting dearer, one ailment is all it takes to wipe out years of savings that was meant to realize your dreams.

Medi Classic Insurance from star Health is a policy that provides for reimbursement of hospitalisation expenses incurred as a result of illness/disease/sickness and/or accidental injuries, so that you can keep your dreams alive.

★ Policy Benefits

- Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the Sum Insured, subject to a maximum of Rs.5,000/- per day
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anesthesia, Blood, Oxygen, Operation theatre charges, cost of Pacemaker etc.
- Emergency ambulance charges for transporting the covered patient to the hospital up to a sum of Rs. 750/- per hospitalisation and overall limit of Rs. 1500/- per policy
- * Hospitalization Cover: In-patient hospitalization expenses for a minimum of 24 hours.
- Non Allopathic Treatments: Covered up to 25% of the sum insured subject to a maximum of Rs. 25,000/- per policy period. ★ Policy Term

The policy is usually available for one year but in case premium for two years is paid in on the total premium.

The sum insured is automatically restored by 200% when the basic sum insured is fully

insured for every claim free year subject to a maximum of 25%. In the event of a claim, the Bonus will be reduced by 5% of the basic sum insured. However the basic sum insured will not be reduced. This benefit is not available for Family Package Plan.

Pre-existing diseases are covered after 48 months of continuous insurance with

- of the hospitalization expenses (excluding room charges) subject to a maximum of Rs.5,000/-
- ★ Cost of Health Checkup

Expenses incurred towards Cost of Health check-up up-to 1% of the average sum Insured after every block of 4 claim free years subject to a maximum of Rs.5,000/- is payable on renewal. This benefit is available for sum insured of

Any person aged between 5 months and 65 years, residing in India, can take this insurance. Beyond 65 years, only renewal is offered.

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|---|--------|--------|-------|-------|--------|-------|--------|------|---|
| i | advanc | e then | a dis | cour | t of 5 | 5% is | avail | able | C |
| | | ., | | , . | | | | , | |

★ Automatic Restoration of Sum Insured

exhausted during the policy period. This benefit is not available for Family Package Plan. The insured person will be eligible for Bonus calculated at 5% of the basic sum

★ Pre-Existing Disease

- any Indian Insurance Company. ★ Pre & Post Hospitalization
- ❖ Pre-hospitalization medical expenses up to 30 days prior to the date of Post-hospitalization up to 60 days from the date of discharge from the hospital. The amount payable shall not exceed the sum calculated at 7%
- ★ Day Care Treatment: 101 day care treatments are allowed.

Rs. 2, 00,000/- and above only.

| | | 7 | Age | Age (yrs) | V | V. Comments of the Comment of the Co | | Kenew | Renewas Only | |
|----|--|--|------------------|------------|-------------------|--|---|-----------------------------------|--------------------|----------|
| -1 | Smts-35 | 36-45 | 46-50 | 51-55 | 26-60 | 61-65 | 02-99 | 71-75 | 76-80 | Above 80 |
| | 2510 | 2510 | 3770 | 4495 | 6200 | 7900 | 11800 | 13300 | 16800 | 21840 |
| | 3030 | 3260 | 5120 | 6110 | 7750 | 9850 | 14005 | 17330 | 22300 | 28990 |
| | 4400 | 4650 | 7665 | 11365 | 13750 | 14350 | 20000 | 24350 | 32270 | 41950 |
| | 4915 | 5550 | 8950 | 12690 | 15535 | 20000 | 26800 | 31525 | 42420 | 55140 |
| | 5450 | 6145 | 10700 | 14000 | 16775 | 24430 | 34680 | 38700 | 52540 | 68300 |
| 2 | 7800 | 8200 | 13600 | 18384 | 22910 | 28900 | 34755 | 41615 | 58250 | 75725 |
| | 9545 | 9910 | 15310 | 22510 | 29160 | 39555 | 47125 | 52525 | 67825 | 88170 |
| | | | | ob | Optional Benefits | fits | | | | |
| 1 | I | Hospital Cash: | 2 | | | | Patient Care (> 60 yrs): | e (> 60 yrs): | - | |
| 6 | 0/- per day of completed hospitalisation - max. 7 days per and 14 days per policy period. | of completed hospitalisation and 14 days per policy period. | elisation - max. | 7 days per | | Rs.400/- pe | Rs.400/- per day for max. 5 days per hospitalisation and 14 days per policy period. | 5 days per hos r policy period | pitalisation I. | |
| | A distance | Additional Secondary of Sept. | | | | | Additional Security of panel 1 or | - None 1 | | |



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| Sum | | | Annual Premium in Rs. (Service Tax Extra) | Ann | wal Premium in 8 | Annual Premium in Rs. (Service Tax Extra) | tra) | | | |
|------------|---|---|---|------------|-------------------|---|---|------------------|--------------|----------|
| Insured | | | Age (yrs) | (yrs) | | 200 | | Renewals Only | ils Only | |
| (Rs.) | 5mts-35 | 36-45 | 46-50 | 51-55 | 26-60 | 61-65 | 02-99 | 71-75 | 76-80 | Above 80 |
| 150000 | 2510 | 2510 | 3770 | 4495 | 6200 | 7900 | 11800 | 13300 | 16800 | 21840 |
| 200000 | 2880 | 3175 | 4775 | 2900 | 7350 | 9550 | 13500 | 16950 | 22000 | 28600 |
| 300000 | 4000 | 4535 | 7200 | 11115 | 13200 | 14000 | 19600 | 23800 | 31900 | 41470 |
| 400000 | 4515 | 5210 | 8700 | 12335 | 15000 | 19600 | 26200 | 31000 | 41900 | 54470 |
| 200000 | 5080 | 5870 | 10700 | 13555 | 15875 | 24000 | 33840 | 38100 | 51900 | 67470 |
| 1000000 | 7465 | 7965 | 13265 | 17875 | 21440 | 28200 | 34200 | 40800 | 57600 | 74880 |
| 1500000 | 9165 | 9595 | 14710 | 21710 | 28810 | 38365 | 46395 | 50675 | 00299 | 86710 |
| | | | | do | Optional Benefits | fits | | | | |
| | I | Hospital Cash: | # | | | | Patient Care (> 60 yrs): | > (> 60 yrs): | | |
| is. 1000/- | Rs. 1000/- per day of comp and 14 da | ipleted hospitalisation days per policy period | leted hospitalisation - max. 7 days per sys per policy period. | 7 days per | | Rs.400/- pe | Rs.400/- per day for max. 5 days per hospitalisation and 14 days per policy period. | S days per hos | pitalisation | |
| | Additional | al Premium : Rs. 350/- + ST | 350/-+5T | | | | Additional Premium Rs. 580/-+5T | um Rs. 580/-+ ST | ga ta | |

Health

Ltd

| | Sum Insured | Sum Insured Rs. 200000/- | | | Sum Insured | Sum Insured Rs. 300000/- | |
|---|-----------------------|--|--|---|-----------------------|---|---|
| The sum insured is a | pportioned equally an | The sum insured is apportioned equally among all the family members who are insured. | bers who are insured | The sum insured is a | pportioned equally am | The sum insured is apportioned equally among all the family members who are | bers who are |
| Name Same | | Family Size | | No. of Street, or other Party of Street, or | | Family Size | |
| Age (yrs) | ZA | 2A+1C | 2A+2C | Age (yrs) | 2A | 2A+1C | 2A+2 |
| 5m-25 | 4460 | 5149 | 5200 | 5m-25 | 4745 | 5945 | 714 |
| 26-30 | 4635 | 5280 | 5400 | 26-30 | 5045 | 6195 | 734 |
| 31-35 | 4635 | 5280 | 2600 | 31-35 | 5230 | 6275 | 748 |
| 36-40 | 4965 | 5400 | 6200 | 36-40 | 5555 | 6365 | 770 |
| 41-45 | 5095 | 5595 | 6500 | 41-45 | 5915 | 6500 | 780 |
| Optional Benefit - Additional Premiu | New Born Baby C | Optional Benefit - New Born Baby Cover (Offered only under Family Package Policy for family size of 2A & 2A+1C) Additional Premium: 10% of the Policy Premium during the year in which the baby is born. | under Family Pack g the year in which | age Policy for fami the baby is born. | ly size of 2A & 2A | +1C) | |
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|-------|-----------|-------------|--------------|---------------|--|------------|--------------|-----------|------------|---|--------------|--------------|-------------|-------------|--------------------------|---------------|---|------------|----------|
| | | | | Rest of Inc | ila (Other | than Delh | i, Nolda, G | urgson, G | haziabad, | Rest of India (Other than Delhi, Noida, Gurgaon, Gharlabad, Faridabad, Mumbal, Thane, Pune and entire State of Gujarat) | Mumbel, T | hane, Pun | e and enti- | re State of | Gujarat) | | | | |
| mn | | | | | | | | 2.4 | sars Premi | 2 Years Premium in Rs. (Service Tax Extra) | Service Tao | x Extra) | | | | | | | |
| peum | 3 | 200 | | 000 | | Age | Age (yrs) | | 1 | | | | | 0 | · | Renewals Only | mly | | 1 |
| Rs.) | 5mts-34 | 35 | 36-44 | 45 | 46-49 | 20 | 51-54 | 55 | 56-59 | 9 | 61-54 | 65 | 69-99 | 70 | 71-74 | 75 | 76-79 | 80 | Above 80 |
| 0000 | 4769 | 4769 | 4769 | 2966 | 7163 | 7852 | 8541 | 10160 | 11780 | 13395 | 15010 | 18715 | 22420 | 23845 | 25270 | 28595 | 31920 | 36708 | 41496 |
| 0000 | 5472 | 5752 | 6033 | 7553 | 9073 | 10141 | 11210 | 12588 | 13965 | 16055 | 18145 | 21898 | 25650 | 28928 | 32205 | 37003 | 41800 | 48070 | 54340 |
| 0000 | 2600 | 8108 | 8617 | 11148 | 13680 | 17399 | 21119 | 23099 | 25080 | 25840 | 26600 | 31920 | 37240 | 41230 | 45220 | 52915 | 01909 | 69702 | 78793 |
| 0000 | 8579 | 9239 | 9899 | 13215 | 16530 | 19983 | 23437 | 25968 | 28500 | 32870 | 37240 | 43510 | 49780 | 54340 | 58900 | 69255 | 79610 | 91552 | 103493 |
| 0000 | 9652 | 10403 | 11153 | 15742 | 20330 | 23042 | 25755 | 27959 | 30163 | 37881 | 45600 | 55290 | 64296 | 68685 | 72390 | 85500 | 98610 | 113402 | 128193 |
| 00000 | 14184 | 14659 | 15134 | 20169 | 25204 | 29583 | 33963 | 37349 | 40736 | 47158 | 53580 | 58938 | 64980 | 70908 | 77520 | 93480 | 109440 | 125856 | 142272 |
| 00000 | 17414 | 17822 | 18231 | 23090 | 27949 | 34599 | 41249 | 47994 | 54739 | 63816 | 72894 | 80522 | 88151 | 92217 | 96283 | 111506 | 126730 | 145740 | 164749 |
| | | | | | | | | 0 | ptional | Optional Benefits | | | | | | | | | |
| | 377 | | | Hospital Cash | Cash | | - | | | | | | Pa | tient Ca | Patient Care (> 60 yrs): | yra)e | | | |
| | Rs. 1000/ | , per day o | of completes | d hospitalis | Rs. 1000/- per day of completed hospitalisation - max. 7 days per hospitalisation and 14 door nor notice preciod. | 7 days per | hospitalisat | 900 | | | Rs. 400/ | - per day fi | or max. 5 d | lays per ho | spitalisatio | n and 14 di | Rs.400/: per day for max. 5 days per hospitalisation and 14 days per policy period. | cy period. | |

MEDI Casse Insurance Policy - Individual

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| | | | FAMILY PACKAGE PLAN | FAMILY PACKAGE PLAN | | |
|---|---|--|---|---|---|-------------------|
| | Sum Insure | Sum Insured Rs. 200000/- | | | Sum Insured Rs. 300000/- | Rs. 300000/- |
| The sum insured is a | pportioned equally an | The sum insured is apportioned equally among all the family members who are insured | nbers who are insured | The sum insured is ap | The sum insured is apportioned equally among all the family r | ng all the family |
| | | Family Size | | N | | Family Size |
| Age (yrs) | 2A | 2A+1C | 2A+2C | Age (yrs) | 2A | 2A+1C |
| 5m-24 | 8474 | 9783 | 9880 | 5m-24 | 9016 | 11296 |
| 25 | 8640 | 8066 | 10070 | 25 | 9301 | 11533 |
| 26-29 | 8807 | 10032 | 10260 | 26-29 | 9586 | 11771 |
| 30 | 8807 | 10032 | 10450 | 30 | 9761 | 11847 |
| 31-34 | 8807 | 10032 | 10640 | 31-34 | 9937 | 11923 |
| 35 | 9120 | 10146 | 11210 | 35 | 10246 | 12008 |
| 36-39 | 9434 | 10260 | 11780 | 36-39 | 10555 | 12094 |
| 40 | 9557 | 10445 | 12065 | 40 | 10897 | 12222 |
| 41-43 | 9681 | 10631 | 12350 | 41-43 | 11239 | 12350 |
| Optional Benefit - Additional Premit | New Born Baby Im: 10% of the Popular | Optional Benefit - New Born Baby Cover (Offered only under Family Package Policy for family size of 2A & 2A+1C) Additional Premium : 10% of the Policy Premium during the year in which the baby is born. Subsequent was the baby has to be covered as a separate entity. En 2A will become 2A +1C on renewal. Premium to be calculated separately. (A = Adult.) | under Family Pack ag the year in which | age Policy for famil the baby is born. | y size of 2A 8, 2A+ | LC) |
| | | Cost | Cost of Health Check-up under Family Health Plan | under Family Health | Plan | |
| Benefit @ 1% c | of average Sum Inst | ared is payable after | Benefit <i>8</i> 0 1% of average Sum insured is payable after every block of 4 claim free years will be apportioned equally among the famil | n free vears will be a | poortioned equally a | mong the fam. |

★ Tax Bene

Payment of premium by any mode other than cash for this insurance is eligible for relief underSection 80D of the Income Tax Act 1961.

★ Pre-acceptance Health Screening

Eligible persons above 50 years of age will have to undergo pre-acceptance health screening at the company's nominated centres.

★ Renewal Condition

Lifelong renewal of the policy is offered, except on grounds such as moral hazard, misrepresentation or fraud.

Agrace period of 30 days from the date of expiry of the policy is available for renewal. Enhancement of Sum Insured is permitted only during renewal. The enhanced Sum Insured is available for any illness, disease, injury other than those already contracted under the preceding policy periods.

Renewal premium is subject to change with prior approval from IRDA.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

★ Exclusions

- 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 Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
- 2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
- 3. During the First two Years of continuous operation of insurance cover,
- a. The expenses for treatment of cataract, glaucoma, retinal detachment/ macular degeneration, prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, sinusitis, tonsillitis, nasal polyps, Chronic Supparative Otitis Media and related disorders, stapedectomy, hernia, hydrocele, fistula / fissure in ano and hemorrhoids, congenital internal disease/defect.
- All treatments (conservative, interventional, laparoscopic and open) for Hepatobilary gall bladder and pancreatic calculi and genitourinary calculi.
- All treatments (conservative, interventional, laparoscopic and open) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
- d. Conservative and operative treatment of joint diseases [other than caused by accident]
- e. All types of joint replacement (other than caused by accident)
- Degenerative disc and vertebral diseases and degenerative diseases of the musculo-skeletal system

This exclusion 3 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 Insurer for a continuous period of preceding 24 months without any break.

The claim for such illnesses/diseases/disabilities contracted/suffered if admitted will be processed as per the sum insured of immediately preceding 2.4 m on this policy only and where there is a change in the sum insured in the second continuous policy year the lower of the sum insured will apply.

If these are pre-existing at the time of proposal they will be covered subject to the waiting period mentioned in exclusion 1 above

- 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)
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials

- a) Circumcision unless necessary for treatment of a disease not excluded under this
 policyor necessitated due to an accident,
- Vaccination (except for post –bite treatment and for medical treatment other than for prevention of diseases.)
- Inoculation or 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).
- Cost of spectacles and contact lens, hearing aids including cochlear implants, walkers, crutches, wheel chairs including CPAP, CAPD, infusion pump and such other similar aids.
- Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization.
- Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
- 10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
- 11. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
- 12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- 13. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic gestation pregnancy), family planning treatment. All types of treatment for infertility
- 14. Naturopathy treatment, unconventional, untested/unproven therapies
- 15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
- 16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of eye disorders requiring intra-vitreal injections.
- 17. Expenses incurred on weight control services including surgical procedures for treatment of obesity and medical treatment for weight control
- 18. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies.
- 19. Stem cell implantation and / or therapy
- 20. Expenses incurred for treatment of diseases/illness/accidental injuries by system of medicines other than allopathic shall be restricted to 25% of the sum insured subject to a maximum of Rs 25000/- during entire policy period.
- 21. Other expenses as detailed elsewhere in the policy.

★ Co-payment

10% of each and every claim amount for insured persons beyond 60 years at entry level and their renewal thereafter.

★ Cancella

The Company may also cancel this policy on grounds of misrepresentation, fraud, non disclosure of material factor non co-operation by the insured person.

The insured may at any time cancel this policy and in such event the Company shall allow refund of Premium after retaining premium at Company's short period rate (table given below) provided no claim has occurred up to the date of cancellation.

| For policy with | one year term |
|-------------------------|-------------------------------|
| PERIOD ON RISK | RATE OF PREMIUM TO BE RETAINE |
| Up to one-month | 1/3rd of annual premium |
| Up to three Months | ½ of annual premium |
| Up to six months | 3/4th of annual premium |
| Exceeding six months | Full annual premium |
| For policy with | two year term |
| Up to two-month | 1/3rd of policy premium |
| Up to six months | ½ of policy premium |
| Up to twelve months | 3/4th of policy premium |
| Exceeding twelve months | Full policy premium |
| | |

★ Free Look Period

A free look period of 15 days from the date of receipt of the policy 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 shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy

★ Automatic Termination

The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:

- Upon the death of the Insured Person
- Upon exhaustion of the limit of coverage under the policy as a whole

★ Portability

This policy is portable. If the insured is desirous of porting this policy to another Insure towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due. Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869. This policy is portable. For details contact portability@starhealth.in or call +91-44-2828

★ Claims Proce

- Call the 24 hour help-line for assistace 1800-425-2255 / 1800-102-4477. Inform the ID/Policy number for easy reference.
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization.
- Cashless facility wherever possible in network hospitals
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

★★ The Company

Star Health and Allied Insurance Company Ltd commenced its operations in 2006 with the business interests in Health Insurance, Travel and Personal Accident. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed insetting international benchmarks in service and personal caring.

Star Advantages

- No third Party Administrator, direct in-house claim settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization wherever possible.
- Network of more than 6000 hospitals across India.
- 24 x 7 Toll Free Helpline.
- Information on health through free health magazine.
- Facility to maintain personal health record in electric format

Prohibition of Rebates

Section 41 of Insurance Act 1938: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

The information provided in this brochure is only indicative.

For more details on the risk factors, terms and conditions, please read the policy wordings before concluding sale

Or Visit our website www.starhealth.in

"IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOES NOTANNOUNCE ANY BONUS. THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER"

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Call Toll-free: 1800-425-2255 / 1800-102-4477, sms STAR to 56677
Fax Toll Free No: 1800-425-5522 ★ Email: support@starhealth.in
CIN: U66010TN2005PLC056649 ★ IRDAI Regn. No: 129

MEDI Classic Insurance Policy (Individual)

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.II/400/13-14



STAR HEALTH AND ALLIED INSURANCE CO LTD REGD & CORPORATE OFFICE: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.



